



Royal College of  
**Paediatrics and Child Health**  
*Leading the way in Children's Health*

Department of Health and Social Care and Department for Education  
**Transforming children and young people's mental health provision: a green paper**

**Response submitted by the Royal College of Paediatrics and Child Health  
 February 2018**

Guidance/Questions	Responses
<b>Core proposals:</b>	
<i>In this section of the consultation we will be asking you about the green paper's core proposals and ways to distribute the training fund.</i>	
<p>Do you think these core proposals have the right balance of emphasis across a) schools and colleges and b) NHS specialist Children and Young People's Mental Health Services?</p>	<p>This question demonstrates a lack of understanding of what the children and young people's mental health services (CYPMHS) system is. It is not just school and specialist CAMHS, as this green paper suggests. Youth clubs, charities, nurseries, GPs, and children's centres are all part of a system which is, as found by the CQC, fragmented. This green paper was an opportunity to address this fragmentation, but that has not (yet) happened with the proposals as they stand.</p> <p>Specifically, the RCPCH would like to raise the total lack of any mention of paediatric or other child health services within the paper. These services perform an enormous amount of mental health work as follows:</p> <ul style="list-style-type: none"> <li>• Seeing children with a mixture of physical and mental health problems (40% of all paediatric outpatients)</li> <li>• Assessment of children and young people (CYP) presenting in crisis to Emergency Departments.</li> <li>• Assessment and management of children with neurodevelopmental conditions including autism spectrum disorder (ASD) and attention</li> </ul>

	<p>deficit hyperactivity disorder (ADHD)</p> <ul style="list-style-type: none"> <li>• Statutory roles in managing the needs of Looked After Children, safeguarding and education/ health co-ordination.</li> </ul> <p>These roles are contributed to by a multi-professional team including mental health specialists employed by paediatric departments (liaison mental health). These liaison services are unevenly commissioned and there exists no clear mandate for their provision.</p> <p>In our view, any reform that ignores this vital cog in the system is incomplete and will not lead to the transformational change required. Future in Mind recognised that children and young people’s mental health services depend on a whole system approach. If schools and colleges are to meet the challenges set in the green paper then this will only be feasible if the rest of the system of support is also functioning well, and continued investment in local and community CYPMHS is therefore imperative.</p>
<p>What do you think is the best way to distribute the training fund to schools and colleges?</p>	<p>Funding allocated to local authorities and multi-academy trusts to administer to schools (1)  Funding distributed through teaching school alliances (2)  Funded training places made available locally for schools to book onto (3)</p> <p>The training needs to be coordinated with local health and social care services (for example CAMHS, paediatrics, SEND, safeguarding, local authority, voluntary sector) so that leads know the local ‘offer’ of services available when it comes to mental health provision. Therefore co-ordination at the Local Authority level is essential for the training to be meaningful.</p> <p>We also recommend that the identification of a Designated Senior Lead for</p>

	<p>Mental Health is mandatory in all schools to ensure adequate responsibilities can be given to the role. We believe that proper integration of this role into schools would be strengthened by coordination of the funding at a Local Authority level.</p>
<b>Mental Health Support Teams:</b>	
<i>Mental Health Support Teams will be trained staff linked to groups of schools and colleges.</i>	
<i>Trailblazer phase: A trailblazer phase is when we try out different approaches</i>	
<p>Do you know of any examples of areas we can learn from, where they already work in a similar way to the proposal for Mental Health Support Teams?</p>	<p>The way the Mental health support teams are described is very similar to the way that Tier 2 CAMHS is often organised, for instance the Lambeth Early Intervention CAMHS service. There are differences of emphasis as the new teams seem more schools-focused, but as the paper also talks about a wider role in youth offending services, special schools and other settings, the role starts to look very like the current Tier 2 service, albeit more ambitious (and therefore more expensive).</p> <p>The closest equivalent is the Targeted Mental Health in Schools (TaMHS) programme which was wound up in 2010, but there are a lot of people still in the sector with experience of running TaMHS.</p> <p>RCPCH would therefore recommend that the evaluation of the TaMHS programme is considered when setting up the piloting of the Mental Health Support Teams and that that the lessons learned from this programme are noted.</p> <p>We recommend that the trailblazer sites offer a diversity of service type and workforce so that the necessary set of functions and competencies of MHSTs can be properly evaluated. However we strongly recommend and advise that Mental health Support Teams are led by CCGs. Commissioning mental health services is a</p>

