

Royal College of Psychiatrists' briefing Children and young people with mental health problems and access to NHS treatments| 30th January 2019



A mental health crisis in our children is developing. It is estimated that one in eight children aged between five and 19 had a mental disorder in England in 2017.¹ This is around 1.25 million children and young people. At the same time that more children are reporting problems. Data released by NHS Digital on 24th January² shows there has been a 4.5% fall in the number of CAMHS psychiatrists between October 2013 and October 2018.

We cannot allow this crisis to continue and leaving children to struggle alone any longer. The Royal College of Psychiatrists recommends:

- An in-depth analysis of the proposals to improve children mental health in the NHS England Long-Term Plan to ensure the reality matches the rhetoric. With the Government clarifying exactly what support they are planning to make available to children with mental illness.
- A major expansion of the NHS mental health workforce by taking steps such as adding CAMHS psychiatrists, higher trainees and specialty doctors to the national shortage occupation list and for the Government to be more ambitious in its roll-out of the proposals in the Children and Young People's Mental Health Green Paper. Some children who are eight now may not receive any additional support before they leave school at 18.

Children and young people prevalence survey (2018)

The government released the results of its CYP prevalence survey in November 2018. It found that:

- One in eight (12.8%) children and young people aged between five and 19 had a mental disorder in England in 2017. This is around 1.25 million children and young people.
- Only one in four children and young people with a mental disorder are seen by a mental health specialist.
- Over 400,000 children and young people are not getting any professional help at all
- NHS Digital, which collected information from more than 9,000 youngsters, found emotional disorders have become more common in five to 15-year-olds - rising from 4.3% in 1999 to 5.8% in 2017.
- Looking at the five to 15-year-old age group over time, the report reveals a slight increase in the overall prevalence of mental disorder, increasing from 9.7% in 1999 and 10.1% in 2004 to 11.2% in 2017. When including five to 19-year-olds, the 2017 prevalence is 12.8%, but this cannot be compared with earlier years.
- One in six (16.9%) 17 to 19-year-olds were found to have a mental disorder, with one in 16 (6.4%) experiencing more than one mental disorder at the time of the interview.
- Females aged 17 to 19 were more than twice as likely as males of the same age to have a mental disorder.
- One in 18 (5.5%) preschool children were identified as having at least one mental disorder at the time they were surveyed.

What the NHS Long Term plan includes for Children's mental health:

- Children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending.
- By 2023/24, at least an additional 345,000 children and young people aged 0-25 will be able to access support via NHS funded mental health services and school or college-

based Mental Health Support Teams. Over the coming decade the goal is to ensure that 100% of children and young people who need specialist care can access it.

- Local areas to test approaches that could feasibly deliver four week waiting times for access to NHS support, ahead of introducing new national waiting time standards for all children and young people who need specialist mental health services.
- Over the next five years, we will also boost investment in children and young people's eating disorder services. The NHS is on track to deliver the new waiting time standards for eating disorder services by 2020/21. Four fifths of children and young people with an eating disorder now receive treatment within one week in urgent cases and four weeks for non-urgent cases. As need continues to rise, extra investment will allow us to maintain delivery of the 95% standard beyond 2020/21.
- Expanding timely, age-appropriate crisis services will improve the experience of children and young people and reduce pressures on accident and emergency (A&E) departments, paediatric wards and ambulance services. With a single point of access through NHS 111, all children and young people experiencing crisis will be able to access crisis care 24 hours a day, seven days a week.
- Mental health support for children and young people will be embedded in schools and colleges.
- A new approach to young adult mental health services for people aged 18-25 will support the transition to adulthood. Local areas will extend current service models to create a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults. The new model will deliver an integrated approach across health, social care, education and the voluntary sector, such as the evidenced-based 'iThrive' operating model which currently covers around 47% of the 0-18 population and can be expanded to 25 year olds.
- In addition, NHS England is working closely with Universities UK via the Mental Health in Higher Education programme to build the capability and capacity of universities to improve student welfare services and improve access to mental health services for the student population, including focusing on suicide reduction, improving access to psychological therapies and groups of students with particular vulnerabilities.
- By 2028 we aim to move towards service models for young people that offer person-centred and age appropriate care for mental and physical health needs, rather than an arbitrary transition to adult services based on age not need.
- In selected areas, new services will be developed for children who have complex needs that are not currently being met, including a number of children who have been subject to sexual assault but who are not reaching the attention of Sexual Assault Referral Services. For 6,000 highly vulnerable children with complex trauma, this will provide consultation, advice, assessment, treatment and transition into integrated services.

The Royal College of Psychiatrists has welcomed these proposals, but we believe they need much more scrutiny before we can be sure that the reality for children with a mental illness will match the rhetoric.

Improving children's mental health services

The data in the new prevalence survey shows that only one in four are getting to see a mental health specialist.

The Government have set a target in the Five Year Forward View for Mental Health for one in three/35% children and adolescents with a mental disorder to access NHS mental health community services by 2020/21 and in the new Long Term Plan for 100% of children and young people who need specialist care can access it by 2028/29.

To meet this target the Government are going to have to be much more ambitious than the plans they have set out in the Green Paper. The implementation plan for the Green Paper shows that the Government are expecting that 15% of children will not be able to access one of the new Mental Health Support Teams a decade after they have been launched.

They also show that an extra 150,000 children and young people will be able to access treatment by NHS mental health services by 2028/29.

