

Health and Social Care Select Committee: Children and Young People's Mental Health

Written evidence submitted by the Royal College of Paediatrics and
Child Health February 2021

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Background

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 19,000 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.

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Summary

There is a children and young people's mental health crisis in this country. This was the case before the start of the pandemic, and it has been exacerbated as a result. In 2017, 1 in 9 children and young people aged 5 to 16 had a mental disorder, increasing to 1 in 6 by 2020.¹

RCPCH believes that all paediatricians have a role and responsibility to consider the mental health of their patients, and are working to deliver more integrated working with mental health specialists for the benefit of children and young people's health. For this reason, the paediatric **Progress curriculum**, set for paediatric trainees by RCPCH, includes children and young people's mental health in every chapter and domain.

Our State of Child Health 2020 report showed that children and young people's mental health is deteriorating. It is difficult to reflect the unmet need for services across the country because

¹ NHS Digital, *Mental Health of Children and Young People in England in 2020: Wave 1 follow-up*, 2020, available at: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

of the differences in local services and their delivery, but our members and members of our [&Us network](#) tell us that all too often, they and their patients are not getting the support they need.

RCPCH considered the Government Green Paper, [Transforming Children and Young People's Mental Health](#) to be a missed opportunity. There should be increased delivery across a range of settings where children are seen, across health, social care and education. RCPCH still has concerns about the speed of the rollout of the plans, and the focus on delivery of services through schools. This approach would only be effective if the wider system was working effectively. The reality is that it has been under strain from some years.

COVID-19 has exacerbated the crisis we were already seeing in children and young people's mental health. RCPCH have been [vocal](#) about the importance of schools for children's physical and mental health.

Early indications show increased presentations to paediatric services for mental health reasons compared to the pre-COVID period. Anecdotally, many of our members tell us they are extremely concerned about what they are seeing on their shifts with increased severity and complexity of mental health and psychosocial crises.

The negative impacts of the pandemic have disproportionately affected children and young people, particularly those from the most deprived backgrounds. To ensure health inequalities' are not exacerbated and entrenched by the pandemic, [recovery from COVID-19](#) must prioritise children and young people. This includes an independent commission in to the impact of the pandemic on children and young people, a cross-government children and young people's health strategy and renewed investment and resourcing across the school system, Local Authorities and CAMHS.

1. Role of paediatricians in children and young people's mental health

1.1

It is not intended that paediatricians take on psychiatric roles such as the diagnosis and pharmacological treatment of mental illness, nor that paediatric services take on patients who would otherwise be referred to CAMHS but paediatricians see the mental health of their patients and the child population as a whole as their business.

Many paediatricians are working in areas of paediatrics with high rates of comorbid mental health but they are not recognised, nor should they be, as mental health specialists. They work with children and young people with somatisation and complex presentations, behavioural challenges, neurodevelopmental disorders, eating disorders, mood disorders, anxiety and other mental health presentations. They work within multidisciplinary teams, working with other mental health specialists, paediatric subspecialists and local teams to enhance holistic care.

1.2

However, [paediatricians have a role and responsibility](#) to consider the mental health of their patients, and work with them and their families to ensure they enjoy the best possible mental health. We see these roles as being about raising awareness, promoting good mental health, assessing and having the knowledge needed to make appropriate onward referrals.

1.3

RCPCH has a [Child Mental Health \(CMH\) Speciality Advisory Committee \(CSAC\)](#), who are developing a [Special Interest \(SPIN\) module](#).

We have developed the [Progress curriculum for all paediatric trainees](#) to include children and young people's mental health at all levels and in all domains. We are now working with local schools of paediatrics on delivering more training opportunities for all trainees in the mental health aspects of the curriculum, following implementation of the new [Shape of Training](#) pathway. There is increasing support for an approach akin to how paediatricians and other child health professionals approach child protection; everyone has a role to play. We have partnered with [MindEd](#) to produce a paediatric 'learning path' so that paediatricians can select content relevant to their needs as part of online training and CPD.

We work with colleagues in other professional organisations, including Royal College of Psychiatrists, Royal College of General Practitioners and British Psychological Society to build partnerships in training, research and policy.

We have an Officer for Mental Health whose role it is to advocate for children and young people's mental health in all areas of College work.