	<p>complex business that can only be done with training and an understanding of the local children's services. Teachers are not commissioners and should not be put in the position of one.</p>
<p>Which organisations do you think we should test as leads on this?</p>	<p>Clinical Commissioning Groups (CCGs) (1) Local authorities (2)</p>
<p>Please identify the three most important 'links' to test in the way they would work with Mental Health Support Teams</p>	<p>Educational psychologists (1) Charity or non-government organization (2) Other: <u>Community Paediatricians</u> (3)</p>
<p>How do you think we should measure the success of the trailblazer phase?</p>	<p>Impact on children and young people's mental health (1) Other: <u>Access to assistance/support for families referred (not necessarily specialist CAMHS)</u> (2) Numbers of children and young people getting the support they need (3)</p>
<p>What factors should we take into account when choosing trailblazer areas?</p>	<p>Deprived areas (1) Levels of health inequality (2) Urban areas (3) Rural areas (4) Areas where children and young people in the same school/college come under different Clinical Commissioning Groups (CCGs) (5)</p>
<p>How can we include the views of children and young people in the development of Mental Health Support Teams?</p>	<p>The RCPCH recommend that children and young people are consulted in their local, familiar environment - for example schools and youth clubs. By seeking views in this way there is less risk of only engaging with those with the confidence to put themselves forward, and more chance of getting the views from children with a wider range of backgrounds and experiences. In particular, consultation with young people involved in offending, in Pupil Referral Units, on hospital wards following self-harm, in emergency departments having been in gang fight, and in special schools. We are aware that Youngminds do a very good job here, and suggest that they should be involved.</p> <p>The RCPCH has a dedicated team for Children and Young People's engagement.</p>

	<p>In addition to the online “&amp;Us” network, we have published a book of “Recipes for Engagement” which take you through how to do engagement using tried and tested activities from the RCPCH “Engagement Café” series. The starters give ideas of ice breakers for CYP groups, the mains are activities to give you the views, ideas and wishes of your groups, and the desserts are evaluation activities for your sessions, and we would recommend some of these could be used when consulting groups of children and young people about MHSTs.</p> <p>More information is available at <a href="http://www.voices.rcpch.ac.uk/">http://www.voices.rcpch.ac.uk/</a> and <a href="https://www.rcpch.ac.uk/and-us-resources">https://www.rcpch.ac.uk/and-us-resources</a></p>
<p><b>Piloting a waiting time standard:</b></p>	
<p><i>The government wants to reduce the time it takes to get treatment from Children and Young People’s Mental Health Services. Some of the areas with new Mental Health Support Teams will try out ways of bringing this time to 4 weeks.</i></p>	
<p>Outside of this, are you aware of any examples of local areas that are reducing the amount of time to receive specialist NHS help from Children and Young People's Mental Health Services? Can we learn from these to inform waiting time pilots?</p>	<p>The unacceptable amount of waiting time for children and young people’s mental health services (CYPMHS) is the most common concern raised by RCPCH members when asked about the challenges they experience accessing CYPMHS. This can commonly lead to early discharge or unnecessary admission, and can result in pressure on A&amp;E departments when a later crisis point is reached, or when parents seek further help as they are waiting for their CAMHS appointment.</p> <p>Through consultation with our members, the RCPCH are aware that Sheffield have a good eating disorder service that has been demonstrated to work well for</p>

	<p>families, and reflects what we should be aiming for across all of CAMHS. In acute settings, we are also aware of anecdotal reporting about the value of the strong paediatric mental health team at The Whittington hospital, who review and follow-up all admissions. This service is run differently in the Chelsea and Westminster Emergency Department, where all mental health patients are seen acutely by an on-call CAMHS service.</p> <p>We would therefore advise that the complexities of the different operating structures for referral and access to CYPMHS are fully understood when setting up waiting time pilots, and the potential pressures of these targets on other services are acknowledged and monitored.</p> <p>We would be happy to provide more information about any of these local examples to support this pilot.</p>
<b>Schools and colleges:</b>	
<i>In this section we will be asking about the support that schools provide through policies on behaviour, safeguarding and special educational needs and disability.</i>	
To what extent do you think this gives parents enough information on the mental health support that schools offer to children and young people?	<p>Some of the information they need (x)</p> <p>Behaviour policies are about behavioural control and can present an uncompromising picture of expectations for which no exceptions can be made. This needs to be joined together with both the understanding that behaviour can be contributed to by special educational needs and a commitment to help students who are struggling with their behaviour.</p>

