



The state of children's mental health services

JANUARY 2020

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Introduction from the Children's Commissioner

Across my work as Children's Commissioner, mental health remains the issue children raise with me most often. Children are now more aware of their own mental health, and much more prepared to discuss it. This is very welcome.



But children are also aware of how hard it is to get help, for them or for their friends. Access to support remains the biggest issue for children's mental health services. The stories I hear from children are the same ones that are posted on Twitter under the #CAMHS hashtag: children repeatedly struggling to access help; being turned away; given one appointment where they are told they are 'not ill enough' to qualify for services and offered 'advice' instead; children constantly feeling the need to justify why they should be getting help. The children who I meet who have got treatment are generally – though not always – positive about how they've been helped. But getting through that front door is an ordeal for too many.

This is particularly so for the children who I meet after things have gone wrong, or help has arrived too late: children who have ended up in care homes far from home, in mental health hospital or in custody. The common story I hear is how mental health issues developed, and very often got worse, before they got any help. This year I am particularly conscious of the girls my team met stuck in a children's home hundreds of miles away from home, and desperate to get back to friends and family. Every one of these girls said they'd been on an NHS mental health waiting list when they had to go into residential care, and all believed if they'd been able to get the help they needed when they needed it, they might have been able to remain with their families. The same is true for many children excluded from school, the majority of whom have mental health issues. Failures in mental health provision can be tragic for children, but they also cascade into costs for wider society.

The data I have analysed for this report shows that these children's stories are not isolated; the children who fear that there aren't people there to help them, are often not wrong, because mental health services for children still bear little resemblance to what is needed.

The evidence is unarguable: three parliamentary select committees, the National Audit Office, the Care Quality Commission, my office as well as research bodies such as the Education Policy Institute have all castigated children's mental health provision in recent years. The Government needs to face up to the scale of this challenge and focus on the children who need help.

That is not to say there has not been progress. NHS services are expanding and further advances are promised. NHS England is on track to meet current targets. Yet there is much more work to do: there remains a chasm between what children need and what is being provided. Moreover, children – who make up 20% of the population – account for just 10% of mental health spending. I estimate we are at least a decade away from a comprehensive mental health service for children.

The NHS accepts it will take until 2028 until it can meet the needs of all children who need specialist treatment (although the NHS has not defined 'specialist'). We need much more rapid progress than this. Think of all the children who will miss out on help over the next 8 years. Yet, as this report demonstrates some areas of England are already far exceeding the national benchmarks. These areas demonstrate what could be done, and highlight how much faster progress could be across England.

Yet specialist services are only half the answer. They need to be accompanied by help in schools and in the community, ideally preventing many kids from ever needing further interventions. Evidenced-based help early is what is vital. This is particularly important because without a clear national definition of what constitutes specialist services it will be far too easy for providers to narrow their eligibility criteria so children do not meet the threshold for help. The target could be “met” with children still being turned away. In many areas these early support services, in school or in the community, are not available, so if you are not accepted into specialist services there is nowhere else to go. This is partly because there is confusion as to who – schools, councils and the NHS – should be delivering what. Children who need help but cannot access specialist care are falling through the gaps between local agencies fighting over who is responsible for providing this low-level help. There is good work in some local areas, but overall the Government does not understand what is currently being provided outside of specialist services and does not have a plan to ensure that this low-level support is available in every area.

There have been successive announcements in the last 5 years, yet despite all of these, there is only a plan to:

- > Deliver a joined-up mental health service, accessible through schools, in 20% of local areas by 2024/25.
- > Expand ‘specialist services’ so that they can meet demand by 2028, without defining what ‘specialist services’ is, or outlining what the non-specialist offer will be to complement this.

The NHS concedes that the second commitment is only achievable if adequate lower level provision is available in *all* local areas by 2028; yet the Government does not have a plan to deliver this because of this confusion as to who should deliver what. Indeed, my office is the only national body even attempting to collect the data on spending at local level¹. My research found that spending on low-level services varied from 26p to £172 per child, yet none of the DfE, DHSC, Treasury, NHS England, NAO, Ofsted or CQC have accepted responsibility to collect or monitor this data for themselves. While it may be easier for the national system not to know, this means that the frustrations experienced by children trying to get the help they need will simply continue.

The Government urgently needs to commit to providing help to all children who need it. If not, far too many children with mental health problems will suffer as children, and then become adults without getting the help they need. And society will still be reaping the cost.

So my message to politicians is clear: do not be complacent. Where there is progress the momentum needs to be maintained, and where there is confusion, the Government needs to bring clarity and accountability. This briefing sets out, in clear and definitive terms, what the Government needs to do to deliver a service that meets the needs of all children. It is for politicians, local and national, to ensure this is delivered.



Anne Longfield OBE
Children’s Commissioner for England

¹ <https://www.childrenscommissioner.gov.uk/2019/04/10/over-a-third-of-local-areas-in-england-reduce-real-terms-spending-on-low-level-childrens-mental-health-services/>

Summary

This report is divided into three sections. The first focuses on NHS specialist mental health services in the community (also sometimes called CYPMHS or CAMHS²). This does not include inpatient services, which are the focus of other work by the Children's Commissioner³. Section two covers low-level services for children with emerging conditions or those who do not need specialist care. These services, often provided in schools, youth clubs or even online, are paid for by the NHS or local authorities, charities or schools. The last section looks at the Government's future plans for children's mental health services, in particular the Green Paper on Children's Mental Health and the NHS Long Term Plan. We ask whether, combined, these and other commitments are sufficient to meet the needs of children.

Section 1: current provision of NHS specialist community services (CYPMHS)⁴

This section examines the current provision of community-based NHS specialist services to children and young people. For the purposes of this report we will describe these as Child and Young People's Mental Health Services - CYPMHS. We find that:

- 1) Services are improving.
 - a. **Last year an extra £60m was invested in specialist children's mental health services** (in cash terms).
 - b. **An additional 53,000 children entered treatment**⁵.
 - c. There has been a particular improvement in **eating disorder services**, where the number of children accessing services **has increased by almost 50%** since 2016/17.
- 2) Despite this, services are still far from where they need to be. **Just over 3% of children were referred to CYPMHS last year, about 1 in 4 children with a diagnosable mental health condition.**
- 3) On average **children are waiting just under 8 weeks (53 days) to enter treatment.** However, where a waiting time target has been introduced – currently just for eating disorder services – waiting times are much shorter. **More than 80% of children accessed eating disorders services within 4 weeks.**

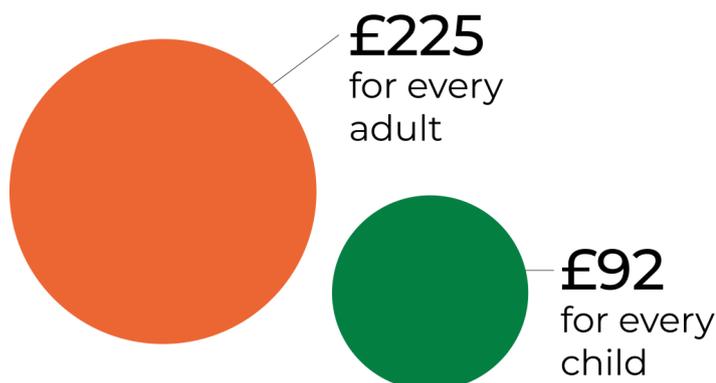
² We have followed NHS England in using 'CYPMHS' rather than CAMHS. This change was brought in after consultation with young people which highlighted confusion about the term 'adolescent' in reference to CAMHS services.

³ See our website for more details <https://www.childrenscommissioner.gov.uk/?s=mental+health>

⁴ Analysis in this report includes only people in contact with mental health services, with people only in contact with learning disabilities and autism services excluded.

⁵ For the purposes of this report, a child is considered to have entered treatment if they have two or more sessions with NHS teams. This is the same definition as the NHS use when calculating waiting time targets. However, NHS England maintain that for some children one session of treatment can be sufficient. It is not possible to ascertain from the data whether the session a child attended was an assessment or treatment.

- 4) On average, **the NHS spends £225 on mental health for every adult** and **£92 for every child**⁶.



- 5) More than a third of children who are referred to services are not accepted for treatment. How many children referred get treatment varies hugely across the country. **In four areas more than 90% of children referred enter treatment but in ten areas it is less than half.**
- 6) Across England, there is a post-code lottery in terms of investment, waiting times and access rates.
- Average waiting times vary from less than 3 weeks to nearly 4 months;**
 - Spend per child ranges from £14 to £191** between different NHS areas
 - A child is **four times more likely to be in contact with CYPMHS in some areas compared to the worst**

In short, **despite significant improvements over the past two years, too few children are getting help and those that do are waiting too long. There is a postcode lottery in terms of improving services, meaning some areas are years ahead of others.**

Section 2: current provision of low-level help for children

This section looks at provision of lower level services. Responsibility for these services is shared between the NHS, schools, voluntary sector and local councils. No data is collected centrally on what low-level mental health services each of these bodies provides locally. Previous research from the Children's Commissioners found that⁷:

- > Around £226 million was expected to be spent on low-level mental health services in England for the year 2018/19. This equates to £14 per child.
- > This is split fairly evenly between local authorities and the NHS. Of total funding.
 - > 50% comes from the NHS
 - > 30% from local authority children's services
 - > 20% from local authority public health budgets
- > Spending has gone up by 17% (in real terms) between 2016/17 & 2018/19. But not in every area: in 58% of areas spending was going up, but in 37% it was going down
- > Generally, the LA contribution was falling (in 60% of areas) and CCG funding was going up.
- > There was wide variation between local areas: a quarter of areas spent more than £15 per child, while a quarter spent less than £4.