2. State of Child Health 2020

2.1

[State of Child Health](#) is our landmark report that considers trends in child health outcomes across nearly 30 indicators. The project was first undertaken in 2017, with two interim reports in both 2018 and 2019 that RAG-rated progress on the recommendations made in the original report.

Our State of Child Health 2020 project measured 3 indicators relating to children and young people's mental health; prevalence of conditions, inpatients admissions and suicide.

2.2

Between 1999 and 2017, the proportion of children and young people aged between 5 and 16 with a mental health disorder increased from 9.7% to 11.2%.² A larger proportion of older

² RCPCH, *State of Child Health 2020*, available at: <https://stateofchildhealth.rcpch.ac.uk/evidence/mental-health/prevalence/>.

children have a mental health disorder – 1 in 6 rather than 1 in 9.³ NHS Digital undertook a new prevalence study in summer 2020 in an effort to measure the impact of the pandemic on children and young people’s mental health. This showed that the proportion of children and young people aged between 5 and 16 with a mental health disorder has increased from 1 in 9 to 1 in 6.⁴

2.3

In 2016/17, 33 children per 100,000 were admitted to CAMHS inpatient services, with the average stay being 72 days long.⁵ In 2017-18, the average wait to assessment was 34 days and the average wait for access to treatment was 60 days.⁶ The average wait times in both these instances were a slight uptick compared to the previous year, following a slight decrease in the couple of years previous to that. Caution should be drawn in interpreting this data without information about the types of admissions and discharges. It doesn’t reflect what treatment is available in different areas.

2.4

Between 1992 and 2017, the UK rate of suicide per 100,000 young people aged 15-24, decreased from 10.7 to 7.3, but rose to 9.1 in 2018 – a total of 714 registered deaths.⁷ In all age categories for children and young people, young men are more likely to take their own lives than young women. Between the ages 15-24 in the UK, male suicides were three times more common than female suicides.⁸

In England, a quarter of 11-16 year olds, and nearly half of 17-19 year olds (46.8%), with a mental disorder reported that they have self-harmed or attempted suicide at some point in their lives. For 11-16 year olds, this represents a greater than eightfold risk compared to those without a mental health problem (25.5% compared to 3.0%).⁹

2.5

State of Child Health 2020 made a number of policy recommendations in response to the data it collected. These included ring-fenced funding for CAMHS services, sufficient resources for Local Authorities to ensure they can provide a ‘local offer’ for residents, and better data collection.

3 *Ibid.*

4 NHS Digital, *Mental Health of Children and Young People in 2020: Wave 1 follow up*, 2020, available at: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

5 RCPCH, *State of Child Health 2020*, available at: <https://stateofchildhealth.rcpch.ac.uk/evidence/mental-health/services/>

6 *Ibid.*

7 ONS, *Deaths registered in England and Wales: 2019*, 2019, available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregistrationsummarytables/2019>

8 *Ibid.*

9 RCPCH, *State of Child Health 2020*, available at: <https://stateofchildhealth.rcpch.ac.uk/evidence/mental-health/suicide/>

3. Government progress since the 2017 Green Paper

3.1

The RCPCH welcomed the Green Paper in 2017, but considered it a missed opportunity.¹⁰ This was partly related to speed of rollout – the need for Mental Health Support Teams in schools needed to happen more quickly than currently set out. The plan for MHSTs in 25% schools by 2023/24 is underwhelming and not sufficiently ambitious given the current demand for better approaches to children and young people’s mental health needs. It was not ambitious enough for the level of demand there was in 2017. The Green Paper was also a missed opportunity in terms of approach. RCPCH has advocated for the need for effective mental health treatment to be multi-disciplinary; a number of teams working collaboratively and inclusively across health, education, social care, policing and the voluntary sector to provide children and young people with the best possible outcomes. The Green Paper missed an opportunity to ensure Government policy facilitated this.

