

Royal College of Psychiatrists' briefing

Child and Adolescent Mental Health Green Paper | December 2017



The Government published its long-awaited Children and Young People's Mental Health Green Paper on December 4th. Its focus is on early intervention for mild to moderate mental health problems to reduce pressure on secondary care services.

The Department of Health and Department for Education hope that by increasing the capacity of schools to deal with mental health and wellbeing, they can 'prevent problems escalating' requiring intervention from psychiatric services.

Three key recommendations of the Green Paper

1. We will incentivise every school and college to identify a Designated Senior Lead for Mental Health to oversee the approach to mental health and wellbeing. All children and young people's mental health services should identify a link for schools and colleges. This link will provide rapid advice, consultation and signposting.
2. We will fund new Mental Health Support Teams, supervised by NHS children and young people's mental health staff, to provide specific extra capacity for early intervention and ongoing help. Their work will be managed jointly by schools, colleges and the NHS. These teams will be linked to groups of primary and secondary schools and to colleges, providing interventions to support those with mild to moderate needs and supporting the promotion of good mental health and wellbeing.
3. As we roll out the new Support Teams, we will trial a four week waiting time for access to specialist NHS children and young people's mental health services. This builds on the expansion of specialist NHS services already underway.

Schools

- We want every school and college to appoint a Designated Senior Lead, supported by training
- Nearly half of schools and colleges already have specific mental health leads and nearly two thirds have a member of staff to link with CYPMHS. This role can make a big difference promoting a whole school approach

Based on experience of existing practice, the core roles of leads are likely to be:

- Oversight of the whole school approach to mental health and wellbeing, including how it is reflected in the design of behaviour policies, curriculum and pastoral support, how staff are supported with their own mental wellbeing and how pupils and parents are engaged
- Supporting the identification of at risk children and children exhibiting signs of mental ill health
- Knowledge of the local mental health services and working with clear links into children and young people's mental health services to refer children and young people into NHS services where it is appropriate to do so
- Coordination of the mental health needs of young people within the school or college and oversight of the delivery of interventions where these are being delivered in the educational setting
- Support to staff in contact with children with mental health needs to help raise awareness, and give all staff the confidence to work with young people
- Overseeing the outcomes of interventions, on children and young people's education and wellbeing.

Training for Leads

- By 2025, all areas will get training to help them identify and train a Designated Senior Lead for Mental Health. There will be a training fund for schools to choose an appropriate training course, depending on the skills their lead already has
- A joint training approach piloted in the Mental Health Services and Schools Link Pilot evaluated positively for building strong relationships between schools and NHS mental health services
- Funding will be available for schools and colleges that have already put Designated Senior Leads for Mental Health in place to provide further support to their pupils

- The Teaching and Leadership Innovation Fund will be used to support training providers to develop training packages to build the skills of Designated Senior Leads for Mental Health and support the delivery of whole school approaches
 - £15- 20 million each year from 2019 to cover costs until all school and colleges have had chance to train a lead

Teacher training changes

- Framework of content for initial teacher training was published by DfE for first time in July 2016 to help new teachers recognise typical CYP development and respond to atypical development

Ofsted

- Ofsted will work with relevant government departments as the policy proposals take shape.
- DfE will convene work to see how schools and colleges can effectively measure the impact of supporting the mental health and wellbeing of pupils. Ofsted will be engaged in this.

Mental Health Support Teams

Schools need a collective understanding and up to date knowledge of children's mental health services provided locally, and access to specialist help, through clear links into NHS mental health services.

Clusters

- New Mental Health Support Teams, supervised by NHS children and young people's mental health staff will be created to work with clusters of schools and colleges across the country
- These teams will work with the Designated Senior Leads for Mental Health in schools and colleges, and provide new capacity locally for addressing the needs of children with mild to moderate mental health issues. They will also provide the link with more specialist CYPMHS so that children can more swiftly access help they need
- We anticipate that, in the long term, the creation of the new Mental Health Support Teams will lead to a reduction in referrals to NHS services, as earlier intervention prevents problems escalating

In these teams, trained staff will offer evidence based interventions with appropriate clinical supervision. It will particularly benefit CYP with mild or moderate conditions including anxiety (primary and secondary school age), low mood (adolescents) and common behavioural difficulties.