For this report we have formally approached the Department for Health and Social Care, the Department for

⁶ The NHS justify higher rates of spending on adults based on higher prevalence rates of mental health conditions amongst adults. While rates of diagnosable conditions are higher amongst adults (17% compared to 12.8%), this does not account for the discrepancy in spending. In addition, the Children's Commissioner believes more emphasis needs to be placed on the children with 'pre-diagnosable conditions', many of whom will go on to develop more significant conditions as older children or young adults.

⁷ This is based on an ad-hoc data collection completed by the Children's Commissioner using her unique statutory powers and published in 2019 <https://www.childrenscommissioner.gov.uk/publication/early-access-to-mental-health-support/>

Education, NHS England, Public Health England, Ofsted and the Care Quality Commission to ask them what they expect different sectors (schools, local NHS bodies and local authorities) to be providing in each area. Section 2 of this report seeks to combine these national expectations on sectors to ascertain whether, together, they meet the needs of children. We find that while there are good reasons for all of these sectors to invest in mental health services, there is rarely an expectation from central Government, that it is explicitly funded. Low-level mental health services can be simultaneously everyone's responsibility, and nobody's. Moreover, as stated above, the Government knows very little about what services are provided in different areas.

In short, **that the provision of low-level mental health services for children is fragmented because of a system lacking clarity, transparency or accountability. This means children face a postcode lottery of support.**

Section 3: Does the Government have a plan to meet the mental health needs of all children?

In this section we develop a model for assessing what a system that meets the needs of all children would need to provide. We have based this on modelling developed by the Department of Health and Social Care for the Children's Mental Health Green Paper, which we have updated with the latest prevalence estimates of children's mental health conditions. Based on this, the Children's Commissioner's working estimate is that we need a mental health service for children which:

- > **Enables about 900,000 children a year to access 'specialist' help.**
- > **Provides help in universal settings to 1,200,000 children a year**

Specialist help

This would mean that about 80% of children with a clinically diagnosable condition and about 10% of children with a pre-diagnosable condition⁸ would receive specialist help. That is, evidence based, targeted interventions addressing specific issues. This does not all need to be provided within existing NHS CYPMHS services. The Green Paper modelling envisages a large part of this need being met by newly created 'Mental Health Support Teams'⁹. Applying these assumptions to the latest prevalence data for children's mental health we find specialist services need to expand such that:

- a. **580,000** children a year are accessing CYPMHS by 2028
- b. **322,000** children a year are getting help through Mental Health Support Teams (MHST) by 2028

By way of comparison, 377,866 children accessed CYPMHS last year and MHSTs are only just being established. **So we estimate that services need to almost treble in size.**

While the improvement needed in specialist services is significant, we find that if the NHS continues the current rate of expansion of specialist services, it is on track to expand specialist services to an acceptable level by 2028. However, to maintain the existing rate of expansion across that period will require significant commitment and resources. The NHS Long Term Plan only makes definite commitments up to 2024/5 and an undefined commitment that by 2028 they will be meeting the needs of 'all children who need specialist help'. The NHS have not said what this means, but as above we estimate that it will require help to be provided to about 900,000 children. We find that the NHS can achieve this, but needs to commit to it.

⁸ The level of support a child requires is not simply a question of clinical need, it will also depend on the amount of support available from other sources: school, family, social care etc.

⁹ Mental Health Support Teams are being introduced as part of the Children's Mental Health Green Paper, this is explained in Section 1.

Low-level help

This would include a variety of different forms of help, from in-school counselling sessions to more general advice and information and online help.

The expansion of specialist provision would still leave over 1 million children every year with lower-level and emerging needs who need to be supported outside of specialist services, typically in schools and community settings. We find that the Government still does not have a clear plan to ensure this low-level support is in place in every area.

We conclude that the NHS is on track – if improvements continue at current pace – to meet its own commitments by 2028. But without significant extra investment in lower level services – and commitment from central Government to fund and oversee these – more children will be needing specialist help, leaving services overstretched and children falling through the gaps.

A note on terminology – specialist and low-level

For this purpose of this report, we have split services into ‘specialist’ and ‘low-level’. In using the term ‘specialist’, we broadly mean NHS CYMPHS. ‘Specialist’ is the term used by the Government in the Children’s Mental Health Green Paper, in the NHS Long Term Plan and in evidence to the Public Accounts Committee. Therefore most of the major targets made for children’s mental health services are defined as commitments for ‘specialist services’. In contrast, we consider low-level services to be for children “with 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”¹⁰. We lay-out what this support might constitute in Section 2. But, the division is not absolute. As noted above, Mental Health Support Teams will support both types of provision. In school counselling and digital services can span both low-level and specialist support. It is important to remember that while NHS England’s commitments to children’s mental health are defined in terms of specialist services, local NHS areas will often be providing low-level services as well, again we expand on this in Sections 2 and 3.

Mental Health Support Team (MHSTs)

The NHS is supporting the roll-out of ‘MHST’s to 20% of areas under the Government’s ‘Green Paper for Children’s Mental Health’. These teams, which we discuss in greater detail in Section 3 of this report, perform a dual function. Firstly, they will provide specialist interventions for individual children. These interventions form part of NHS England’s commitments under the Long Term Plan to expand the number of receiving treatment. In order to provide this, NHS England and Health Education England are recruiting and training a whole new workforce of children’s mental health professionals. Secondly, they will work with schools, and other agencies in a local area, to improve the mental health support to children within universal settings such as schools. How exactly these teams will operate will vary between areas, but they should: provide a single-point of access for children seeking to get help, enable children to access help through schools and co-ordinate local services. All of this is very welcome.

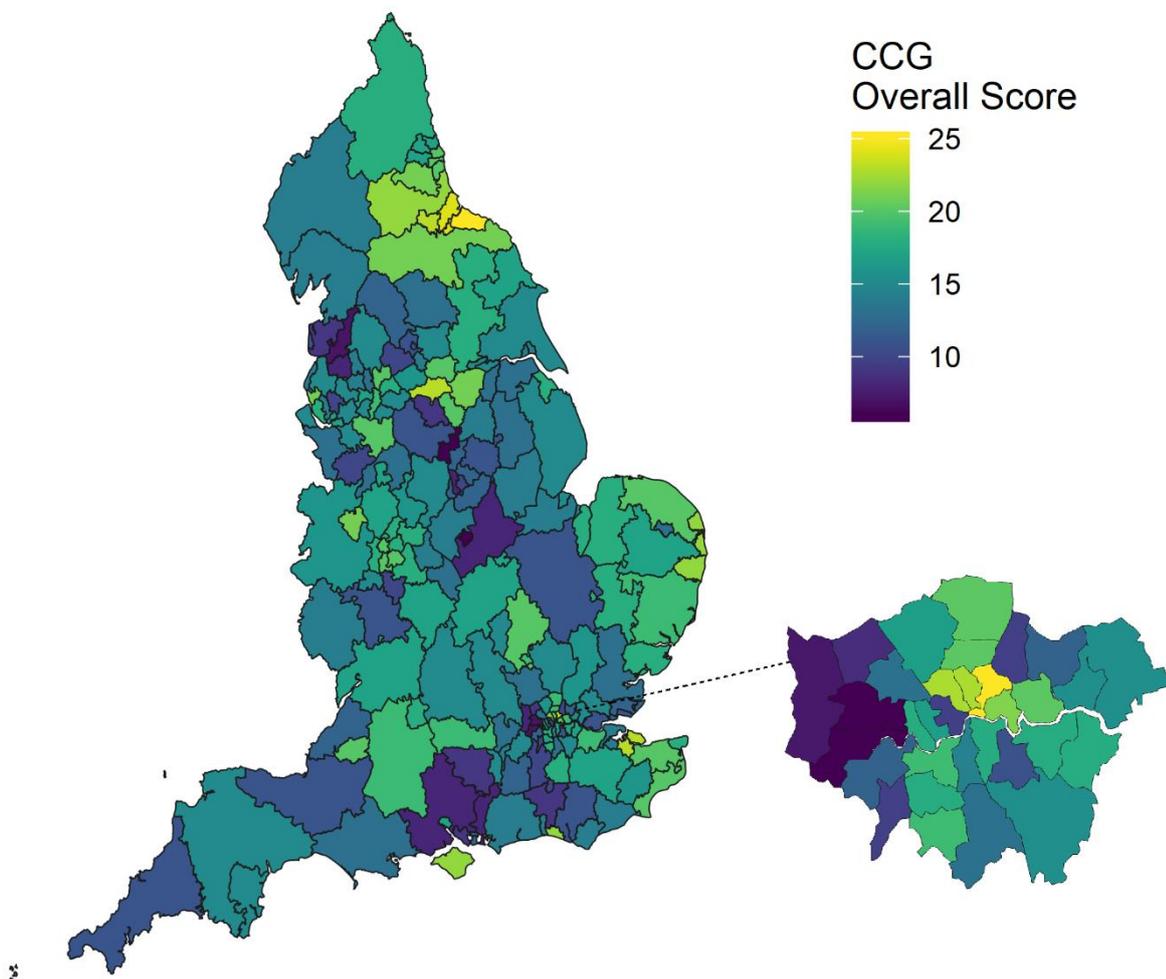
¹⁰ Language taken from the impact assessment to the Children’s Mental Health Green Paper

How services compare across the country

We have assessed CCG provision against five core criteria:

1. the number of children accessing help,
2. the percentage of budget devoted to children's mental health
3. spend per child
4. waiting times
5. percentage of children whose referral was closed without them accessing treatment.

