

Children and Young People's Mental Health Green Paper: Consultation

Background

The Government opened a green paper consultation on children and young people's mental health about their plans to improve support for children and young people. A copy of the consultation can be found in Appendix A. The green paper focused on proposals for earlier intervention and prevention through schools and colleges, NHS Child and Adolescent Mental Health Services (CAHMS), and how the proposals in the green paper will be implemented. The main proposals are:

- 1) A mental health lead in every school and college - a trained staff member who is responsible for the school's approach to mental health
- 2) Mental health support teams working with schools and colleges who will work with the designated leads and provide a link with more specialist services and support
- 3) Shorter waiting times
- 4) A new national partnership to improve mental health for young people aged 16-25

Healthwatch Wandsworth has had a lot of feedback over the years from local people about children and young people's mental health and their experiences of local services. Young people told us that mental health should be part of our work in 2017 and 2018. Focusing on the green paper consultation has given us an opportunity to reflect on what people have been telling us and to look at how people feel about proposals for future change and what it means for local people.

Our survey

The green paper consultation had twenty one questions, but we developed four questions, based on the green paper questions, that would help us understand what will be most important to local people for future developments to support and services. We discussed our questions at one of our regular public events in February 2018. As we describe our findings below, we have noted which questions in the Government's survey responses relate to.

When reporting our findings below, we have drawn on the feedback we received to consultation surveys we conducted in the past, including:

- General feedback in service stories people have told us during our outreach activity between April 2016 and March 2018
- [Physical activity in Wandsworth](#)
- [Mental Health support needs for offenders and ex-offenders](#)
- [Transition from child to adult mental health services](#)
- [Mental health support for young people](#)
- [Mental health needs for deaf and disabled people](#)
- [LGBT mental health needs](#)

Findings

Fifty Two people took part in our discussion session about the green paper at our event in February. This included general members of the public and representatives from the voluntary sector who have experience of working with local young people. Twenty students from South Thames College, aged between sixteen and seventeen years old, took part in the discussions.

Question one: Do you think these [green paper] proposals have the right balance between schools and colleges and the NHS specialist children and young people's mental health services?

This question was designed to answer **question one of the Government's green paper consultation**. During the discussion we explored whether the mental health support that has been proposed will be located in the places people are most likely to access and need them. Participants at our event gave the following feedback about the proposals.

The key emphasis across our discussions was:

- support should be with individuals and organisations the students trust
- services should be designed with input from young people
- people wanted to be assured that the measures will be properly resourced.

Positive comments about additional provision:

- Participants welcomed attempts to increase provision.
- More choices to meet mental health needs could be a positive thing.
- It might better meet the needs of young people with mild mental health needs.

Concerns about the provision:

- It's too top down. Local examples of participation and co-production of services with young people is a good example of working upwards
- Often a certain type of young person will get involved or speak out - and those who are less vocal won't get help
- There could be misdiagnosis - e.g. behavioural problems or knife crime - could be misdiagnosed as a mental health problem
- 2025 is too far ahead - it should be sooner - before the young people will be adults themselves
- Having a staff lead could become demanding for that staff member - teachers are already overloaded with training and keeping abreast of developments
- Participants wanted more information about the level of clinical support that will be made more

Where support could be placed:

- At school and college the mental health lead could be a part of the existing mentoring programmes for all students and there could be an 'emotional curriculum'
- The mental health lead should not be a mental health professional, but part of pastoral care
- To improve accessibility the lead should work outside school hours to connect with the family/carers of the students
- The mental health lead should be somebody that is independent from the school. This could be someone from the voluntary or community sector and must not be biased, such as a local organisation with experience of young people's participation
- Young people are more likely to engage with the mental health lead than their parents due to work commitments

Suggestions about who should provide the support:

- There needs to be trust between the two and a relationship must be built
- Some students are quite attached to some teachers, so it may be easier to speak to them
- An easier person to speak to could be a support worker
- The person should be approachable and be a good listener
- The mental health lead needs to have experience working with different age-ranges
- Services must be inclusive as the mental health lead may have deaf students at the school
- Some young people may want to speak to someone who is from their culture, or who speaks their language
- Quite a few young people go to their youth or religious leader

See answers to question three for further

Resources and barriers to access: Concerns about resources for mental health services and availability of access to them has also been raised with us in our other work. We had feedback about the barriers to support created in CAHMS through long waiting times and the high number of referrals. High clinical thresholds and the lack of early intervention and limited support whilst waiting for services, can lead to an escalation of problems. It will be important to consider who

will be accessing additional support, how much support will be available in practice, and additional demands created on the system which may restrict it if made available to everyone who might need it.