3.2

The Green Paper focused near exclusively on delivering support through schools. Schools, even pre-coronavirus, were under ever-mounting pressure. Local Authorities need more resource to deliver youth services, children’s centres and programmes for parents and carers. With investment, the services would be able to collaborate effectively and ensure Local Authorities were empowered to provide a clear ‘local offer’ to residents for children and young people’s mental health, as recommended by the Care Quality Commission (CQC.)¹¹

3.3

The Green Paper failed to give consideration to reducing inequalities in children and young people’s mental health. Support delivered primarily through schools puts a significantly higher burden on schools in more deprived areas than those in more affluent areas. Children with a probable mental disorder are more than twice as likely to live in a household that had fallen behind with payments (16.3%).¹² Additional funding is required for schools to allow them to employ school nurses, educational psychologists and/or counsellors that reflects the pupil body’s level of need. This will be even more important post-coronavirus; it’s overwhelmingly children and young people from more deprived backgrounds that have been negatively affected by the impacts of the pandemic. In addition, there is a chance that children and young

10 RCPCH, *RCPCH responds to Government consultation response on children’s mental health green paper*, 2018, available at: <https://www.rcpch.ac.uk/news-events/news/rcpch-reacts-governments-mental-health-green-paper-response>.

11 Care Quality Commission, *Are we listening? Review of Children and Young People’s Mental Health services*, 2018, available at: <https://www.cqc.org.uk/publications/themed-work/are-we-listening-review-children-young-peoples-mental-health-services>.

12 NHS Digital, *Mental Health of Children and Young People in England in 2020: Wave 1 follow-up*, 2020, available at: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

people not engaging with mainstream schooling or other services will be missed; and there's a risk this number will grow in the wake of recent lockdowns.

4. Inpatient care

4.1

Demand for inpatient care is intrinsically linked to wider access to care. When children and young people cannot access services in a timely manner, they are more likely to become more acutely unwell. This pressure on services has increased twofold over the course of the pandemic. Firstly, because more children are having difficulties with mental health as a result of the pandemic, and secondly, due to school closures to the majority of pupils, restricted access to CAMHS in some areas and the pause of local support services like youth centres, there are fewer opportunities for intervention. This leads symptoms to escalate.

Before the pandemic, children and young people's psychiatric A&E presentations had already doubled in five years.¹³ Anecdotally, our members speak of increased presentations to A&E and have previously estimated that around 20% of acute admissions to general paediatric wards include a mental health component.¹⁴ However, we do not yet have thorough data. This is considered further in section 8 on the impact of COVID-19 below. While there is pressure on specialist psychiatric inpatient beds, young people may spend long periods of time on general paediatric wards, often in a distressed state. The 2019 NCEPOD report into mental healthcare in young people and young adults made a number of recommendations to improve the quality of care, including appointment of mental health leads, better access to mental health liaison services and better clinical networks between acute and mental health services. These are important recommendations, but their success hinges on deep and sustained joint working arrangements as well as investment in training for staff and resources for the ward environment.

We also have to bear in mind that in the context of a pandemic, with many local services reduced, parents and carers may be bringing their child to A&E because it is a part of the health services with 'lights on.' That's not however to say that these children are not in need of urgent medical attention.

All children and young people presenting to emergency departments should have a developmentally appropriate assessment of their immediate emotional and mental health needs.¹⁵

13 Young Minds, *A&E attendances by young people with psychiatric conditions almost doubled in five years*, 2019, available at: <https://youngminds.org.uk/about-us/media-centre/press-releases/ae-attendances-by-young-people-with-psychiatric-conditions-almost-doubled-in-five-years-new-figures/>

14 RCPCH, *Response to Health and Social Care and Education Joint Select Committee Inquiry in to the Children and Young People's Mental Health Green Paper*, 2018, available at: https://www.rcpch.ac.uk/sites/default/files/2019-08/final_rcpch_response_to_hoc_committees_green_paper_inquiry_jan_2018.pdf.

15 RCPCH, *NHS Long Term Plan: Mental Health*, 2018, available at: <https://www.rcpch.ac.uk/resources/nhs-long-term-plan-mental-health>.