For each measure, we have compared CCGs against other CCGs to give a total score out of 25. A score of 25 would suggest that the CCG in question was in the top 20% of CCGs for each of the five measures. A score of 5 would show the CCG was in the bottom 20% of CCGs for each measure.



See tables on [pages 17 and 18](#).

A [static map is available on page 19](#) and an interactive version is available on the Children's Commissioner's website.

Recommendations

Our over-arching recommendation is a simple one: the Government should commit to delivering the services its own modelling showed were needed.

Specialist services

NHS England and the Government have both rightly made the expansion of specialist services their first priority. The children with the greatest clinical need should be able to access services. Significant progress has been made in the past two years, but such was the low starting point, there is still much more to be done. We find that NHS England are on-track for their targets for 2024, and their broader ambition for 2028. However, maintaining the same *scale* of progress will become much more difficult as services expand. It will only occur if the NHS and Government face-up to the scale of the challenge, this also means acknowledging the number of children needing help now, and in the future who are not currently part of their plans. We believe that:

- 1) NHS England should be clear what they mean by ‘all children who require specialist services’ and what services they will be providing within specialist services. This will make it much clearer as to what other agencies need to be providing.
- 2) NHS England should look to speed-up the expansion of services, by investing in more voluntary and community sector provision. At the moment the NHS’s plans rely on recruiting and training an entire new workforce, this is time consuming and limits the expansion of services. Yet, as highlighted in this report, there are numerous excellent charities and other groups, many with well-evidenced clinical models. By making funding available for such services, the NHS could expand provision much quicker. Funding for the NHS Long Term Plan has been front-loaded, such that funding will increase most rapidly in the first few years, yet the expansion of children’s mental health services is largely towards the end of the plan. Services need to expand more rapidly in the first few years.

Low-level services

These are the services to reach the 1.2m¹¹ children that the Department of Health and Social Care think could benefit from some form of mental health support but don’t need specialist care.

In ensuring these services are provided, the Government need to strike a difficult balance between allowing local autonomy in how these services are configured without making these services optional for local commissioners. At present, we think the Government have got this balance wrong, and there is too little incentive in place for local areas to invest, too little accountability as to what is delivered and often too little funding available (for example, for schools to buy-in school counselling for all children who need it).

Decisions should be taken locally as to how services are configured, but all local areas should be held to account for what is being provided. The Government are working with local areas to do this in the 20-25% of areas covered by the Green Paper. We believe the Departments of Health and Education need to establish a plan for improving the low-level mental health services available to children in the other 75% of areas which includes:

- 1) A basic **benchmark** for the *type* of services children should be able to access in their school, their local community and online.
- 2) A set of clear **expectations** on each body that *collectively* meets the needs of children. This should also inform the 2020/21 Spending Review to ensure that each organisation has the funds to meet the needs of children.

¹¹ This is presuming an expansion of specialist services. It is currently 1.7m

- 3) Much greater **transparency** as to what is currently provided, and by whom. The Departments should work together such that by 2023 we have clear measures in place to indicate the levels of services provided by schools, local councils and local NHS bodies in each area. This should help incentivise greater investment at a local level.
- 4) Clear **accountability** so that individual decision makers in schools, local authorities and the NHS are held to account for what they or do not provide to children.
- 5) As an interim step towards achieving this transparency, we formally request the Department of Health and Department of Education work with the Children's Commissioner's Office to repeat our 2018/19 data collection from local areas. This would enable the Departments to develop a national statutory data collection to assess local provision in the future.

Background

This is the Children's Commissioner's third annual briefing on children's mental health services. The Commissioner commenced this work in 2017 in response to public concern both about the provision of children's mental health services and the lack of transparency around them. Since then, both the level of services, and the data collected about them, has improved. This briefing is therefore more detailed and more reliable than previous versions, although there is still a lack of transparency and accountability, particularly about low-level provision (see section 2).

We find that NHS CYPMHS are improving. This should be expected, Simon Stevens (NHS Chief Executive) has identified CYPMHS as the area of the NHS with greatest unmet need¹² and Jeremy Hunt (former Health Secretary) identified it as "the biggest single area of weakness in NHS provision"¹³. In acknowledgement of the inadequacy of current mental health services for children, there have been a range of Government initiatives, the most significant of which are 'Future in Mind', the Five-Year Forward View for Mental Health, the Government's Green Paper for children's mental health and the NHS Long Term Plan.

Given this collection of Government announcements, this year the Children's Commissioner's annual briefing assesses not just the current state of provision, but also the trajectory of future improvement. This briefing seeks to answer two questions:

- 1) **To what degree are children's mental health services meeting the needs of children? (Sections 1 and 2)**
- 2) **Does the Government have a plan to meet the mental health needs of children? (Section 3)**

The Children's Commissioner's Office has used its data-gathering powers under s.2F of the Children Act 2004 to acquire data from NHS England and NHS Digital on which services are provided, in order to build up a detailed local and national understanding of NHS children's mental health services and where they are likely to be falling short.

This analysis is based on (a) Government estimates for the prevalence of mental health conditions amongst children; (b) Department for Health modelling of what a system meeting the needs of 'all children' would look like; (c) data provided by NHS England and NHS Digital about what services are currently being provided and are planned for the future.

How many children need mental health services?

The **basic rate of prevalence of "mental health problems" amongst children aged 5-19 is 12.8%**¹⁴. This was determined by a nationwide prevalence survey commissioned by the Department of Health of a large sample of children from which was extrapolated a national rate. It refers to quite a high level of clinical need, such that children could be considered to have a diagnosable condition, and uses an internationally recognised classification system agreed by the World Health Organisation.

Overall, the survey tells us that at any one time, one in eight children has a 'mental health disorder'. But this is not a static population. In general, conditions are more common in older children and especially so for teenage girls. However, amongst younger children, **boys are almost twice as likely to have a mental health**

¹² In evidence to the Public Accounts Committee "I think unmet need for children's mental health services is greater than unmet need in adults' mental health services, and unmet need in mental health services in the round is definitely greater than in physical health services." <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/public-accounts-committee/mental-health-services-for-children-and-young-people/oral/92201.pdf>

¹³ <https://www.hsj.co.uk/sectors/mental-health/hunt-vows-to-act-on-nhss-biggest-area-of-weakness/7011628.article?blocktitle=&contentID=>

¹⁴ <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017> (see Methods Section in the summary document for a discussion of the conditions and how they are categorised).

condition as girls. In other words, while **one in eight children have a diagnosable mental health condition** at any one time, the population of children who will have a condition at some point in their childhood is far greater.

The types of mental health condition children are most likely to experience also vary by gender. Boys are more likely to have conditions which ‘externalise’ symptoms, and therefore present as ‘behavioural disorders. Girls are more likely to have conditions where symptoms are ‘internalised’, such as ‘emotional disorders’.

Support is also needed for some children who do have not reached this clinical threshold. The Department of Health’s working estimate is that for every child who has a ‘diagnosable condition’ there will be a child with a ‘pre-diagnosable condition’ who might also benefit from some help. Amongst this group, the Children’s Commissioner is particularly concerned about those children who might loosely be deemed ‘vulnerable’ because of their family background: those children from families experiencing issues such as severe poverty, domestic violence and poor parental mental health¹⁵. Children growing up in these circumstances are more likely to experience adversity and trauma, which has been shown to impact on their emotional development and can in turn lead to challenging and destructive behaviour, and even lead to diagnosable mental health conditions in later life. It is vital these children receive help, to minimise the impact of this behaviour on their education, home-life and quality of life¹⁶.

The range of needs children have means they need to be able to access a range of different services. As well as specialist services, there needs to be lower level support for children with emerging conditions or those that don’t meet the threshold for specialist, medical intervention. Treatment needs to be appropriate for the child, their age and their condition. For younger children (under-10), treatment will generally need to be provided to children and their parents together, and there are a range of proven family-based interventions for younger children¹⁷.

Older children have generally told us they want support to be as informal and easy to access as possible: there is good international evidence that provision in school increases take-up¹⁸. There will also be children who are not engaging in education, and won’t engage with formal CYPMHS services either; these children will need some form of outreach or drop-in community provision. Some children will find it easier to engage with digital services, particularly as a first access point¹⁹.

