



Young People's
Health Partnership

Green Paper: Transforming Children and Young People's Mental Health Provision

Young People's Health Partnership (YPHP) response with input from Health and
Wellbeing Alliance members Carers Trust and Clinks

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This response was drafted in relation to the proposals set out in the Government's 2017 Children & Young People's Mental Health Green Paper and should be read alongside this document for context. You can access the Green Paper [here](#).

Below we have included all the text from our response but not the ranking and tick box elements. We have also edited some of the questions for ease of reading. If you have any queries about this please do let us know.

Core proposals

Do you think the core proposals have the right balance of emphasis?

We welcome the proposal to have senior leads for mental health in all schools and colleges and mental health support teams – both should focus on imbedding a whole school approach to children and young people's mental health and wellbeing up to age 25. Senior support for the leads and support teams within schools is crucial but they also need support from local community based organisations. Whilst this will differ from area to area the important role that the VCSE sector can play in supporting young people's mental health, from prevention through to service delivery, should be made explicit in the terms of reference for schools and colleges. As well as support from the local VCSE sector, national or regional VCSE organisations can provide specialist support for particular groups of young people where there is no local service – e.g. young carers, young Trans people, young people affected by the criminal justice system etc. Within this young people disconnected from school must not be forgotten.

As well as an emphasis on NHS specialist children and young people mental health services, the crucial role of primary and community NHS and public health services must be remembered. A whole system approach involving all partners in a local area is essential to the success of these proposals.

In relation to piloting reduced waiting times it is important that this does not lead to perverse incentives for local sites. It should also go beyond NHS delivered services and include other providers such as the VCS. Finally good data collection is essential to testing and wider implementation.

It is important that the distribution of funding to schools and colleges is earmarked for mental health training and secondly there should be some national quality control in relation to training courses. There should also be a requirement for schools to demonstrate working partnerships with their local VCSE services.

Trailblazer phase

A trailblazer phase is when different approaches are tested.

Do you know of any examples of areas we can learn from, where they already work in a similar way to the proposal for Mental Health Support Teams (MHSTs)?

We think it is important that trailblazer sites include both rural and urban areas and areas with a range of established good practice in this area. To test how this will work and the challenges that may arise it is important that local areas where there is less established local work in the children and young people's mental health field are included.

AYPH and Youth Access worked in 10 local areas from 2012 – 2015 on the GP Champions for Youth Health project. In each local area a GP practice worked with a local VCS Youth Information and Advice Centre and young people. The project demonstrated the importance of building local trusted relationships between

different local partners to support an improved approach to young people's wellbeing. Other learning included the need to allow a different focus in different local areas depending on local expertise and need. You can access all the information about this work and the learning from the evaluation at www.ayph.org.uk/resources

Those leading Mental Health support teams should be required to take a whole system approach and work in partnership with all local services from the health, VCS, education, public health etc.

It is crucial that teams link with the main universal health, public health and VCSE organisations in their area. Links with specialist services are clearly also vital. There should be further consideration of how these proposals, particularly the joint working arrangements are involved and interact with existing duties on health services, education services and local authorities under the Care Act 2014. For example there is a duty of co-operation on local authorities and other agencies or bodies involved in public care, including health and education services. Effective implementation of the Green Paper's proposals should support compliance with this.

Children and young people's views

How can we include the views of children and young people in the development of MHSTs?

All leads on MHSTs should be required to include meaningful engagement and co-production with children and young people. This should include working with school and college councils but must include other groups as children and young people involved in school councils can sometimes be the more confident students. Local youth and young people's organisations should be involved in supporting this, engaging the young people who they work with as well as supporting schools and colleges to seek the views of students who will be most affected by and therefore have most to benefit from an excellent approach to mental health in schools and colleges. The Young People's Health Partnership and Health & Wellbeing Alliance provides links to local organisations from across the country that could support this process. Many local and national organisations have experience of supporting young people to inform policy and practice and this expertise is vital in making this a meaningful process. Finally it should be recognised that some young people find it stigmatising and inappropriate to access mental health support within school or college and this should be explored as part of this process.

Waiting time standards

Waiting time standards are currently in place for early intervention for psychosis and for eating disorder services. Outside of this are you aware of any examples of local areas that are reducing the amount of time to receive specialist NHS help for CYPMH services? Can we learn from these to inform waiting times pilots?