4.2

There are around 1000 children held in secure settings in England at any time.¹⁶ These children have significantly greater, and often previously unidentified and unmet physical, mental and emotional health, speech language and communications needs than in other children their age. Research has highlighted the difficulties in adequately meeting the health needs of children in secure settings; they have often missed out on early attention to their health needs, or many children are only in secure settings for a short time and are often placed outside their home are, meaning there is a lack of joined up and continuity of care.¹⁷

4.3

RCPCH guidance advises that the advice of a healthcare professional must be sought before any planned restraint procedures.¹⁸ Children should receive support from a healthcare professional after restraint procedures, and if this support is refused, the reason why it is refused should be reported, and repeated attempts to offer support must be made. There is a duty on all healthcare staff to support and safeguard a child during restraint procedures and afterwards.¹⁹

5. Wider system change

5.1

As discussed in the previous section of this submission, RCPCH wants to see a proper whole system approach, with CAHMS services, schools and local authorities adequately funded to provide comprehensive support that prevents the development of mental illness, intervenes early and provides more intensive support to those children that are most unwell. The measures set out in the Green Paper will only work effectively if the rest of the system is coping well. At the moment, the wider system is in crisis. There is limited benefit in schools working with students and referring those that need it to specialist services if those services do not have capacity to see them in a timely manner.

5.2

Government must assume a leadership role to facilitate cross-organisational working between CAMHS, children's social care, the justice system, education, local authority services and voluntary organisations. As part of this, there must be renewed resourcing and investment across Local Authorities and CAMHS services.

¹⁶ RCPCH, *Healthcare needs of children and young people in secure settings*, 2019, available at: <https://www.rcpch.ac.uk/resources/healthcare-standards-children-young-people-secure-settings>.

¹⁷ *Ibid.*

¹⁸ *Ibid.*

¹⁹ *Ibid.*

6. Best practice

6.1

The lack of data available regarding children and young people's mental health is the biggest barrier to the delivery of best practice. In [State of Child Health 2020](#), RCPCH recommended that NHS Digital undertake a prevalence study on children and young people's mental health a minimum of every 3 years to provide an accurate assessment of the level of need. Additionally, we welcome the [NHS Benchmarking Unit's](#) data collection on the performance of CAMHS services across the UK. Ideally, all Trusts in England should report their data.

6.2

There are a number of examples of best practice of integrated service provision for children and young people that can be found in [this letter](#), sent to Claire Murdoch, Senior Responsible Officer for Mental Health at NHSE, in 2018.

6.3

COVID-19 has accelerated the rise in remote consultations. There are some things that we must be mindful on if service provision is going to move to a 'digital by default' approach. RCPCH worked with the Adolescent Health Group within the Royal College of General Practice (RCGP), the Association for Young People's Health (AYPH) and the Young People's Health Special Interest Group (YPHSIG) to consider the implications of this for children and young people. We identified four key issues; access, confidentiality, quality of consultation and safeguarding. A full assessment can be found [here](#).

We need to ensure children drive changes regarding remote consultations and young people's health needs. We are encouraging more data collection on the specific impacts of virtual consulting on this age group. There is a risk that a move to remote consultation as default, if interpreted to mean 'in all cases', would entrench health inequalities. Given that those children suffering the negative impacts of the pandemic to a greater degree are those from the most deprived backgrounds, this would potentially see this additional burdened shouldered by that group.

7. Self-harm and suicide

7.1

Suicide and self-harm are highly complex and can be linked to many factors. Risk factors are cumulative over the life course; adverse childhood experiences, deprivation and poor physical health also contribute to the risk. In England, a quarter of 11-16 year olds and 46.8% of 17-19 year olds with a mental disorder reported that they have self-harmed or attempted suicide at some point in their lives.²⁰

20 RCPCH, *State of Child Health 2020*, available at: <https://stateofchildhealth.rcpch.ac.uk/evidence/mental-health/suicide/>.

7.2

The increasing rates of suicide and self-harm behaviour are the perfect illustration of why a whole system approach is so critical. All child health professionals must be trained to identify signs that a child or young person is self-harming or having suicidal thoughts. The system must also be able to cope in capacity terms with children and young people struggling in this way without them having to resort to presenting to Emergency Departments, which are not a therapeutic environment.