¹⁵ <https://www.childrenscommissioner.gov.uk/publication/childhood-vulnerability-in-england-2019/>

¹⁶ There is a lot of research on ‘Adverse Childhood Experience’ and their impact, both on children and in adulthood. For a good overview of this research, which focuses on what interventions can ameliorate these risks, see this evidence review from the Institute of Education <https://eppi.ioe.ac.uk/cms/Default.aspx?tabid=3755>

¹⁷ <https://www.eif.org.uk/blog/the-mental-health-dividend>

¹⁸ McLaughlin, C., Holliday, C., Clarke, B., and Ilie, S. (2013) *Research on counselling and psychotherapy with children and young people: a systematic scoping review of the evidence for its effectiveness from 2003 –2011* Leics: BACP

¹⁹ For a good review of the evidence on this see <https://epi.org.uk/publications-and-research/online-mental-health-support-young-people/>

Section 1 – The state of NHS mental health services for children

The Children’s Commissioner finds: (all comparisons are 18/19 with 17/18)

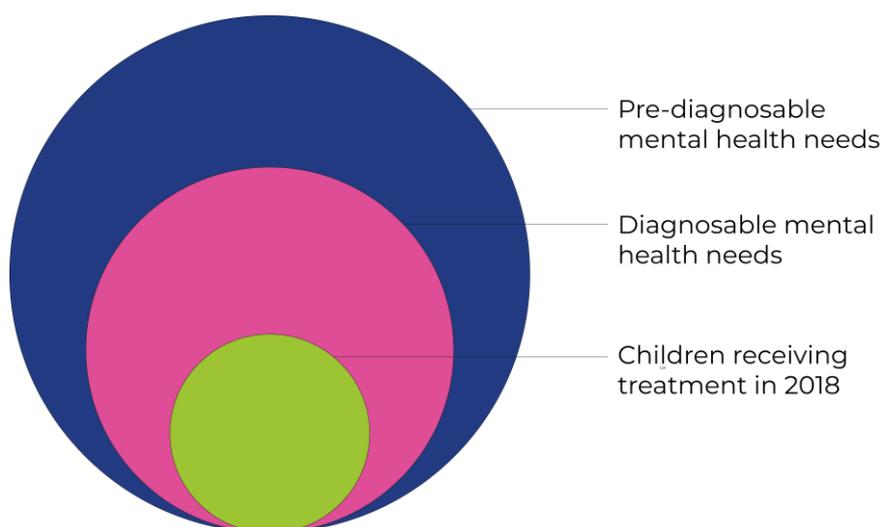
Services are improving

From a low-basepoint, we have seen the following improvements in NHS services this year:

- > **Out of 195 CCGs²⁰ in England, 161 increased spending** on CYPMHS (per child) in 2018/19. On average spending **went up from £54 per child to £59 per child in real terms**.
- > As a result, an **additional £50m (in real terms) was spent** on children’s mental health across England
- > This meant **an extra 53,000 children received treatment**
- > Waiting times have fallen: **on average a child who enters treatment waits just under 8 weeks** (53 days), down from 57 days a year ago.
- > More children who are referred go on to enter NHS treatment²¹. This is a key concern for the children we meet, who repeatedly tell us about being “turned away” or “refused” treatment. Last year **34% of children who were referred didn’t go on to enter treatment**, compared to 36%²² the previous year. However, because overall referrals have also increased, **the total number of children referred to NHS services who did not go on to receive treatment has risen by more than 10,000**. As is explained below, some local NHS areas are making welcome progress in this area.

But services are still a long way from reaching all children who need help

- > The 2017 prevalence survey of children found that **12.8% of children aged 5-19 in England had at least one ‘mental health disorder’**. This means that, at any one time more than 1 million children in England will have a mental health disorder.
- > **During the last year there were 398,346 children referred to NHS CYPMHS**. Of these:
 - o **135,430** children had their referral closed before they entered treatment
 - o **74,130** children entered treatment within six weeks
 - o **56,688** children entered treatment but waited more than six weeks
 - o **131,878** children were still on the waiting list at the end of the year
- > **During the year 377,866 number of children accessed CYPMHS services²³** (including children who were referred during the year and children already in treatment)



²⁰ CCGs: Clinical Commissioning Groups, these are the administrative areas for NHS England. See <https://www.nhscc.org/ccgs/>

²¹ The data we have is for NHS CYPMHS, that a child doesn’t get into these services does not necessarily mean they get no help, as they may be able to access school or community support. We don’t have data on this.

²² Unlike, other figures used in this report, this number includes those referred for learning disability and autism services to better capture the scale of children needing services but are not accepted for specialist treatment.

²³ Defined as children who have accessed two treatment sessions during the year.

There is a post-code lottery in terms of investment, waiting times and access rates

Waiting Times

- > There are **11 CCGs where waiting times are on average less than 4 weeks.**
- > But there are **97 CCGs (nearly half) where waiting times are, on average, more than 8 weeks,** and **43 CCGs where waiting times are, on average, more than ten weeks.**

Children accessing Treatment

- > There are now 7 CCGs where more than 6% of all children are in contact with CYPMHS services. This is about half of all children with a clinically diagnosable condition. These six are: North Durham, South Tyneside, St Helens, 'Durham Dales, Easington and Sedgfield, Thanet, Hull and Blackpool²⁴.
- > However there are 76 CCGs where the number of children in contact with services is less than half of this (in another words, fewer than 1 in 4 children who have a clinically diagnosable conditions are accessing CYPMHS). This includes 9 CCGs where less than 2% of children are in contact with CYPMHS, this is fewer than 1 in 6 children with a clinically diagnosable condition. These CCGs are Leeds, South Cheshire, South Sefton, Croydon, Harrow, Hillingdon, Bradford City, Nene and Ealing.
- > There are **four CCGs where more than 90% of children referred entered treatment:** Southwark, Croydon, Corby and Lambeth. In Southwark 93% of children referred accessed CYPMHS, and they have a target for this to be 100% by 2020²⁵.
- > But **there are 10 CCGs where more than half of children referred to CYPMHS don't go on to enter treatment.** Including **Knowsley where 64% of children referred to CYPMHS have their referral closed before treatment.**

Spend

For this report we have looked at spending by Clinical Commissioning Groups, these are the local NHS organisations who commissioner services in these areas.

- > **There are now 11 CCGs in England who spend more than £100 per child on mental health services. The top 15 CCGs for spend on adult mental health all spend more than £300 per adult.**
- > But **there are 63 CCGs in England where spend per child is less than £50 per child. No CCG in England spends less than £125 per adult** on adult mental health services.
- > **Islington is the top spending CCG** at £191 per child; it is also the only CCG in England to commit **more than 2% of its overall budget** on children's mental health. Conversely, five CCGs report spending of less than £30 per child and four are spending less than 0.5% of their budget on children's mental health.

Children's mental health remains the poor-relation of NHS services

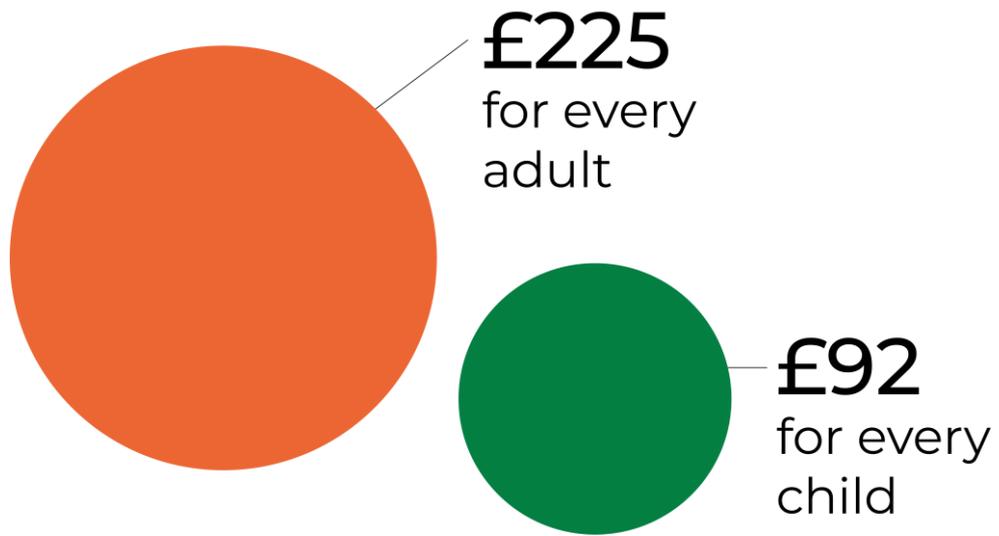
- > **CCGs spent just over £750m on CYPMHS**, including eating disorders, last year, this is out of a total budget of more than £76bn.
- > On average CCGs in England **spend less than 1% (0.92%) of their budget on children's mental health, this is up slightly on last year** when 0.87% spent on children's mental health.
- > However, in addition, **NHS England centrally spends £389m** providing in-patient and other highly specialised services to children. **This is equivalent to £33 per child.** For adults, these services are paid for by CCGs, so the figures are not directly comparable
- > If we combine NHS England and CCG spending we still find a significant disparity. **Children account for 20% of the population, but only 10% of total mental health spending.** Recognising this, NHS England have made a commitment in the NHS Long Term Plan that spending on children's mental

²⁴ Blackpool has a high number of children accessing treatment, but a low spend. There are two possible explanations for this (a) the CCG has reported the wrong spending figure; (b) much of the treatment is being funded by other partners. In particular, it is important to note that Blackpool is a recipient of National Lottery funding under the 'Head Start' programme which includes a large role for the local authority. <https://www.blackpool.gov.uk/Residents/Health-and-social-care/HeadStart-Blackpool/HeadStart-Blackpool.aspx>

²⁵ <http://moderngov.southwark.gov.uk/ieDecisionDetails.aspx?ID=6957>

health will increase at a greater rate than other mental health services. By how much more, and how local areas will be held to account for this, is unclear.

- > This means that on average, **the NHS spends £225 for every adult** and **£92 for every child**.



What do we know about the specific elements of NHS mental health services for children?

Eating disorders

Eating disorder services are one part of NHS CYPMHS where there has been significant reform. It is a relatively small service – **spending on community eating disorder services in England was just over £50m last year**. However, it is the only part of the community mental health service for children where a waiting times target has been introduced. **In 2018/19, 82.4% of children referred to eating disorder services were seen within 4 weeks, a slight improvement on 80% in 2017/18**. Moreover, for **children that are given an ‘urgent referral’, 80.6% are seen within one week**. The ambition is that by the end of 2020/21, 95% of those in need will start treatment within 1 week if the case is urgent and within 4 weeks if the case is not urgent. The NHS is on track to meet this target. There are also many more children being seen: last year more than 7500 children accessed eating disorder services, up from just over 5000 in 2016/17.

Mental health care for the under-10s

Children under 11 do experience a range of mental health conditions, indeed these can be detected in children as young as 2. These children should be eligible to access CYPMHS services, but often they will need highly specialised treatment, or support is needed for the whole family. The Children’s Commissioner has encountered many children and families who have struggled to access this type of service, possibly because the symptoms children present with at this age, such as conduct disorders, do not meet the eligibility criteria for local services. In light of this, the Commissioner wrote to NHS England under Section 2C of the Children Act 2004 asking them:

- > To ensure all CCGs commissioned a service capable of meeting the needs of children under 11
- > To ensure all CCGs commissioned family-based mental health services for children. We specifically asked what commissioning or clinical guidance was provided to local areas in relation to these services.
- > Review how many local areas were providing family-based mental health services.

NHS England’s response highlighted a broad expectation that CYPMHS services should meet the needs of children of different ages and a desire to promote trauma informed therapeutic approaches. There is not, however, specific guidance for treatment of under-11s in NHS England’s mental health policy, and little data is collected on how this group accesses support²⁶. This area of mental health care remains a significant concern to the Children’s Commissioner. See Annex D for the full response from NHS England.

Perinatal

Children’s mental health is intrinsically linked to that of their parents, particularly in their very earliest days, when poor parental mental health has been proven to impact significantly on a child’s mental health. The ‘Five Year Forward View for Mental Health’ contained welcome commitments **to increase perinatal mental health support to an additional 66,000 mothers by 2023/24**²⁷. The NHS Long Term plan commits to going further, **expanding provision by a further 24,000 places a year**, as part of a commitment to extend perinatal mental health care to a child’s second birthday. The Long Term Plan also commits to:

- > “Expand access to evidence-based psychological therapies within specialist perinatal mental health services so that they also include parent-infant, couple, co-parenting and family interventions;
- > Offering fathers/partners of women accessing specialist perinatal mental health services and maternity outreach clinics evidence-based assessment for their mental health and signposting to support as required. This will contribute to helping to care for the 5-10% of fathers who experience mental health difficulties during the perinatal period”²⁸.

²⁶ [Letter from Claire Murdoch to Anne Longfield dated 18 April 2019](#)

²⁷ <https://www.england.nhs.uk/mental-health/perinatal/>

²⁸ <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

Local area tables – England’s top and bottom areas for CYPMHS

We have assessed CCG provision against five core criteria: the number of children accessing help, percentage of budget devoted to children’s mental health, spend per child, waiting times and the percentage of children whose referral was closed without them accessing treatment²⁹. For each measure, we have compared CCGs against other CCGs to give a total score out of 25. A score of 25 would suggest that the CCG in question was in the top 20% of CCGs for each of the five measures. A score of 5 would show the CCG was in the bottom 20% of CCGs for each measure.

The table below shows the best performing CCGs in England.

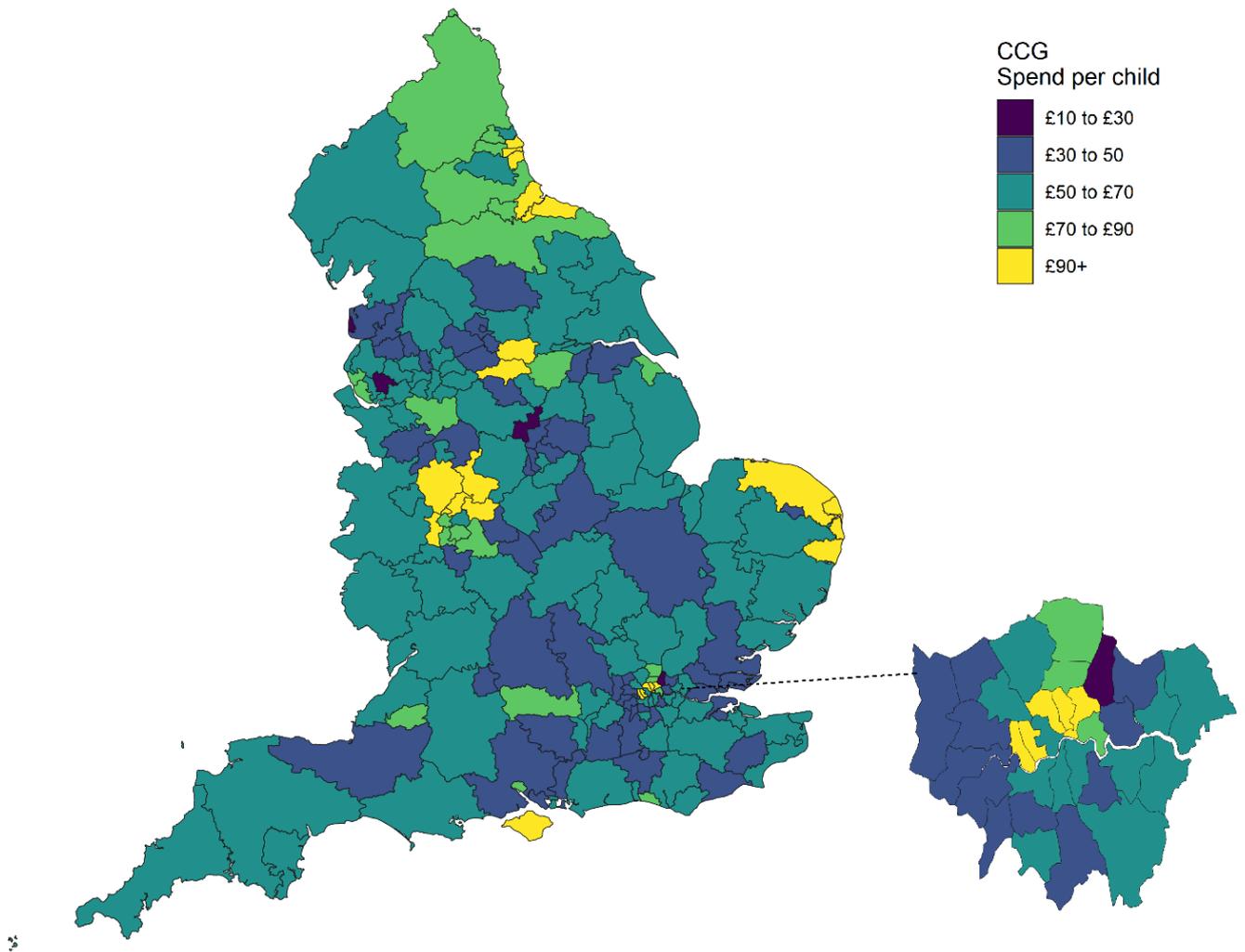
Clinical Commissioning Group (CCG)	% CCG budget spent on CYP MH	MH Spend per child (£)	% of CYP referred to CYPMHS	Average wait time for MH services (days)	% CYP whose referral closed before treatment	CCG overall score (5 = worst, 25 = best)
NHS South Tees CCG	1.30%	96	5.72%	21	21%	25
NHS Hartlepool and Stockton-on-Tees CCG	1.57%	103	5.77%	32	30%	24
NHS Darlington CCG	1.09%	74	5.36%	40	29%	23
NHS Barnsley CCG	1.24%	95	4.19%	27	36%	23
NHS Swale CCG	1.18%	66	4.46%	32	28%	23
NHS City and Hackney CCG	1.57%	99	4.23%	43	29%	23
NHS Isle of Wight CCG	1.31%	113	3.21%	42	24%	22
NHS Great Yarmouth and Waveney CCG	1.30%	102	4.61%	38	43%	22
NHS Durham Dales, Easington and Sedgfield CCG	0.98%	84	6.31%	44	28%	22
NHS Brighton and Hove CCG	1.10%	82	3.86%	50	26%	22
NHS Camden CCG	1.82%	140	2.66%	48	16%	21
NHS Doncaster CCG	1.08%	75	3.55%	29	34%	21
NHS Hambleton, Richmondshire and Whitby CCG	1.26%	88	3.10%	19	33%	21
NHS Islington CCG	2.17%	191	5.18%	67	27%	21
NHS North Durham CCG	0.86%	68	6.06%	40	26%	21
NHS South Sefton CCG	1.12%	87	1.68%	32	19%	21
NHS Telford and Wrekin CCG	1.06%	58	5.58%	26	31%	21
NHS Bath and North East Somerset CCG	1.05%	71	2.66%	43	20%	20
NHS Bedfordshire CCG	1.03%	60	4.09%	49	31%	20
NHS Canterbury and Coastal CCG	0.78%	54	4.88%	40	22%	20

²⁹ We have included two finance metrics within our basket of measures because we are conscious that CCGs could choose to invest in community provision, which might not be included in the other measures as no national data on these statistics is collected. Thus an area can be spending highly and be showing a low number of children accessing services because they have invested in community level provision. The double-weighting of finance measures is an attempt to give some insurance against this.

The table below shows England's worst performing CCGs. The lowest possible score is 5. See Annex A for the data for each local area in England.

Clinical Commissioning Group (CCG)	% CCG budget spent on CYP MH	MH Spend per child (£)	% of CYP referred to CYPMHS	Average wait time for MH services (days)	% CYP whose referral closed before treatment	CCG overall score (5 = worst, 25 = best)
NHS Hardwick CCG	0.26%	19	2.65%	106	45%	6
NHS Bradford City CCG	0.77%	43	1.78%	87	45%	6
NHS Leicester City CCG	0.54%	30	2.11%	63	45%	6
NHS Ealing CCG	0.60%	37	1.98%	53	51%	7
NHS Greater Preston CCG	0.62%	39	3.17%	76	47%	7
NHS Hounslow CCG	0.77%	43	2.46%	75	41%	7
NHS Chorley and South Ribble CCG	0.69%	47	3.16%	91	45%	8
NHS East Leicestershire and Rutland CCG	0.66%	38	2.21%	62	35%	8
NHS Hillingdon CCG	0.85%	43	1.76%	84	39%	8
NHS Nottingham West CCG	0.77%	43	2.42%	62	42%	8
NHS South Eastern Hampshire CCG	0.77%	49	3.01%	82	54%	8
NHS West Hampshire CCG	0.76%	47	2.78%	73	46%	8
NHS Fareham and Gosport CCG	0.75%	47	2.95%	70	52%	9
NHS Fylde & Wyre CCG	0.52%	40	3.40%	69	40%	9
NHS Harrow CCG	0.86%	43	1.75%	93	37%	9
NHS Horsham and Mid Sussex CCG	0.57%	34	3.06%	71	39%	9
NHS North Hampshire CCG	0.88%	49	2.38%	72	55%	9
NHS Sheffield CCG	0.67%	45	2.52%	60	36%	9
NHS Calderdale CCG	0.61%	38	2.91%	69	30%	10
NHS Central London (Westminster) CCG	0.57%	54	2.41%	79	25%	10

Map showing how spending varies across the country



Section 2: The current state of low-level mental health services for children

Lower-level services

NHS mental health services for children currently treat about one third of children with diagnosable mental health conditions. This leaves a lot of children who need to be able to access support in some other form. As explained above, there is no standard model for the type of mental health support these children will require. It will need to encompass some work with families, some provision in schools, some digital support and services provided in the community. These should be provided by a range of NHS bodies, schools, charities and children's services.

Mapping out all of these services at a national level is not possible, but for this report we have sought to compile all available evidence on what is currently provided. We have then gone to each Government agency tasked with overseeing or inspecting lower-level mental health services to ask both what they expect local bodies to provide, and what plans they have to monitor and improve this.

We have broken down provision across four agencies: schools, local authority children's services, local authority public health and CCGs (local NHS commissioners). For each, we have tried to ascertain:

- 1) What does the Government expect each of these institutions to provide for the children in their area?
- 2) What do we know about whether this is being provided?

The table overleaf is our best attempt to piece together responses from the Department for Education, Department for Health and Social Care, Ofsted, NHS England, Public Health and the CQC with data from a 2017 survey of schools, and a complex data-collection on spending undertaken by the Children's Commissioner's Office.

What do we know about which low-level services are provided?

<p>Schools</p>	<p>In 2017, the Department for Education commissioned a nationwide survey of school and college mental health provision³⁰. This is what we found out:</p> <p>Most schools report they are doing a lot to promote good mental health:</p> <ul style="list-style-type: none"> > 92% of schools believe they have an ethos which promotes mutual understanding and concern. > 99% of schools believe they are screening for mental health issues (though only 15% actually use universal screening) <p>Most schools are providing some form of in-school counselling (61%) and overwhelmingly (92%) the funding for this comes from their core budget. We don't know how many children could access it.</p> <ul style="list-style-type: none"> > Very few schools identify a specific clinical model which informs their approach – only 18%, for example, use CBT. > Little was known about the quality of the counselling. Less than half (47%) employed a counsellor who was a member of a professional body; only 44% of school counsellors had a Diploma or equivalent, but only 15% had nothing. This is likely to reflect that those responding on behalf of the schools did not know. > Just under half of schools had a mental health lead (49%), and the majority did have a single access point for referring into NHS services (68%). But only 19% had a single point of contact externally in NHS CYPMHS services. <p>Schools report three major barriers to improving mental health provision:</p> <ol style="list-style-type: none"> 1. Difficulties commissioning local services 2. Funding 3. Internal capacity within the school
<p>Local NHS Bodies (CCGs)</p>	<p>No information is collected by the Government as to how much local areas spend on low-level mental health provision. To try and address this, in 2018/19 the Children's Commissioner undertook a nationwide statutory data collection from every CCG, local authority children's services team and local authority public health teams. This showed:</p> <p>Around £226 million was reported to be spent on low-level mental health services in England for the year 2018/19. This equates to £14 per child.</p>
<p>Children's Services</p>	<p>This is split fairly evenly between local authorities and the NHS, but comes from different budgets within local authorities. Of total funding:</p> <ul style="list-style-type: none"> > 50% comes from the NHS (CCGs) > 30% from children's services (mainly from the High Needs budget) > 20% from council public health budgets <p>Spending has gone up by 17% (in real terms) between 2016/17 & 2018/19</p> <ul style="list-style-type: none"> > But not in every area: 58% of areas spending was going up, but in 37% it was going down > Generally, the LA contribution was falling (in 60% areas) and CCG funding was going up
<p>Public Health</p>	<p>There was wide variation between local areas, both in absolute spending and how different agencies contributed to it. While the average spend was £14 per child this was inflated by a few areas spending large amounts. While a quarter of areas spent £15 per child or more, a quarter spent less than £4. per child this was inflated by a few areas spending large amounts. While a quarter of areas spent £15 per child or more, a quarter spent less than £4.</p>

³⁰https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/634726/Supporting_Mental_Health_survey_report.pdf

What do we expect different agencies to provide to children?

Schools	<p>There are no statutory requirements on schools to make specific provision for those with mental health needs.</p> <p>Some wider statutory duties cover the prevention, identification and support for pupils with mental health needs. This includes schools' duties to safeguard; support children with Special Educational Needs and Disabilities (SEND); support Looked After Children (LAC); develop behaviour and discipline policies; and teach the new RSE curriculum.</p> <p>Under Ofsted's Education Inspection Framework (EIF), inspectors evaluate the experience of particular groups including those with mental health needs.</p>
Local Authority Children's Services	<p>Local authorities will be provided with about £7.1bn next year from Central Government, in 'high needs funding'.</p> <p>Provision from the high needs block is (primarily) for children with Education, Health and Care (EHC) Plans. Where a pupil has an EHC plan, there are statutory requirements across schools, local authorities and health services to make the provision, as set out in their EHCP. This includes any mental health provision. There is no specific obligation on local authorities to fund local authority mental health support for children where it is not part of an EHC plan.</p>
Clinical Commissioning Groups	<p>CCGs are responsible for assessing local needs and commissioning services to meet them. Mental health services for children with mild to moderate needs will be commissioned by a number of organisations, but NHS England expects CCGs to take a central role in organising this through 'Local Transformation Plans' for children's mental health which should encompass CCGs, local authorities and other partners. These are produced annually, and should be reviewed by local 'Health and Well-Being Boards', though CCGs are not responsible for actions of other commissioning partners.</p> <p>In addition, the following is generally expected of CCGs:</p> <ul style="list-style-type: none"> > GPs to make referrals to services and social prescriptions > CYPMHS to provide interventions for a range of mental health difficulties > In areas with Mental Health Support Teams, these will be funded by the CCG. <p>However, the specific make up of such services is for local determination, including referral acceptance criteria. This leaves key decisions, including the level of services, and how much (if any) funding CCGs give to the voluntary sector up to local discretion.</p>
Public Health	<p>Health and Wellbeing Boards, which oversee public health services, are expected to play a role in influencing the decisions which determine the management and allocation of local resources. These boards have a statutory duty to produce Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies which are supposed to identify the health needs of their population, and devise strategies to address them. These are delivered along with CCGs and should include children's mental health. Local authorities can use the public health budget to commission low-level children's mental health services, but there is no expectation on them to do so.</p>

Evaluating the current system

The previous pages give a snapshot of a highly complex, and often contested, system for providing support to children. From within this, children and their families need to be able to access the right support in the right place at the right time. In some areas of the country this may already be available.

What do good low-level services look like?

The Children's Commissioner wants to see support for children available in schools and communities.

We want to see schools adopt a "Whole School Approach", focused on improving the wellbeing of all their pupils and providing additional support for children and their families where they need it. Easy to access support is also needed in the community for those children who do not want to access it at school or who are not in education.

Providing support in this way provides a wide range of benefits. It relieves pressure on specialist CAMHS services, it enables children to learn and engage in the classroom, and it reduces disruptive behaviour. But, more than anything, it helps children. It gives them better emotional regulation, higher well-being and better prospects to succeed in education and in later life.

Across England, there are numerous excellent charities* working in and around schools to support children's mental health. The range of support they offer will vary. In some cases it may be providing whole-school support to empower teachers to help children with their own mental health, it may extend to group-based interventions or individual therapies, such as CBT, often delivered through play or art therapy, with the aim of helping children manage their emotions. For older children, it will often be one-on-one counselling. Often these charities, or others like them, will also provide services in other settings accessed by children.

The Government is committing to rolling-out consistent school based services in between 20 and 25% of areas by 2024, through the Mental Health Green Paper. The central element of this is 'Mental Health Support Teams' both to provide one-on-one support to children requiring specialist help, and more general support to children within schools and other settings.

We would like to see the Government ensure that in every area there is a comprehensive offer for low-level mental health support, both in schools and the community. This should have a digital component for children who want to access help online. Schools, local government and the NHS are responsible for working together to deliver this support and it is vital that the Government brings clarity to what should be delivered, and who is responsible for this delivery.

* For example, the Children's Commissioner's Office has been pleased to work with Place to Be (London), Blue Smile (Cambridgeshire) and Talk, Listen, Change (Manchester)

Who funds this?