Responses to our surveys around support for groups at higher risk of developing problems with mental health, including LGBT+, deaf and disabled, and prisoner and ex-offender groups, have highlighted that funding is needed to help develop access. People pointed to services and organisations that provided effective support in the past, a significant number of which have since lost their funding.

Parents have asked for more help to manage a child's behaviour and tips to cope whilst their child is accessing CAHMS. Feedback to us has highlighted that wider networks of support are really important for gaining access to the system and managing mental health conditions. Developing services need to consider promoting information about mental health services and building capacities around mental health awareness and managing mental health in these networks.

Location of services:

In previous consultation with young people about mental health support the key theme highlighted was that they did not want to feel as if they had an 'illness' and wanted talking about mental health to be 'normal'. The majority of people wanted the location of services to be a 'neutral place' that could be anonymous, discreet and confidential and somewhere that was informal and calming. School was the second most popular option because they are already there for a lot of their time and could access the service without letting parents know.

Responses to our surveys with prisoners and ex-offenders and LGBT+ people highlighted that they wanted discreet services that would be safe spaces, non-judgemental and understanding of their needs.

We also asked how the success of the proposed changes could be measured to feedback to question seventeen of the Government green paper consultation.

Participants at our event suggested that a questionnaire could be given out at the start of the school year with a young person scoring their own mental health. Questions could also include how supported they feel and their level of awareness regarding the accessibility of services. The same questionnaire could then be given out at the end of the school year to measure success.

Question two: The proposal is that Mental Health Support Teams will work and link with a range of other professionals and different approaches would be tested. Which are the most important 'links' to work with the Mental Health Support Teams?

This question was designed to feedback to question six of the Government survey and we provided the list of suggestions offered in the Government's survey. We thought it was a key question to ask local people how the proposals will work as part of other existing support available, and how it might interact with key parts of a young person's life.

Participants at our event felt that the most important links that the Mental Health Support Teams needed was with **school nurses and school counsellors**. They also highlighted that school counsellors should have some input, but could also provide talks and other information sessions.

Educational psychiatrists, local authority troubled families' services, local authority children and young people's services, local authority SEND teams, charities and non-governmental organisations and youth offending teams, were highlighted as important links.

The importance of having individuals involved who are trusted by young people, such as priests, peer group champions and pastoral tutors, was also mentioned as important.

When looking at other feedback people have given us about mental health services it is important to people that organisations with the skills and capacity are able to help someone identify when they need support and provide continued support to help them to cope, particularly before gaining access to clinical specialist services. For example, one person told us about their experience having to rely on GP services whilst having problems accessing mental health support - 'they were nice, but not qualified for dealing with depression'.

Question three: In the development of the Mental Health Support Teams, how could they ensure that the children and young people identified as being most at risk are considered and how could the team work with them?

We asked this question to feedback to question thirteen of the Government's survey. We used the term 'at risk' rather than 'vulnerable'. Someone at risk may have an increased chance of a problem but that problem might be manageable and the person may be able to prevent it from happening. We felt that using this terminology might be more meaningful and empowering.

The key point raised was that it is important to remember that **all children should be considered at risk**, though the following groups were identified as being particularly at risk:

- Those with Autism (and undiagnosed autism)
- BME
- Looked after children
- Children in poverty
- Those with Dyslexia
- Those with Epilepsy
- Those with a disability or significant health condition

Research has identified many groups who are more likely to develop problems with mental health. When researching our report about the mental health needs of the LGBT+ and deaf and disabled communities, there was evidence that a significantly higher proportion of people from those communities needed mental health support. For example, 1 in 3 individuals with a disability will experience a mental health problem within their lifetime compared to 1 in 4 of the wider population.

