

Consultation Response to 'Transforming children and young people's mental health provision: a green paper'

Background

The Department of Health and Department for Education jointly published a green paper looking at children and young people's mental health.

Consultation description

The government is asking people for their views on a green paper setting out measures to improve mental health support for children and young people. The green paper focuses on earlier intervention and prevention, especially in and linked to schools and colleges.

The proposals include:

- creating a new mental health workforce of community-based mental health support teams
- every school and college will be encouraged to appoint a designated lead for mental health
- a new 4-week waiting time for NHS children and young people's mental health services to be piloted in some areas

[You can find out more information about the proposals here.](#)

Become responded to the questions most relevant to children in care and care leavers, drawing on what young people tell us about their experiences and what the latest research says. Here is a summary of our comments.

Mental Health Support in Schools

We are concerned that given the high workload that teachers already experience, it would be extremely difficult for them to meaningfully take on this role in addition to their other duties, as well as the wider school following their lead in making changes. How will this mental health lead receive in-depth, high quality training that will require time away from their other responsibilities?

Schools and support teams will end up working with children whose mental health needs are more complex, and they will need training to support these children while they also receive CAMHS services. Mental health needs are not always easily categorised into 'mild, moderate, severe' or similar, and particularly when considering vulnerable groups such as children in care, needs can fluctuate rapidly. These more complex conditions do need specialist support, but in order to make school a supportive environment for the mental health of all children, staff must be well equipped to work with a wide range of conditions and circumstances. Will a designated lead in a school have sufficient training and capacity to understand the needs of a child with PTSD?

We hope that the training these leads receive includes attachment awareness, and that this is disseminated to colleagues. This would help them to better support looked after children. The Attachment Aware Schools project coordinated by the Rees Centre is collecting valuable evidence in this area that could make a real difference both to looked after children and to the mental health of students in general.

Including the views of children and young people

It is key to involve looked after children and care leavers in developing this work. Consulting via children in care councils can be effective, but those groups represent the children and young people who most often have their voices heard. We would encourage the Departments to make sure they also reach out to the children in care who are less often heard. Voluntary organisations, local authorities, fostering agencies and other key stakeholders may all be able to offer support in this regard.

Children and young people's views must be consulted in ways that are flexible and convenient for them, and in a way that is not tokenistic: their perspectives must genuinely be able to influence service design and decisions, as well as being part of evaluation.

Waiting Times

We know that in some cases and in some services, waiting time targets are reached simply by increasing thresholds to accessing services, therefore reducing the number of people eligible for support. Alternatively, people have experienced a reduced wait time to receive an initial assessment appointment before a further lengthy wait for ongoing treatment. This is not a meaningful service improvement, and government policy must not unintentionally incentivise either of these practices.

CAMHS must be given the funding and support to meaningfully increase their capacity in frontline service delivery, and waiting times standards must be measured in a way that involves genuinely improved services for patients.

Supporting Children in Care and Care Leavers

We know that over 60% of children in care have some kind of mental health problem, and too often they don't receive the right support. The mental health services they receive need to be personalised and involve them in decision making. Being in care means that things happen 'to' you far too often. Instead, children's thoughts and wishes should be consulted and taken into account when treatment decisions are made.

Access to talking therapies and medical treatments where appropriate is important, but children can also benefit hugely from access to a wider range of therapeutic activities. This could include community activities, creative arts, sports and so on. Tailored support is key to arriving at the best outcomes for each child as an individual, and many vulnerable children live in more deprived households and communities where these activities are more difficult to access.

The transition from child to adult mental health services at 16 – 18 is difficult for many young people. For children in care and care leavers, this transition arrives at a particularly precarious time, where they may also find themselves moving into independent living

while not being in education, employment or training. Care leaver support is quite rightly increasing to age 21 – 25, and mental health services should do the same to provide continuity of care during a challenging time of transition. Being able to stay in CAMHS longer and transition to adult services at a later age will allow care leavers to make that transition at a more stable and supported point in their lives.

We hope that the recommendations of the Expert Working Group for Improving mental health support for young people in care's final report will be accepted and implemented in full, and that the Departments will make full use of that group's expertise. One key early measure will be awareness – do children and young people and the adults who work with them know what services are available to them and how to access them? Do they have confidence that they could access services in a timely manner and receive high quality support for as long as they need it? Is this support available and as consistent as possible during temporary placements and placement moves?

We speak to young people who ask for referrals to CAMHS from their social workers, only to grow frustrated when this either takes too long or doesn't happen at all. Self-referrals to CAMHS should be possible, as well as referral pathways being available to foster carers and other adults in the child's life, not just their social worker. This could be modelled after many of the successful adult mental health IAPT programmes.

It is also important to find the right balance between recognising the likelihood of traumatic experiences impacting children in care and avoiding stigmatising them by making assumptions about their experiences. Assessment must be handled sensitively with the understanding that a child's needs will change over time, and that they will only disclose experiences or difficulties in an environment where they feel safe.