NICE have recommended³ that digital CBT be used as a first-line treatment for children and young people with mild depression. The Royal College of Psychiatrists believe some young people may find this approach helpful, but it is important that other treatment options are available as others may prefer face-to-face contact.

The CAMHS workforce

Current long waits in Child and Adolescent Mental Health Services are almost entirely a symptom of lack of resources. None of the above commitments will be possible without a significant expansion in the mental health workforce.

The number of consultant child and adolescent psychiatrists fell 4.5% from October 2013 to October 2018. The Health Education England mental health workforce strategy⁴ committed to 100 extra consultant child and adolescent psychiatrists by 2020/2021, but are not on track to hit their target. Even if they did hit their target none are for community services.

The CYP Green Paper proposed a four-week waiting time for children accessing specialist CAMHS. The College supports this bold ambition to ensure children get timely, high-quality support. However, the Green Paper impact assessment predicted a short term rise in referrals to CAMHS. With falling numbers of doctors specialising in children's mental health, it will be very difficult for psychiatrists to meet the proposed four-week waiting time target.

The latest training programme data shows that 60% of training places for child and adolescent psychiatry were unfilled. We cannot rely on trainees in the pipeline to sufficiently boost the workforce in future.

The new workforce strategy for the NHS Long-Term Plan is a big opportunity to tackle this shortage of staff in CAMHS. The Royal College of Psychiatrists is hoping to see some bold proposals in the workforce plan including:

- Changing the UK Medical Licensing Assessment test all trainee doctors have to complete so there is a bigger focus on mental health to ensure all new doctors have a strong grounding in the subject.
- Ensure all medical schools to have plans in place to encourage more medical students to choose psychiatry and especially areas of acute shortage such as in CAMHS
- The Government to expand the list of shortage specialties (which currently includes old age psychiatry), to include specialties such as child and adolescent psychiatry (including child and adolescent consultant psychiatrists, higher trainees and SAS doctors in CAMHS)
- Health Education England to invest more in Continuous Professional Development for Doctors working in children's mental health
- NHS Improvement to set a yearly 4% improvement target in retention rates to be met by mental health trusts and other providers of mental health services.
- The Government to call for at least 10% of the 1,000 Physicians Associates being trained each year to work in mental health

Funding

Despite its rising profile CAMHS has been underfunded for years. Previous RCPsych analysis of CCGs' CAMHS spend revealed inaccuracies in the way commissioners reported their spending. An accurate transparent record of CAMHS spend is vital to ensure money is spent as intended. RCPsych analysis revealed 70 out of 209 CCGs spent less than planned on CYP and eating disorders in 2016-17.⁵

At a national level, NHS England has reported underspending for the funding promised through Future in Mind in 2015/16 and 2016/17.

With these previous disappointments it is vital that the new NHS Long-Term Plan follows through on their commitment to increase funding on children's mental health. The new plan has committed that children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending. The Royal College of Psychiatrists will continue to monitor how much each area spends on CAMHS to ensure that these promises are kept.

Supporting the mental health of children in schools

The focus on supporting mental health in the Children and Young People's Mental Health Green Paper in schools is welcome – but some children with moderate disorders should receive specialist care in the NHS.

We welcome the Green Paper's plan to bring schools and NHS services closer together. Our members tell us that helping children at school is an effective way to prevent young people falling into crisis because they do not get help early enough.

The proposed new Mental Health Support Teams have the potential to make a real difference – but they need to be rolled out faster. We know they can't be created overnight, but by the Government's own estimates, a quarter of a million children and young people who could be helped will still be missing out in five years.⁶ Nick Gibb MP recently stated⁷ that MHSTs will be rolled out to between one fifth and one quarter of England by 2023.

We support Mental Health Support Teams but welcome clarification on which professionals will make up the teams, who will train and supervise them and where the funding will come from. We have concerns that these Teams will be expected to manage moderate disorders. We have not seen evidence this works.

There must be very clear guidance to ensure Mental Health Support Teams appreciate the need for specialist input when disorders move from mild to moderate. The RCPsych believes Support Teams should be integrated into CAMHS and schools, but that CAMHS should manage them. This would not only ensure that children with moderate disorders are referred quickly, but also provides the option for Support Teams to manage moderate disorders where appropriate because of the clinical oversight available from CAMHS nurses, psychologists or psychiatrists to approve and monitor care plans.

If clinicians are not involved in the oversight of the teams, there is a risk that there will be different standards of mental health care in NHS settings and schools.

¹ <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

² <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/nhs-workforce-statistics-october-2013-provisional-statistics>

³ https://www.nice.org.uk/news/article/offer-digital-cbt-to-young-people-with-mild-depression-nice-says?utm_medium=social&utm_source=twitter&utm_campaign=digitalcbtchildren

⁴ <https://www.hee.nhs.uk/sites/default/files/documents/Stepping%20forward%20to%202021%20-%20The%20mental%20health%20workforce%20plan%20for%20england.pdf>

⁵ HSJ (2017) <https://www.hsj.co.uk/mental-health/exclusive-variation-in-childrens-mental-health-spend-seems-unjustifiable/7020617.article>

⁶ Department of Health and Social Care and Department for Education. Impact assessment on the children and young people's mental health Green Paper. December 2017. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/664442/MHGP_IA.pdf

⁷ <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2019-01-08/206281/>