Participants highlighted the following skills staff should have to work with and identify these individuals:

- Counselling skills
- Understanding of the person's needs, issues and how they impact on that person's life
- Experience working with young people, able to listen to, and empathise with, young people
- Youth workers with therapeutic skills - not necessarily clinically trained.

Understanding people's needs is always highlighted to us as being very important in order to break down barriers to better support and ensure timely intervention. Local young LGBT+ people told us that they find local NHS organisations, including GPs and counsellors, struggle to differentiate between LGBT+ and mental health needs when the two should be considered together when considering their needs. A transsexual resident told us there is a lack of knowledge of the kind of issues such people are dealing with mentally or the types of support available. Respondents to our consultation about mental health support needs of deaf and disabled people highlighted that communication barriers may even affect whether an appropriate mental health diagnosis is made. For example, barriers included limited availability of interpreters, text message contact systems, and a lack of understanding about the challenges deaf and disabled services users face. It is often assumed that general services can be adapted, and more complex and ongoing needs are overlooked as a result.

Question four: How can we encourage young people to develop healthy behaviour and to seek advice and support?

We asked a final question to gain feedback about how a young person could be empowered to take charge of their mental health, rather than just considering them becoming as recipients of services.

Suggestions to increase healthy behaviour and reduce stigma:

- Talk more about it and give more information as part of main education (not just briefly)
- Opportunities to meet people with mental health issues to understand that they are normal
- Making people understand that seeing a counsellor etc. is a positive thing
- Education for parents and families - not just children and young people (Friends may give support but a person may not receive the same support from family)
- Therapy and also learning sessions with family in the same room (sometimes family don't listen or young people do not want to share issues, or are afraid to)
- Understanding and tackling cultural differences - how mental health is perceived in different cultures.
- More funding for social clubs and activities, providing greater opportunities for young people to interact with diverse people
- Use technology to support, connect and provide advice on mental health - young people are always connected and this could promote positive messages about mental health and help them cope with life situations. Social media and electronic games could be used to make the right connections and promote the right messaging and advice and opportunities should be available for young people to mix with a range of people from diverse cultures
- Opportunities for community work and physical activities; young people need to improve physical health alongside mental health
- Better trained teachers to identify mental health needs; young people need someone outside their social group to turn to.

Participants felt that unhealthy behaviours might arise from bullying, violence (especially video games), negative social media, addiction and the breakdown of family relationships or a lack of a wider support network, not having a respectful relationship or interaction with adults and teachers.

Suggestions to help identify unhealthy behaviours

- Social media and technology addiction, leading to problems with social interaction and poor communication skills/behavioural problems. However, technology can be used for positive means, providing young people with a space to discuss issues with their peers
- Lack of wider support network and positive role models
- Help to identify unhealthy behaviour using role play based on case studies. After the role play there could be a questions and answers session to get feedback. Young people felt that this would enable them to look at mental health from all viewpoints, to develop empathy and greater awareness.

Young people felt that the following people were important and most likely who they would talk to about how they are feeling:

- Friends and peer support - peers could identify issues or signs that their friends need help
- Teachers
- School counsellor
- Family (sometimes)
- Sometimes partners (boyfriends or girlfriends)

It was clear that young people felt that their whole network is important to help them stay well. This contrasts with the green paper's clinical service and school based approach. Findings highlight challenges in their networks, particularly around cultural differences and cultural perceptions, as well as the type of relationship they might have with parents and others. Other feedback centred around increasing awareness and openness about mental health, challenging

stigma or seeking practical help. People answering our LGBT survey mentioned they were reluctant to seek help because of fear of discrimination and stigma. Feedback also highlighted the need for sensitivity about the complexity of relationships, for example some people wanted more discreet access to support and might not want to involve families. One person specifically highlighted that they felt their family was ‘too involved’, which meant they were not happy about confidentiality and felt they had no say.