Specific interventions provided by the MHST could include:

- CBT in a school/college setting for adolescents at risk of depression;
- CBT in a school/college setting for young children and adolescents showing signs of anxiety
- Family-based behaviour change, which can be successfully delivered by teachers and other non-clinical staff to help reduce child conduct problems
- Group-based intervention engaging participants in critiquing the 'thin ideal', which can be effective in reducing eating disorder symptoms and body image concerns, when targeted toward high-risk adolescent girls

These new teams will support existing effective provision in the local area by training other professionals, including family workers, early help workers, social workers and teams who work with young offenders.

NHS CAMHS

New waiting time standard

- Pilot implementing reduced waiting times for access to NHS CYPMHS. This will aim for CYP in trailblazer areas to be able to access NHS-funded services within four weeks.
- We want to ensure swifter access to specialist NHS services for those who need it. This builds on the programme of expansion of services to 2020/21 that is already underway.
- Latest data shows that 2016/17 average wait for treatment in CYPMHS was 12 weeks.

Models of care

- Many areas are moving away from the tiered model, and some areas have moved towards 0-25 services. Others are exploring the i-Thrive model, and many are using a single point of access. These new models share an integrated approach, with the NHS working with partner services.
- 'Single points of access' provides advice on self-help and signposting CYP to the most appropriate service. This includes signposting to services which triage before treatment and services providing advice to parents/carers on identifying worsening symptoms.

- Almost half the country is considering adopting 'i-Thrive', which focuses on the needs of the individual rather than condition or diagnosis. This helps the move away from 'tiers' based on service boundaries.

Ongoing improvements to NHS MHS

- NHS England has a major programme underway to improve inpatient care by opening 150-180 new beds that are the right beds in the right place in the country.
- By 2020/21 no children should be inappropriately admitted or sent out of area to receive anything but the most specialist mental health care.
- Improving specialist services – eating disorders for CYP and perinatal (£365m)

NCCMH Pathways

Pathways will set out the key functions needed to provide the most effective services. These will support vital aspects of care including:

- rapid advice and support and signposting to appropriate help
- timely multi-agency assessment
- evidence-based treatment

Transition between CAMHS and Adult Services

- NHS England has introduced a financial incentive to improve the experiences of CYPMHS on the basis of their age by including age-based transitions out of mental health services commissioned by Clinical Commissioning Groups (CCGs) as part of the 'Commissioning for Quality and Innovation' (CQUIN) payments framework in 2017-19.
- This sets out a framework for joint-agency transition planning with young people at its heart, to enable better transition experiences for young people.
- Next year, draw on the findings of the CQC thematic review to see if further action is needed to improve the experience and outcomes of transition
- Create a new national strategic partnership with key stakeholders to improve the mental health of 16-25 year olds by encouraging more coordinated action, experimentation and robust evaluation
- YoungMinds commissioned to run a four-year national participation programme that supports commissioners, providers, services, children and young people and parents and carers to improve participation across the country

Data

- Working to address the unacceptably out-dated data on the prevalence of mental health problems amongst children and young people, the most recent of which is from 2004.
- Fieldwork underway for expanded survey covering CYP aged 2-19 in England, capturing issues that have become more common since 2004 such as eating disorders, cyberbullying and social media. Survey report published in 2018 and future surveys every seven years.
- Major step towards improving data and transparency on mental health by convening a data quality group with relevant national organisations to drive up data quality from Mental Health Services Dataset and Five Year Forward View for Mental Health Dashboard [for CYP specifically]
- However, we need to go further to make sure we understand what is happening in schools and colleges, and local authority funded services

Evidence review

NCCMH/UCL findings

- The NCCMH review found that: evidence-based treatments for mild to moderate levels of mental health disorder can be delivered by trained non-clinical staff with adequate supervision, leading to outcomes comparable to those of trained therapists
- School staff play an essential role in early identification, particularly for eating disorders, self-harm and attention deficit hyperactivity disorder (ADHD), and are able to encourage coordination between children and young people's mental health services and school staff, which is important for specific diagnoses, such as of ADHD;
- The coordination of interventions and the development of effective pathways between children and young people's mental health services and school is particularly important for children and young people with more severe problems and those with problems, such as ADHD, where medication is involved;
- There is limited evidence, within the scope of the review, for the long-term effectiveness of universal prevention approaches on mental health outcomes related to suicide and self-harm, depression and anxiety and alcohol and drug misuse at 12 months. However, the review found that some general mental health promotion approaches such as mentoring showed promise.

NCCMH/UCL findings on schools

- The evidence review also identified some specific ways in which schools have an important role both in identifying mental health issues at an early stage, and in helping to put in place support for pupils experiencing problems
 - The school environment is well suited to a graduated approach to children's mental health, where children at risk can be identified and interventions can be offered to address problems.
 - as the school environment can present triggers for many difficulties (such as social anxiety), it is therefore also a good place to find support to manage them.
 - The school environment is non-stigmatising, making interventions offered in this context more acceptable to children and young people, and their parents.

Social media

Impact of social media on mental health

- The definitive impact of social media use on mental health is unknown
- Increased social media use is linked to poorer mental health but it is not clear if increased use causes poorer mental health or if poorer mental health drives an increase in use of social media

Current evidence review

The negative effects include social isolation, competitive pressures, increased exposure to vulnerability/abusive content, increased likelihood of cyberbullying and the risk of grooming for exploitation.

Positive aspects include increased self-esteem and social capital, perceived social support, sources of help and information and opportunity for self-disclosure.

Plans to tackle problems around social media

- Working group of social media and digital sector companies to explore what more they can do to keep children safe online, aligning with work underway through the Department of Digital, Culture, Media and Sport's recently published Internet Safety Strategy
- The Chief Medical Officer will produce a report on the impact of technology on CYP mental health

Specific cohorts

- We will commission further research into interventions that support parents and carers to build and/or improve the quality of attachment relationships with their babies
- We know early years brain development is a key factor for a child's future, with evidence suggesting links between brain development and a range of outcomes, including mental and physical health
- We also commit to considering further analysis in areas which may include:
 - Supporting healthcare professionals to understand the importance of healthy, lowstress pregnancies and healthy childhoods
 - Increasing the capability of midwives to support women with perinatal mental health issues.

Department of Health and Department for Education commissioned the Social Care Institute for Excellence to convene an Expert Working Group to ensure that the emotional wellbeing and mental health needs of children and young people in care, those adopted from care or under a Special Guardianship Order, and care leavers are better met. Their recommendations, which include a needs-based approach and a focus on commissioning and accountability, workforce and leadership

Implementation

Roll out

- We will roll out our new approach to at least a fifth to a quarter of the country by the end of 2022/23.
- Will look very different in different areas and there is no one single model that should be implemented nationally. The trailblazer approach to the initial phase of implementation will allow us to test how best to deliver this new service through local innovation and differentiation.
- We will start preparing for the rollout of the new Mental Health Support Teams from 2018, expanding training provision for the new mental health workforce, recruiting initial trailblazer areas and recruiting the first group of trainees to staff the new teams. We will aim to begin the first wave of training from September 2018. Trailblazers would begin delivering in 2019.
- We will start with a number of trailblazer areas, operational from 2019, which will be supported by robust evaluation so that we understand what works.

- The precise rollout will be determined by the success of the trailblazers, and securing funding after 2020/21, the end of the Government's current spending period. This will be part of future spending review decisions.

Money

- Access to funding for the training for the Designated Senior Leads would start in financial year 2019/20, once the Teaching and Leadership Innovation Fund provision has been tested, and will continue as we roll out teams nationally.

Other initiatives

- We will look at how mental health and wellbeing can support healthy relationships and how best to secure good quality teaching for all pupils through PSHE, and will consult on draft statutory guidance on RSE and potentially PSHE.
- A whole school approach, with commitment from senior leadership and supported by external expertise, is essential to the success of schools in tackling mental health. Mental health awareness training is a part of this. We will ensure that a member of staff in every primary and secondary school receives mental health awareness training.

Mental health first aid / awareness training

- Invest £15m to train one million members of the public in basic mental health awareness and first aid to increase mental health literacy. The campaign will launch in 2018
- Staff member in every English primary and secondary school gets mental health awareness training
- Improve teenage mental health with new awareness course part of National Citizen Service (NCS)
- The Youth Mental Health First Aid training programme provides teachers and frontline professionals working with young people skills and confidence to spot common signs/triggers of mental health issues
 - These courses are currently being delivered as one day training sessions attended by groups of teachers within a locality
 - DoH funded over 1,000 places in 2017, which is a third of all state secondary schools in England.
 - Over £200,000 has been provided to be spent in 2017/18.
 - This is ensuring that over 100 training courses will be delivered across the country this year. Each session in a host school will be attended by up to 16 teachers from the surrounding area. To date, over 400 teachers have received training in 280 schools.