	<p>Most of the mental health problems presenting in school have nothing to do with safeguarding, so this policy does not cover the required ground either. Likewise, although mental health difficulties can sometimes create SEND, most do not, meaning that the SEN policy is also insufficient. We recommend that development of a statutory pupil support policy could be explored to adequately incorporate mental health.</p>
<p>How can schools and colleges measure the impact of what they do to support children and young people's mental wellbeing?</p>	<p>We believe that schools and colleges are not equipped to do this alone. Some CYP will respond to the straightforward type of intervention that a school plus support team would be able to provide, but a lot would not without the assistance of the wider children and young people's mental health services (CYPMHS) network (e.g. paediatrics, local authority services, charity services)</p> <p>Our suggestion is that the local CYPMHS network are collectively responsible for achieving SMART outcomes defined in collaboration with the young person and their family, and that achieving these outcomes is the primary outcome. It is important that support for children does not become limited by the school gate or by school term times, nor limited by the extent of the influence that schools are able to have on other important factors in a young person's life, including their housing and other social needs.</p>
<p>Vulnerable groups:</p>	
<p><i>In this section we will be asking about support provided to vulnerable groups and how we can assess if vulnerable groups are accessing services.</i></p>	
<p>How could the Support Teams provide better support to vulnerable groups of children and young people?</p>	<p>Vulnerable children are a difficult group to define, and discussion of this group often descends into listing the multiple ways in which children can be vulnerable and trying to decide which to prioritise. We do not believe that this is a</p>

	<p>constructive approach. Local Transformation Plans should already have identified these groups and be working to develop local strategies to further identify and meet their needs.</p> <p>Prevention, protection, care and compassion for all should be delivered through a human rights framework and be based on a partnership between different sectors.</p> <p>We feel that any child whose life circumstances make them more likely to have mental health difficulties should have these difficulties recognised by the professionals working with them, and have access to advice and support which takes their situation into account. We also feel that safeguards that prevent certain groups (e.g. looked-after children in temporary placements, CYP with learning disabilities) from accessing support should be strengthened.</p> <p>Preventative work for vulnerable children is a laudable aim, but there is a lack of evidence for effective strategies. On the other hand, evidence has shown that national and local policy to reduce vulnerability itself, for instance by reducing child poverty, can have a major population impact.</p>
<p>As we are rolling the proposals out, how can we test whether looked after children and previously looked after children can easily access the right support?</p>	<p>We would suggest that asking this of children and young people themselves is the strongest starting point. It is important to remember that this is a group whose needs are complex and overlap mental health, SEND, safeguarding and other aspects. Many young people with conduct problems are hard to engage and don't see themselves as having a problem, so their views and circumstances may need to be captured using third party information.</p> <p>Each local authority has a designated doctor for looked after children, usually a</p>

	<p>paediatrician, who is responsible for monitoring the well-being of children looked after within the district. Although not part of specialist CAMHS, these individuals have a comprehensive, specialist knowledge of the local situation for looked after children. A regular survey of these professionals would reveal much about the regional situation, and we would suggest that their involvement is incorporated in testing access to support for this group.</p>
<p>As we are rolling the proposals out, how can we test whether children in need who are not in the care system access support?</p>	<p>Child in need is best defined by its local authority understanding, which is as a classification of support below a child protection plan. To test the support for a child in need, it would be useful to look at local authorities as part of Ofsted/ CQC inspection frameworks and see whether child in need plans have appropriate reference to the young person's mental health needs. In order for this support for children in need to be meaningful, better training is required for social workers and other professionals with regards to appropriate mental health support, and we would suggest looking at and potentially revising what is offered.</p> <p>We recommend that consideration is given for placing responsibility for mental health and wellbeing on a par with safeguarding, and ensuring that everyone shares responsibility in a whole-system approach. This could include trialling a system of training for people working with young people at risk of mental health problems that is analogous to the level of safeguarding training that is required for all health care staff (both clinical and non-clinical). More information is available in the <i>Safeguarding children and young people: roles and competences for health care staff. 2014</i> document. Such training could cover promotion of mental health, identification and referral at appropriate levels for the expertise required.</p>
<p>As we are rolling the proposals out, how can we test whether children and young people</p>	<p>The best existing lever for this is to examine the current practice around CQC/Ofsted inspections of SEN in local areas. If the inspectors can be specifically</p>

<p>with special educational needs or disabilities are able to access support?</p>	<p>trained and mandated to examine access to mental health provision for this group, useful information can be added at minimal cost.</p> <p>We would also suggest evaluation of the established local offer programme for SEND and how this has increased access to services for children with SEN. This is with a view to developing a similar local offer for mental health services to support Mental Health Support Teams in accessing the appropriate local services. This is something the RCPCH would welcome the opportunity to discuss further and support the development of.</p>
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Link to Green Paper: <https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper>