Dr Sarah Wollaston MP  
Chair, Health Select Committee  
Mr Robert Halfon MP  
Chair, Education Select Committee  
House of Commons  
London  
SW1A 0AA

16 January 2018

Dear Sarah and Robert,

Thank you for your invitation of 21 December inviting the Royal College of Paediatrics and Child Health (RCPCH) to submit written evidence to the joint Education and Health Committee inquiry to scrutinise the Government green paper on Transforming children and young people’s mental health provision. In preparing this response, we have sought to summarise our five key points on the scope and implementation of the proposals in the green paper, as per the terms of reference indicated by Dr Juliette Mullin, Health Committee Clinical Fellow.

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. Many CYP thought that mental health education should be specifically taught from primary school onwards so that they could be more confident and better prepared to cope with the challenges of mental health in adolescence and adulthood.

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.

We are pleased to submit written evidence to this session, and would welcome the opportunity to give oral evidence to any related hearings.

Transforming children and young people’s mental health provision: our five key points on the scope and implementation of the proposals in the green paper

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.
In this response, we have focused on responding to the three core proposals presented in the green paper, namely:

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

Below we have set out our key thoughts on the scope and implementation of these proposals. These are based on initial conversations with our RCPCH members and with members of the Child and Young People’s Mental Health Coalition. We will also be submitting a response to the Department of Health / Department for Education consultation on the green paper where we will focus on turning these thoughts into recommendations.

1. **Supporting mental health care for all children**

The green paper should promote mental health support for all children aged 0-25, including minority groups. We would advocate for careful consideration to be given to ensure that all children are treated equally in the green paper’s proposals, ensuring access and support is determined by need rather than by current service offering. Attention should also be paid to ensuring those less likely to engage in mainstream services are provided for, including care leavers, refugees, those involved in the criminal justice system and those not in schools.

We were pleased to see acknowledgement of the impact of adverse child experiences (ACEs) on child mental health within the paper, and the commitment to commissioning further research into interventions to reduce the impact of ACEs. We would like to see this translated further in the scope of the green paper, where we feel key groups of more vulnerable children, including children who have experienced abuse and those on child protection plans, have not been given significant attention in the proposals. Where certain vulnerable groups have been mentioned, including Looked After Children, we would suggest that clearer advice is needed on how the green paper can work for them.

In addition, the scope of the green paper does not include support for children and young people in acute or hospital settings. Acute hospital care is one place where vulnerable young people can always go in crisis, and anecdotal evidence from RCPCH members suggests that mental and emotional health issues are present in approximately 20% of acute admissions. In addition, 40% of outpatient consultations have a significant mental health component. It is important that the mental health needs of this group are not missed.

2. **Prevention and early intervention**

Our State of Child Health report (2017) demonstrated that half of adult mental health problems start before the age of 14. Early identification and early intervention are essential in ensuring that young people can achieve their potential. We believe that the green paper should be founded on
the principle that we all have mental health, and that promoting wellbeing and good mental health is as important as providing effective support for those who need help.

The system of support and the proposals the green paper offers should better focus on early intervention with a graduated response to meeting needs. Support should be person-centred with a focus on outcomes, and we would advocate for training all child health professionals to be confident in dealing with children and young people that present with mental health problems in non-mental health settings.

3. **Build on what’s already been achieved**

We are pleased to see the proposals for the creation of Mental Health Support Teams, who will be readily available to schools and have clear links in to health services through supervision by CAMHS staff. However, we would like to note that paediatricians, most notably community paediatric teams, have not been included as a liaison group for these support teams. Paediatricians have an important role to play in supporting and contributing to the mental health system, a role which has expanded in recent years as many areas of mental health work, including looked after children and neurodevelopmental disorders, remain outside specialist CAMHS scope.

We would advocate for careful management of mental health support teams to ensure that they are a supportive addition to the support already offered by CAMHS and paediatric services. Clear guidance will need to be developed regarding commissioning, supervision and governance of these teams. They will also need to be carefully integrated into the local CAMHS system if they are to be effective. Finally, they will need to be accessible to all CYP locally, not just children attending mainstream schools, to avoid further disadvantage and discrimination against children out of school or in the special school sector, both groups that have greater than average difficulty with access to CAMHS already.

4. **Whole systems approach to leadership**

We are pleased to see the proposal to identify a designated lead for mental health in all schools. During implementation of this role, strong leadership, training and clear outcomes will be needed to ensure that the proposals are implemented consistently, in addition to due consideration for staff wellbeing. Although we are supportive of clear lines of responsibility for mental health in schools, a whole-school approach will be needed to create systemic change that is child-centred.

In order to effectively link up to the specialist services available in each local area, we believe that implementation and leadership of mental health support teams should be consistent around the country and ideally be led by clinical commissioning groups or local authorities, and backed up by a statutory local offer to join up services as an organising principle.

5. **Sustainability and future proofing**

The RCPCH are pleased to see that the green paper is advocating for building an evidence-base for change, and we are supportive of an evidence-based approach to piloting the proposals.
We feel that the green paper isn’t prescriptive enough in implementation of the proposals, and this brings a risk of variation across the country in how they are interpreted. We would therefore advocate for a full evaluation of the proposals in the pilot areas in order that implementation can be more consistent, including examples of what good looks like, common outcomes for the proposals and for children, and commonality on the structure and responsibilities of the Mental Health Support Teams.

The RCPCH welcomes this inquiry to scrutinise the scope and implementation of the Government’s green paper for transforming children and young people’s mental health provision, and looks forward to hearing the Committee’s findings and recommendations. I would be delighted to present oral evidence and discuss our views on this further.

Yours sincerely

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