Conclusions and Recommendations

Below is a summary of the main themes in our findings and suggestions about what could be done to tackle the issues.

Resources and funds

The success of the system will depend on its ability to manage demand and to sustain support long-term. Investing in practical grassroots help will ensure that organisations who best understand the needs of young people can help with the practical issues around mental health, e.g. day to day life and helping people cope while they wait for professional clinical support.

Additional funding should be considered to provide additional support the needs of people who are more at risk where appropriate, and to ensure that general services are developed with an understanding of people at greater risk or with additional needs.

Developing services from the point of view of the young person and their life holistically:

The system needs to consider how it links and upskills ‘trusted’ individuals at school and in community support networks. It is important that awareness is raised throughout a person’s network, not only to help people identify potential problems early, but also to help people cope and manage without the need for clinical support.

School and community networks are likely to have a good understanding of a young person’s needs and an established relationship, though these relationships are not guaranteed to be positive ones, so it is important that there are several options, including discreet and ‘neutral places’.

There was a strong suggestion that co-production of the design of the services would bring about better results.

Service inclusiveness

Feedback we have received suggests that services really need to be built to meet the needs of groups who are more ‘at risk’, with the involvement of young people to ensure they really are sensitive to the complexity of their needs. Some people have very specific needs, e.g. those with disabilities and the LGBT+ community , as previously outlined in our findings.

Practical support and promotion of healthy behaviours

Practical support to develop healthy behaviours and awareness of mental health could help empower young people to develop longer term and sustainable approaches to mental health. The many interacting links between physical activity and mental health has been particularly highlighted to us in this survey and in previous feedback.

Appendix A

The Government's green paper consultation survey:

Children and Young People's Mental Health Green Paper: Consultation Questions

Transforming children and young people's mental health provision: A Green Paper

This document is intended for ease of reference and should not be used as a response form.

To respond to the consultation, you can complete the online consultation questions at <https://engage.dh.gov.uk/youngmentalhealth/>. The consultation will be open for 13 weeks and will close at noon on 2 March 2018.

Overview

Improving support for children and young people's mental health is a top priority for this Government. This green paper on children and young people's mental health aims to ensure that those who need it are able to access the right help for their mental health, in the right place and at the right time. It focuses on earlier intervention and prevention, particularly in or linked to schools and colleges.

We welcome all responses to the consultation including from those who have experience of mental ill-health or know someone close to them who has such experience. The consultation focuses on how the proposals in the green paper will be implemented.

This consultation has 21 questions. However, you do not have to answer all of them. Only answer those questions you want to or those which are relevant to you.

You can save your responses and return to complete the survey at any time. The survey will be open for 13 weeks, in alignment with Cabinet Office guidance, and will close at noon on 2 March 2018.

Consultation Questions

Question 1:

The core proposals in the green paper are:

- All schools and colleges will be incentivised and supported to identify and train a Designated Senior Lead for Mental Health who will oversee the approach to mental health and wellbeing
- Mental Health Support Teams will be set up to locally address the needs of children and young people with mild to moderate mental health issues, they will work with schools and colleges link with more specialist NHS services
- Piloting reduced waiting times for NHS services for those children and young people who need specialist help

Do you think these core proposals have the right balance of emphasis across a) schools and colleges and b) NHS specialist children and young people's mental health services?

Please give your answer below (max 250 words)

Question 2:

To support every school and college to train a Designated Senior Lead for Mental Health, we will provide a training fund.

What do you think is the best way to distribute the training fund to schools and colleges?

Please rank the following in order of preference:

Set amount of funding made available to each school, for them to buy relevant training with

Funded training places made available locally for schools to book onto

Funding allocated to local authorities and multi-academy trusts to administer to schools

Funding distributed through teaching school alliances

If you wish, please provide any further information on why you have ranked in this order of preference (max 250 words)

Question 3:

Do you have any other ideas for how the training fund could be distributed to schools and colleges? (max 250 words)

Mental Health Support Teams

Question 4:

Trailblazer phase: A trailblazer phase is when we try out different approaches

Question 7:

Mental Health Support Teams and Designated Senior Leads for Mental Health in schools and colleges will work closely together, and we will test this working through the trailblazer phase.

Out of the following options how do you think we should measure the success of the trailblazer phase? Please pick your top three:

Impact on children and young people's mental health	<input type="checkbox"/>
Impact on quality of referrals to NHS Children and Young People Mental Health Services	<input type="checkbox"/>
Impact on number of referrals to NHS Children and Young People Mental Health Services	<input type="checkbox"/>
Quality of mental health support delivered in schools and colleges	<input type="checkbox"/>
Amount of mental health support delivered in schools and colleges	<input type="checkbox"/>
Effectiveness of interventions delivered by Mental Health Support Teams	<input type="checkbox"/>
Children and young people's educational outcomes	<input type="checkbox"/>
Mental health knowledge and understanding among staff in school and colleges	<input type="checkbox"/>
Young people's knowledge and understanding of mental health issues, support and self-care	<input type="checkbox"/>
Numbers of children and young people getting the support they need	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

Question 8:

Trailblazer phase: A trailblazer phase is when we try out different approaches

When we select areas to be trailblazers for the Mental Health Support Teams, we want to make sure we cover a range of different local factors. What factors should we take into account when choosing trailblazer areas?

Please rank the following in order of importance:

Deprived areas	<input type="checkbox"/>
Levels of health inequality	<input type="checkbox"/>
Urban areas	<input type="checkbox"/>
Rural areas	<input type="checkbox"/>
Areas where children and young people in the same school/college come under different Clinical Commissioning Groups (CCGs)	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

Question 9:

How can we include the views of children and young people in the development of Mental Health Support Teams?

Please provide your answer below (max 250 words)

Piloting a waiting time standard

Question 10:

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 children and young people's mental health services? Can we learn from these to inform the waiting times pilots?

Please give your example(s) below (max 250 words)

Schools and colleges

Question 11:

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?

All of the information they need

Most of the information they need

Some of the information they need

None of the information they need

Don't know

Please tell us more about why you think this (max 250 words)

Question 12:

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

Please give your answer below (max 250 words)

Vulnerable groups

Question 13:

In the development of the Mental Health Support Teams, 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?

Please give your answer below (max 250 words)

Support for children looked after or previously looked after

Question 14:

As we are rolling out the proposals, how can we test whether looked after children and previously looked after children can easily access the right support?

Please give your answer below (max 250 words)

Support for children in need

Question 15:

As we are rolling the proposals out, how can we test whether children in need who are not in the care system can access support?

Please give your answer below (max 250 words)

Support for children and young people with special educational needs or disability

Question 16:

As we are rolling the proposals out, how can we test whether children and young people with special educational needs or disability are able to access support?

Please give your answer below (max 250 words)

Providing evidence for an Impact Assessment

A consultation stage Impact Assessment was published alongside the green paper. The following questions seek to gather further evidence to inform future versions of the Impact Assessment. We welcome references to any evidence, published or in development, or expert opinion on the topics set out above to help refine our final Impact Assessment.

If you have not read the Impact Assessment or do not wish to respond to these questions then please skip to the next section.

Question 17:

Please provide any evidence you have on the proportion of children with diagnosable mental health disorders, who would benefit from support from the Mental Health Support Teams

Please give your answer below

Pre diagnosable: Children and young people who have mild or low-level needs which do not constitute a diagnosable mental health condition but are at risk of developing one and would benefit from a form of support

Question 18:

Please provide any evidence you have on the proportion of children with pre-diagnosable mild to low-level mental health problems who would benefit from support from the Mental Health Support Teams

Please give your answer below

Question 19:

Please provide any evidence you have of the impact of interventions for children with mild to moderate mental health needs, as could be delivered by the Mental Health Support Teams. We are interested both in evidence of impact on mental health and also on wider outcomes such as education, employment, physical health etc.

Please give your answer below

Question 20:

Please provide any evidence you have on the impact of Children and Young People Mental Health Services therapeutic treatments

Please give your answer below

Question 21:

Is there any other evidence that we should consider for future versions of the Impact Assessment?

Please give your answer below