Open access local Youth Information Advice and Counselling services have the potential to support a reduction in waiting times for specialist services by for example, providing an alternative intervention during the waiting period, or by helping to see cases who do not then need to progress to formal CAMHS. Funding for this type of provision as set out in Future in Mind is an important part of reducing pressure on specialist services, reducing waiting times and improving support for young people. Social prescribing for young people is another area worthy of investment as it has had proven impact for adults, reducing both primary and secondary care appointments and attendances at A&E

Policies

Schools publish policies on behaviour, safeguarding and special educational needs and disability. To what extent do you think this gives parents enough information on the mental health support that schools offer to children and young people?

The extent to which this gives parents and young people enough information depends on the content of the policies, how they are communicated and how they inform the culture of the whole school. All schools and colleges should set out their approach to supporting children and young people's mental health and how they achieve this within their organisation and by working with local partners. It would be useful to link this to the way in which schools and colleges communicate about RSE and PSHE to ensure a whole school holistic approach.

Impact

How can schools and colleges measure the impact of what they do to support children and young people's mental wellbeing?

Schools and colleges already measure student, parent and staff satisfaction & views and children and young people's mental health and wellbeing should be part of these processes. Any specific interventions funded in the school including school counselling should be regularly monitored by senior staff and governors in order to evaluate provision, identify issues and plan how to respond to these appropriately.

Vulnerable groups

In the development of the MHSTs we will be considering how teams could work with children and young people who experience different vulnerabilities. How could the Support Teams provide better support to vulnerable groups of children and young people?

This is a crucial role for the teams which will best be achieved working in partnership with local specialist VCSE and statutory services. All leads and MHST members should be trained to identify and support young people who experience different vulnerabilities including those who will not self-identify due to stigma and other issues. For example young carers experience particular barriers to accessing mental health support and should be able to access support from the MHST as well as a statutory assessment under the Children and Families Act 2014 and Care Act 2014. Young people with experience of the criminal justice system have identified the need for mental health support at a much earlier stage to prevent involvement in the criminal justice system and the need for a trauma informed approach. These two examples demonstrate the complex issues that vulnerable young people face and there are many other groups who need specific support including – young LGBT people, young people in poverty, young people who have experienced family breakdown, homelessness, housing insecurity, substance use, CSE. To support these young people MHSTs need effective training, support and supervision and a network of local and national specialists to support and refer to. They also need to focus on key transition points for young people e.g. between school and college, from child to adult services to support continuity of support to age 25. Finally they will need to detach their work from issues of school attendance and engagement working with all children and young people on the school roll.

As we are rolling out the proposals how can we test whether looked after children, previously looked after children, children in need not in the care system and children and young people with SEND can easily access the right support?

Every local area should be asking these young people about their experiences with support from participation experts.

Young people with experience of the care system should be getting the support to which they are entitled but they should also feel empowered to make choices about the support that best fits their needs.

Specialist agencies who work with vulnerable groups of young people can serve as partners in this process to ensure the young people they work with can access support. As part of this process it is important to engage with children and young people who are not attending school / college or who do not attend regularly.

Evidence

Please find link to **Key Data on Adolescence 2017** which includes a chapter on young people's mental health and wellbeing. <http://www.youngpeopleshealth.org.uk/key-data-on-young-people>

The Young People's Health Partnership brought together a range of case studies of **VCSE prevention and early intervention work** for young people's mental health in 2016. These are published on our website at the link below and include examples of 1-2-1 work, group and peer work and school based work as well as other types of support. <http://www.youngpeopleshealth.org.uk/wp-content/uploads/2016/11/Case-Studies-of-Prevention-Work-in-the-VCS.pdf>

YPHP together with Youth Access has published a range of evidence on **what works for young people's mental health**. You can find the information here <http://www.youngpeopleshealth.org.uk/yphp/yphp-resources>

Evidence on the impact of CYPMH services therapeutic treatments: From our work in this area we understand that the evidence here is not conclusive and much more needs to be done before we know what works for different kinds of problems in this age group.

Evidence from Young People and the VCS: Evidence from young people themselves and from local youth and young people's health organisations should be part of all impact assessments. Evidence from specialist VCSE organisations of work already completed with children and young people is also important. This submission was informed by all members of the Young People's Health Partnership together with CLINKs and the Carers trust. Clinks evidence from a submission to the Taylor Review informed responses young people in the criminal justice system Taylor Review (https://www.clinks.org/sites/default/files/basic/files-downloads/clinks_taylorreview_final.pdf).

About YPHP & the Health & Wellbeing Alliance

YPHP represents the interests of young people and young adults aged 10-25. We are a partnership of six voluntary sector organisations working to improve young people's health outcomes in a variety of different ways. We represent a wide network of organisations working in the sector. We are part of the Department of Health/PHE/NHSE voluntary sector Health & Wellbeing Alliance. The YPHP is led by the Association for Young People's Health (AYPH).

