
Helen Whately MP
Chair, APPG on Mental Health
Sent via email: louise.forsyth@rethink.org; olivia.clark@rcpsych.ac.uk

Thursday, 14 June 2018

Dear Helen,

Re: APPG on Mental Health inquiry into the Five Year Forward View for Mental Health (FYFVMH)

The Royal College of Paediatrics and Child Health (RCPCH) welcomes the APPG on Mental Health inquiry into the implementation of the Five Year Forward View for Mental Health.

As you may be aware, promoting children and young people's mental health and wellbeing is a priority area for the RCPCH. In January 2017, the RCPCH published the 'State of Child Health report'¹ 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.

Where has the Five Year Forward View for Mental Health made the biggest impact and where could they go further?

Firstly, the RCPCH would like to acknowledge that while the FYFVMH has led to some improvement in Child and Adolescent Mental Health Services (CAMHS), the limited focus on broader mental health service provision for CYP within the FYFVMH, including paediatrics, has therefore limited its influence on the wider mental health support for CYP.

While the document references and reinforces the recommendations of Future in Mind it is worth noting that many of these recommendations are yet to be implemented. We acknowledge publication of the government's mental health green paper in late 2017, but we do not believe that this is sufficiently ambitious to make a meaningful impact on CYP mental health.

¹ Royal College of Paediatrics and Child Health – State of Child Health Report 2017. Available at https://www.rcpch.ac.uk/sites/default/files/2018-05/state_of_child_health_2017report_updated_29.05.18.pdf

What should any new mental health strategy post-2021 focus on?

The RCPCH believes that any new strategy 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.

A new mental health strategy should take a lifecourse approach (from conception onwards), reflecting current evidence, and recognise the importance of positive mental health across all life stages and how they interact. For example, provision of perinatal mental health services, as well as public health measures which promote mental health during the perinatal period will have a significant impact on the mental health of the next generation, during infancy, adolescence and beyond.

A new strategy should also reflect key messages contained in Future in Mind² which recognised the importance of a whole systems approach to CYP mental health, including primary care, child health services, local authority services and the voluntary sector. Concentrating solely on specialist CAMHS presents a missed opportunity to mobilise local assets into a coherent local system around CYP.

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. These children have equal need, and crucially all can benefit from intervention, and any new strategy 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.

Further to this, we would like acknowledgement of the impact of adverse child experiences (ACEs) on child mental health within any new strategy. There is overwhelming evidence that ACEs can have a significant impact on CYP mental health, therefore prevention and early intervention remain a priority.

Finally, 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.

How can we better scrutinise the implementation of the Five Year Forward View for Mental Health and what role can the public, Government, policy makers, Arm's Length Bodies (ALBs) and parliamentarians play?

The RCPCH has repeatedly called for updated mental health prevalence data. Without accurate data on the prevalence of mental health issues in childhood it is almost impossible to rigorously track progress. We therefore recommend that the Survey of the Mental Health of Children and Young People be repeated every three years (rather than 'not less than every seven years' as

² Future in Mind report – available online at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

stated in the FYFVMH) to identify the prevalence of mental health problems among children and young people to aid the planning of healthcare services.

The RCPCH is committed to strengthening mental health capacity within the paediatric workforce. As part of this we have recently updated the curriculum for paediatric trainees which places increased emphasis on training to equip trainees with skills to support children with mental health needs.³

The RCPCH would strongly encourage an ongoing dialogue between policy makers and children and young people. Children and young people are well placed to inform decision makers about what they think will make a demonstrable difference to improving children's mental health. Through the RCPCH [& Us®](#) network for children, young people, parents and carers; and the Engagement Collaborative for professionals, the RCPCH actively seeks and shares the views of children, young people and families to influence and shape policy and practice.

Local scrutiny is also an important component, and we welcome the CQC publication 'Are we listening?'⁴ which emphasises this, and in particular advocates for local accountability sorted by a local offer.

The RCPCH welcomes this inquiry and looks forward to hearing the APPG's findings and recommendations. I would be delighted to present oral evidence and discuss these recommendations further at any future inquiry meetings.

Yours sincerely,



Dr Max Davie
RCPCH Officer for Health Promotion

About the RCPCH

The Royal College of Paediatrics and Child Health (RCPCH) is responsible for training and examining paediatricians, setting professional standards and informing research and policy. RCPCH has over 18,000 members in the UK and internationally. 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.

Our key areas of work include:

³ RCPCH – Curriculum 2018. Available online at <https://www.rcpch.ac.uk/education/training/curriculum>

⁴ Care Quality Commission – Are we listening? Review of children and young people's mental health services. Available online at: http://www.cqc.org.uk/sites/default/files/20180308b_arewelisting_report.pdf

- Training, exams and professional development – we are responsible for the postgraduate training of paediatrics in the UK, provide career support and run the membership (MRCPCH) and Diploma of Child Health examinations.
- Improving child health – we aim to improve outcomes through research, standards, quality improvement and policy in the UK and globally. We aim to ensure the voice of children, young people and families in our programmes.
- Member services – we support our members with a package of unique benefits. These include access to multidisciplinary educational programmes, including face-to-face courses and e-learning resources.
- News and campaigns – we engage with the media, government, NHS, charities and other stakeholders, working across the UK (Scotland, Wales, Ireland and England).

For further information please contact:

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