It is possible to make a compelling argument that one of three agencies should be responsible for funding school and community-level services:

- > It could be argued that the NHS should provide school-based counselling. It is, primarily, a health need. Many of the children accessing these services will have a clear clinical need. For adults, the NHS provides has an 'Improving Access to Psychological Therapies' programme which aims to treat 1.9m adults per year by 2023 with anxiety and depression, often at relatively low-levels. We need a similarly broad ambition for treating children. Local NHS areas spend an average of £59 per child on

mental health services, and an average of £226 per adult. If we account for the extra funding provided by NHS England directly, the figures are £92 and £226. Even a modest move towards levelling-up children's mental health funding could provide the funding for a large expansion of school and community services. Moreover, the NHS realises much of the benefit of providing these services in the form of reduced demand for CYPMHS (either because a child's condition does not escalate or because in-school provision is sufficient). Most importantly, if this support were provided by the NHS this would ensure support was evidence-based and integrated effectively with more specialist services.

- > But at the same time it could be argued that schools ought to provide and fund in-school counselling. 'Emotional, social and mental health' issues are a recognised form of special educational needs. The Department for Education is clear that it expect schools to fund special educational needs support as required by pupils up to the cost of £6000 per child. Very few in-school counselling packages would cost this. Many in-school counselling packages can be acquired for as little as £500 per child – well within the expectation placed on schools. Schools would benefit from providing this support in reductions in problematic behaviour and potentially in improvement in educational attainment³¹.
- > But a similar argument can be made for funding to be the responsibility of local authorities. In 2017-18 councils received £7.1bn from central Government to provide for children with 'high-needs', including 'social, emotional and mental health issues'. Within this, they have a broad obligation to meet the needs of all children who need extra help within an educational context and a specific obligation to fund Education Healthcare Plans for children who require more specialist support (broadly defined as support costing more than £6000 per annum). Many of the charities we have worked with traditionally had local authority funding for their work in schools, which has often been cut as funding has been concentrated on high-cost EHC plans³².

Everyone's responsibility and no one's responsibility

The problem therefore is that what can be anyone's responsibility, can also be no one's responsibility. The evidence we have is that in some areas either individual agencies, or partnerships between agencies provide a good range of mental health support. It is because the Children's Commissioner and her team have seen these projects, and the impact they have, that we are keen to see them across the country.

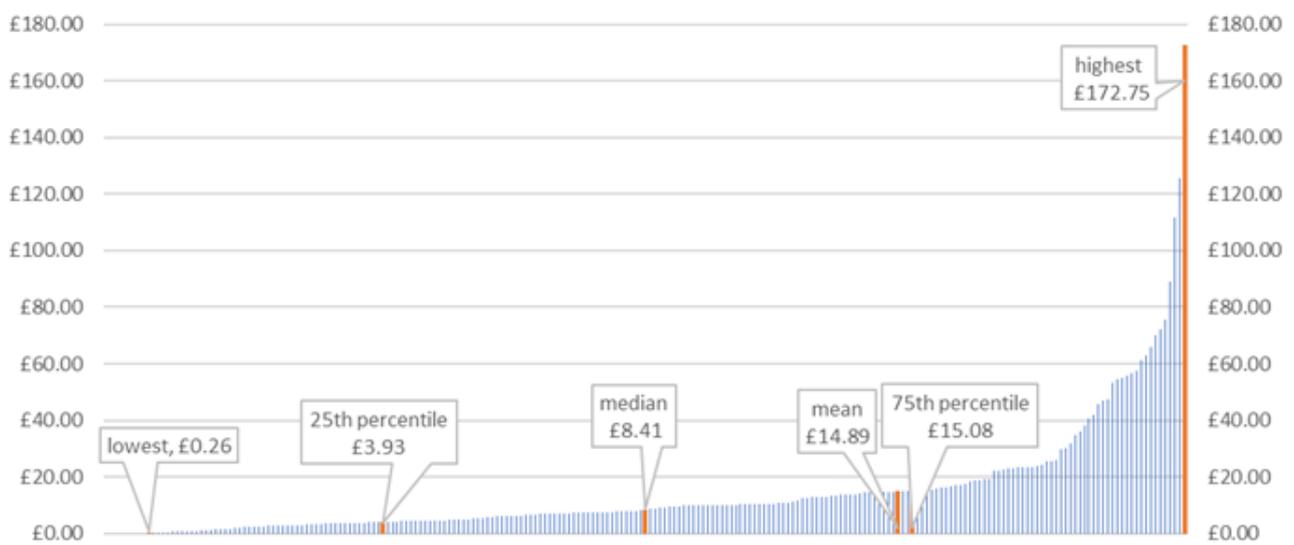
Yet within the current system, what is available to children depends on a number of different people. Individual head teachers, Directors of Children's Services, local councillors and CCG Accountable Officers all have the power to commission services, and the discretion not to.

The evidence we have available suggests that the result of this system is huge variation. While counselling is available in 60% of schools, there are still 40% of schools without any counselling services. We know very little about the quality of what is available within schools. We know that on average local areas spend £14 per child on mental health services, but also that this is inflated by a few areas spending high amounts. Half of areas spend £8 or less per child, a quarter of areas are spending less than £4 per child. This is £4 per child across the council, the NHS and public health.

³¹ The evidence on this is strong internationally (eg <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4105412/>) and applied in England https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/370686/HT_briefing_layoutvFINALvii.pdf

³² See Children's Commissioner research on low-level MH spending (<https://www.childrenscommissioner.gov.uk/2019/04/10/over-a-third-of-local-areas-in-england-reduce-real-terms-spending-on-low-level-childrens-mental-health-services/>) and work commissioned by the Children's Commissioner from the Institute for Fiscal Studies on high-needs spending over the past decade (<https://www.childrenscommissioner.gov.uk/wp-content/uploads/2018/06/Public-Spending-on-Children-in-England-CCO-JUNE-2018.pdf>)

Local area spending on 'low-level' mental health services



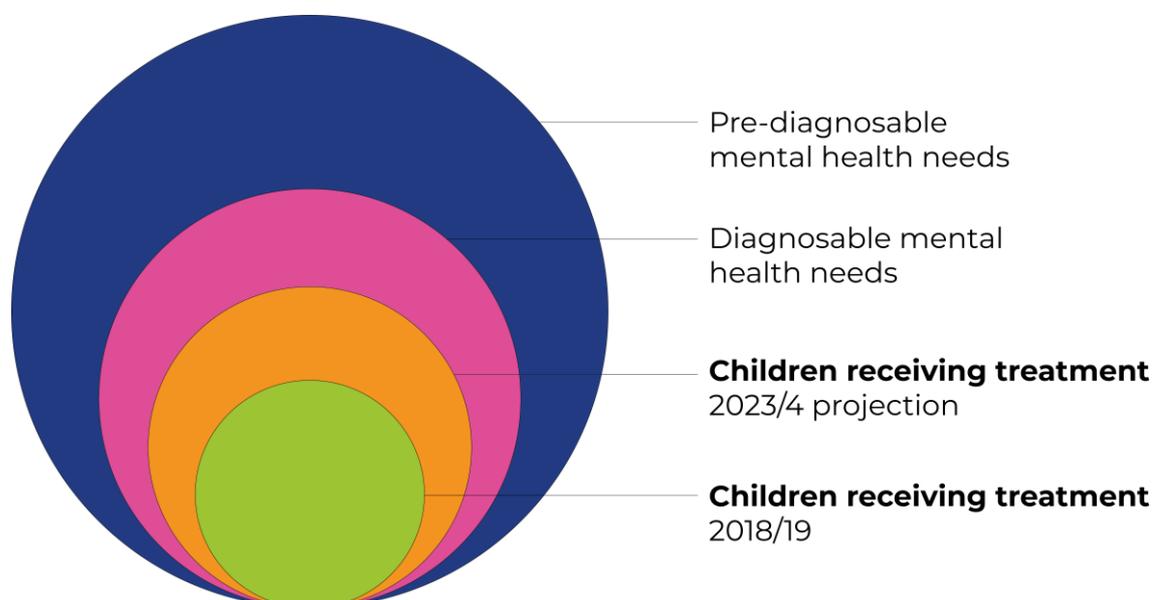
Source: <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2019/04/Early-access-to-mental-health-support-April-2019.pdf> (p11)

Section 3: Does the Government have a plan to meet the mental health needs of all children?

Specialist services

The NHS has set three clear targets on children's mental health for specialist services. Based on the data outlined in section one we can assess performance against these targets:

- > **The NHS is currently treating around a third (33.1%) of children with a diagnosable mental health condition.** By 2021, the NHS is committed to treating 35% of children with a diagnosable mental health condition. We find they are on track to meet this target³³.
- > The **Government's Green Paper commits to providing school Mental Health Support Teams (MHSTs) in 20% of areas by 2024.** This means **80,000 children will be able to get evidenced-based interventions** through MHSTs.
- > The **NHS Long Term Plan commits to increase access to treatment by 345,000 places per year by 2023/24** through a combination of CYPMHS and MHSTs. We think they are on track to meet this if current increases continue.



- > The NHS Long Term Plan also contains a commitment to treat all children requiring 'specialist CYPMHS' by 2028. In questioning by the Public Accounts Committee, NHS England repeatedly declined to say how many children this was, only that it was *not* all children with a diagnosable mental health condition³⁴. Below we estimate what we believe to be the scale of services needed to meet this commitment.

The graph on page 28 represents our attempt to combine these targets, and compare them to the overall prevalence of child mental health needs to understand how far these targets will move the system towards supporting all children who need help. It shows:

³³ This target was initially set when the NHS believed prevalence rates to be about 10% of children, not 12.8%. They are on track to meet this target with higher prevalence rates, meaning they will significantly outperform their original target.

