

**Catherine Tyack**

Lead, Green Paper for Children's and Young People's Mental Health at UK Department of Health

Sent via email to: [Catherine.Tyack@dh.gsi.gov.uk](mailto:Catherine.Tyack@dh.gsi.gov.uk)

02 March 2018

Dear Catherine,

I am writing on behalf of the Royal College of Paediatrics and Child Health in response to the Transforming Children and Young People's Mental Health Provision Green Paper. Since the consultation asks questions about the specific proposals in the paper, and many of our concerns are more fundamental, I felt it better to write to you directly.

As you are aware, promoting children and young people's mental health and wellbeing is a priority area for the RCPCH. Last January, the RCPCH published '[State of Child Health 2017](#)' which covers 25 indicators of child health. To inform the report we consulted 326 children and young people (CYP). Mental health was a major area of concern for CYP, particularly issues around lack of support in both primary and secondary schools and the need to reduce waiting times for mental health services.

Many CYP told us that they had a lack of knowledge around mental health, with specific anxieties around how to deal with mental health concerns in themselves and others, as well as questions about who they should turn to for guidance. The report also highlighted the lack of data on CYP mental health. This needs urgent action given evidence of increasing concerns about CYPs mental health. Prevalence data for mental health conditions are a particular need.

The green paper is a welcome opportunity to continue the national conversation about how to develop a shared, long term vision for improving the wellbeing and mental health of all children and young people and all staff involved in their education and care. The Paper's proposals have the potential to both amplify and strengthen the direction already set by Future in Mind, and we particularly welcome the collaborative approach between Health and Education in many aspects of the Paper's proposals.

However, whilst we support the ambition in the Green Paper to ensure that children and young people get the right support at the right time, we do not believe that the green paper is sufficiently ambitious to realise this goal. Recent consultation with paediatric members of our policy committees has demonstrated that 95% experience problems accessing the necessary mental health support for their patients.

**Calls for the Green Paper**

With this in mind, we recommend the following additions to the Green Paper:

**1. An explicit definition of what is meant by mental health.**

Whilst we recognise that there is variability in how mental health is defined, we believe it is important that government set out which areas of need the green paper's legislation is designed to cover. There is an increasing tendency in specialist CAMHS to concentrate on anxiety,

depression, self harm, eating disorders and psychosis, to the detriment of CYP with attention-deficit hyperactivity disorder (ADHD), autism spectrum disorder (ASD), conduct disorders, medically unexplained symptoms and those with complex vulnerabilities and presentations, such as looked after children. All of these children have equal need, and crucially all can benefit from intervention, however the government needs to commit to the scope of this work if these children are not to be left out by local areas focusing on a narrow definition of mental health.

## **2. Integration of local CYP mental health systems**

Future in Mind recognised that children and young people's mental health depends on a whole system approach, including primary care, child health services, local authority services and the voluntary sector. By concentrating solely on schools and specialist CAMHS, an opportunity is lost to mobilise local assets into a coherent local system around CYP, without which the new mental health support workers will be unable to function effectively. We believe that piloting 'local offers' in areas where you are trialling the planned new services will maximise the benefits, in the same way that they have allowed for effective local partnerships in SEND. We are very happy to meet with you to explain this idea in more detail.

## **3. More explicit consideration of the needs of all children and young people**

We are pleased to see that the specific needs of 16-25-year olds have been singled out for attention through the set-area 'strategic partnership'. However, we are disappointed by the absence of any reference to early years and their mental health needs as they enter childcare settings. The paper should also ensure that those not in mainstream schools, e.g. pupil referral units, alternative provision and special schools, benefit equally from local implementation.

## **4. Recognition of the role of child health in supporting CYP mental health.**

The green paper focuses exclusively on schools and specialist CAMHS. However, there is an important role for wider child health services in mental health. For instance:

- Health visitors and school nurses are often the first port of call with emotional and behavioural issues.
- CYP who self harm, have medically unexplained symptoms or suffer medical complications of eating disorders represent a growing proportion of paediatric admissions.
- 40% of paediatric outpatient consultations are related to emotional/behavioural factors
- Community paediatricians are responsible for the assessment and support of neurodevelopmental disorders, including most ASD and an increasing proportion of ADHD work.
- Community child health services are responsible for the healthcare of looked after children, who often exhibit high levels of complex mental health difficulty.

There is a need for explicit recognition of this contribution and support for workforce development, commissioning, and integration with local CAMHS.

## **5. Prevention and addressing social determinants.**

We believe that Government should be setting out a vision and strategy for promoting mental health in childhood: we need better quality research on what population interventions might be able to influence outcomes across the gamut of mental health problems, and independent analysis of how interventions might be put in place.

These thoughts are based on consultation with our RCPCH members and with members of the Child and Young People's Mental Health Coalition. We have also submitted a response to the full online consultation on the green paper and offered our suggestions for the specific areas consulted on.

It is not acceptable that our goal is to ensure that 1 in 3 CYP with mental health problems receive support. We believe that this sort of rethinking of the mental health system can get us to the point where all these children feel supported, even if they are not under the care of specialist CAMHS.

I would be delighted for the opportunity to meet with you to discuss this further, and look forward to hearing from you.

Yours sincerely

A handwritten signature in dark ink that reads "Max Davie". The signature is written in a cursive, slightly slanted style.

Dr Max Davie  
RCPCH Assistant Officer for Health Promotion

#### **About the RCPCH**

The Royal College of Paediatrics and Child Health (RCPCH) is responsible for training and examining paediatricians. The College has over 18,000 members in the UK and internationally and sets standards for professional and postgraduate education. We work to transform child health through knowledge, research and expertise, to improve the health and wellbeing of infants, children and young people across the world.

#### **For further information please contact:**

Alison Firth, Policy Lead  
Royal College of Paediatrics and Child Health  
Tel: 020 7092 6093 | Email: [Alison.Firth@rcpch.ac.uk](mailto:Alison.Firth@rcpch.ac.uk)