³⁴ <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/public-accounts-committee/mental-health-services-for-children-and-young-people/oral/92201.pdf>

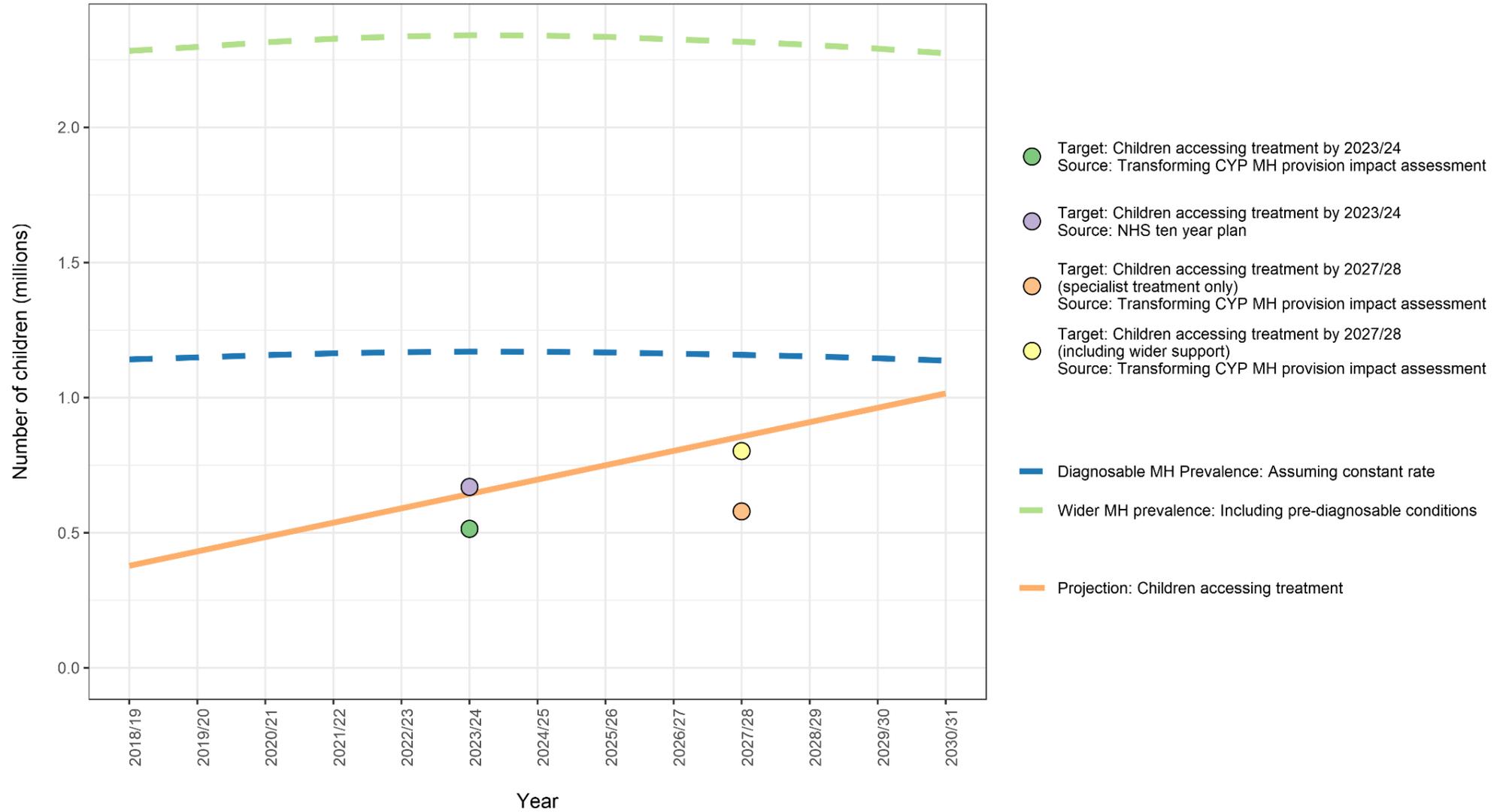
- > The number of children with diagnosable mental health conditions (the dotted blue line) and our assumption³⁵ as to the number of children with pre-diagnosable mental health conditions (the dotted green line).
- > Our projection for the expansion of current CYPMHS services. This is the orange line on the graph. Note, this projection has been produced by the Children’s Commissioner’s Office. It is calculated by analysing three years of data on CYPMHS, and presuming that CYPMHS will continue to expand at the same rate. It is not an official NHS target or projection.
- > For 2024/5 it marks the two targets from the Green Paper and NHS Long Term Plan:
 - > That about 500,000 children per annum will be accessing specialist CYPMHS services
 - > That 80,000 children per annum will be accessing specialist support through Mental Health Support Teams
- > We then look forward to 2028. NHS England has not set a target for treatment numbers for this date, but has established a commitment to meet the needs of ‘all children who require specialist help’. We look at the modelling done by the Department of Health for the 2017 Green Paper and apply to this the latest prevalence estimates. From this, we estimate that in order to meet this commitment:
 - > **580,000 children a year will need to be treated by CYPMHS in 2028**
 - > **322,000 will need to be receiving specific interventions from ‘Mental Health Support Teams’** (who will be clinically trained, NHS Staff)

This does not meet the needs of all children with a diagnosable condition; rather it meets the needs of about 80% of children with clinical needs. Moreover, services don’t necessarily need to be delivered in exactly this form. For example, NHS England could meet this level of need by expanding MHSTs or equivalent services. We find that, were services to continue to expand at current rates they would meet this level. However, it is vital to remember, that neither the NHS or the Government have committed to expanding Mental Health Support Teams in this way. The NHS 10-yr plan does not set a specific target and the Government’s Green Paper only committed to reach a quarter of areas by 2024, there is no commitment beyond this.

In short, **the NHS are on-track to meet their 2023/24 targets**. By 2028, the NHS are on-track to meet the levels that were modelled for the Mental Health Green Paper. This is 80% of children with a clinically diagnosable condition. But this will be a huge increase in services, with particularly large increases between 2023 and 2028. This will require significant amounts of resources and unwavering commitment from Government and NHS England leadership. **Yet, neither the Government nor NHS England have made a firm commitment to as to what they will provide by 2028, how many children they will treat or what they mean by ‘all children who require specialist services’.**

³⁵ As explained above, our working assumption here is taken from the Department of Health and Social Care’s modelling done for the Children’s Mental Health Green Paper. This assumes that for every child with a diagnosable condition, there is a child with a pre-diagnosable condition.

Children's Commissioner modelling of mental health services against the needs of children



Government plans for low-level-services

At present, **only a third of children with a clinically diagnosable mental health need are accessing NHS treatment**, this leaves about **760,000 children with a significant mental health need but not accessing 'specialist treatment'**. **By 2024/25 this figure should have dropped below half a million**. But there are also children with what the Department of Health and Social Care term 'pre-diagnosable' conditions. These are children who are likely to show symptoms of a mental disorder, but which are currently severe enough to reach the threshold of a recognised mental health condition. Even if specialist mental health services expand to where they think they would need to be by 2028, this still leaves about **1.2m children who would benefit from some form of mental health support**. We don't know how many of these children are getting some support.

These children don't generally need to access specialist services, and our work with children suggests they do not want to be accessing hospitals or other overly formal support. Instead, they are likely to benefit from one of the following:

- 1) In-school counselling, delivered 1-1 or in groups (for example group art therapy or group CBT)
- 2) Advice and training on mental health issues which covers coping strategies and other form
- 3) Access to digital services such as Kooth³⁶
- 4) Advice and support given to those around a child (family, school etc) as to how they can support a child with a mental health condition

The Government has made some progress towards ensuring this is available. In particular, there has been a strong focus on improving 'in-school' approaches to understanding and recognising mental health. The Government's Green Paper aims to incentivise schools and colleges to identify a Senior Lead for mental health. This has been supplemented with:

- > Funding made available by the Department of Health and Social Care to fund mental health awareness training for one member of school staff
- > A new Ofsted inspection framework for schools which puts a greater emphasis on mental health.
- > Another Government Green Paper '*Advancing our health: prevention in the 2020s*' sets out the ambition that all schools to teach pupils about mental health

There has also been some progress on improving co-ordination between agencies. 'Future in Mind', the Government's White Paper on children's mental health (2014), introduced 'Local Transformation Plans' which expects local NHS bodies and local authorities to work together to plan services. These should be refreshed annually. In addition, Ofsted and the CQC are also implementing 'joint area' inspections along with their fellow regulators³⁷ to examine how agencies work collaboratively to identify, intervene and support children with mental ill-health.

These inspections are welcome and introduce the type of system-wide accountability the Children's Commissioner believes is required. Unfortunately, these are only to be conducted in six areas, starting in 2020.

³⁶ Digital services such as Kooth can provide a range of support, right from basic information through to a course of 1-1 counselling. As such, Kooth, which is often commissioned by CCGs can cover both 'specialist' and 'low-level' services.

³⁷ HMIP, the criminal justice inspectorate and HMICFRS the police and fire inspectorate.

While all the measures outlined above are welcome, as a whole they are not ambitious enough. They do not amount to a mental health system that meets the needs of children. In particular, the Government has failed to clarify who provides – and who funds – important low-level services such as in-school and community counselling. Overall, we find the system lacks:

- > **Benchmarks – as to the minimum services children should be able to access in each area**
- > **Expectations – on public bodies as to who should be providing what**
- > **Transparency – as to what agencies currently provide**
- > **Accountability – for what is provided (or not)**



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