8. Impact of COVID-19

8.1

RCPCCH have been [vocal](#) about the importance of schools for children's physical and mental health and we are pleased to see this has been recognised in the government's plans to reopen society following this lockdown. The social and emotional aspect of schools is important and lockdown has curtailed the social and emotional development of children and teenagers, not only through school itself and being with their peer group, but also through the extracurricular offers through the wider community and voluntary sector that contribute to children's emotional well being. Children and young people with a probable mental health disorder were more likely to say lockdown had made their life worse (54.1% of 11 to 16 year olds, and 59% of 17 to 22 year olds), than those unlikely to have a mental disorder (39.2% and 37.2% respectively.)²¹

8.2

The closure of schools to the majority of pupils has meant a major pathway to identification of mental disorders and signposting to services has become obstructed. We know that 56% of referrals to CAMHS come from primary schools.²² Schools provide a vital vehicle in seeing children and young people that need access to mental health services are referred. Some schools also provide counselling, cognitive behavioural therapy (CBT) and play therapy. Attending schools has a wide range of physical and mental health benefits for the majority of children and young people, and they play a pivotal role in reducing health inequalities. We know that early intervention is key in children and young people's mental health; 75% of all mental health problems start in childhood.²³

8.3

Schools are of course open to vulnerable pupils. These children and young people are more likely to have poor mental health. Additionally, children who access support for mental health

21 NHS Digital, *Mental Health of Children and Young People in England in 2020: Wave 1 follow-up*, 2020, available at: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

22 NSPCC, *School referrals for mental health treatment increase by a third*, 2018, available at: <https://www.nspcc.org.uk/what-we-do/news-opinion/one-third-increase-in-school-referrals-for-mental-health-treatment/>

23 MQ, *Statistics*, November 2017, available at: <https://www.mqmentalhealth.org/posts/12-statistics>

through school, or school helps them manage risks to their mental health are included on the list of vulnerable children entitled to attend school in the current circumstances.²⁴ Whilst children with a social worker or that have an education, health and care plan (EHCP) are encouraged to attend school, approximately 38% of pupils with an EHCP on roll in all state-funded schools were in attendance on the 4th February. For context, when schools were open to all pupils in December, 75% of pupils with an EHCP were in attendance.²⁵ 45% of pupils with a social worker on roll in all state-funded schools were in attendance on 4th February, compared to 76% in December when schools were open to all pupils.²⁶ It is of significant concern that less than half of these vulnerable children and young people are currently attending school.

8.4

During the first wave of the pandemic, a proportion of paediatricians working in the community were redeployed to support adult services. As of the first of May 2020, 21.1% of acute paediatric medical staff had been redeployed to acute adult services, and 13.2% of community career grade staff (plus 31% of community trainees) had been deployed to other areas of paediatric care.²⁷ This had implications for children and young people's mental health, particularly those with learning disabilities, ADHD and autism, because community paediatricians provide a significant proportion of their care. Additionally, those children with long-term conditions often receive care in a community setting, and we know these children are more likely to have mental health comorbidity than their peers.²⁸ RCPCH is currently collecting data to understand what proportion of community paediatricians have been redeployed during the second wave of the pandemic.

8.5

The redeployment of community paediatricians during the pandemic has particular relevance to this inquiry because these doctors' expertise is in working with vulnerable groups of children and their carers. This group includes those with developmental disorders and disabilities, complex behavioural presentations, and those who are at risk of abuse or are being abused.²⁹ These children typically have worse health outcomes than their peers.³⁰ There is significant involvement of

24 Department for Education, *Children of critical workers and vulnerable children who can access schools or educational settings*, 2021, available at: <https://www.gov.uk/government/publications/coronavirus-covid-19-maintaining-educational-provision/guidance-for-schools-colleges-and-local-authorities-on-maintaining-educational-provision>

25 Department for Education, *Attendance in education and early years settings during the COVID-19 outbreak*, 2021, available at: <https://explore-education-statistics.service.gov.uk/find-statistics/attendance-in-education-and-early-years-settings-during-the-coronavirus-covid-19-outbreak>

26 *Ibid.*

27 RCPCH, *Impact of COVID-19 on child health services - report*, 2020, <https://www.rcpch.ac.uk/resources/impact-covid-19-child-health-services-report>

28 RCPCH, *State of Child Health 2020*, available at: <https://stateofchildhealth.rcpch.ac.uk/evidence/long-term-conditions/>

29 RCPCH, *Community Child Health Sub-Specialty*, 2015, available at: <https://www.rcpch.ac.uk/resources/community-child-health-sub-specialty>

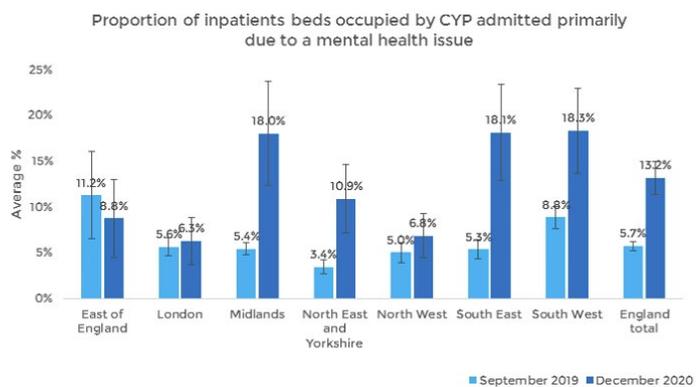
30 RCPCH, *State of Child Health 2020*, available at: <https://stateofchildhealth.rcpch.ac.uk/evidence/family-and-social-environment/looked-after-children/>

community paediatricians in the care of CYP with mental health conditions.³¹ Due to redeployment last year, community paediatric teams were advised to prioritise a strategy to catch up on routine health appointments and the increased demand for mental health services.³² We welcomed the joint letter from PHE, NHSE and the LGA published in October that said those professionals working with these groups should not be redeployed during the second wave of the pandemic.³³

8.6

What we know so far about the impact of the pandemic on children and young people's mental health is largely anecdotal – data is not easily available. RCPCH are currently collecting data about the impact of the second wave of the pandemic on children's services. Preliminary data shows that compared

to September 2019, the number of paediatric beds occupied by a patient in hospital primarily for mental health reasons had increased by 6.7% across the UK in December 2020.³⁴ In some regions in England the increased rate of mental health occupancy is much higher – 15.7% in the South East and 12.6% in the South West.³⁵ Given that schools were still open to all pupils in December, it is reasonable to assume the bed occupancy rate may now have increased further.



8.7

RCPCH members have been telling us of their concerns regarding children and young people's mental health over recent months. This is particularly the case in relation to eating disorders. In a survey undertaken just before Christmas, some paediatric specialists in eating disorders told us they had seen cases of eating disorders double, triple or even quadruple compared with the same period last year.³⁶ The paediatricians spoken to for the survey all put the increases down to the effects of the pandemic on young people's lives; eating disorders are often related to control – something many young people feel they have lost during the pandemic.

31 Ayyash HF, Ogundele MO, Lynn RM, et al, *BMJ Paediatrics Open*, *Impact of community paediatricians in the care of children and young people with mental health difficulties in the UK*, 2021, available at: <https://bmjpaedsopen.bmj.com/content/5/1/e000713>

32 RCPCH, *COVID-19 – Guidance for Paediatric Services*, 2020, available at: <https://www.rcpch.ac.uk/resources/covid-19-guidance-paediatric-services#safeguarding-looked-after-children-and-vulnerable-children-processes-in-england-wales-and-northern-ireland>

33 LGA, *Joint Letter on Winter Planning: Supporting Children and Families*, 2020, available at: <https://www.local.gov.uk/joint-letter-winter-planning-support-children-and-families-7-october-2020>

34 RCPCH, *Impact of COVID-19 on child health services*, 2021, <https://www.rcpch.ac.uk/resources/impact-covid-19-child-health-services-tool-results>

35 *Ibid.*

36 RCPCH, *Paediatricians warn parents to be alert to signs of eating disorders over holidays*, 2020, available at: <https://www.rcpch.ac.uk/news-events/news/paediatricians-warn-parents-be-alert-signs-eating-disorders-over-holidays>

8.8

Whilst the pandemic is clearly exacerbating the children and young people's mental health crisis, it's important to note it predates COVID-19. As cited previously, the system was already bursting at the seams, before the increased demand for services and reduced access to services for those children and young people who need them. There is much emphasis given to the importance of building personal resilience in the mental health sector. Whilst this is undoubtedly important, it must also extend to building resilience with the service system.

8.9

Recovering services and meeting children and young people's needs for mental health care post-pandemic should be a national priority. The Government should be support joint working arrangements and integrated care that will address the medium and long-term impact of the COVID pandemic on mental health, including physical conditions that may have a strong psychosocial component.

8.10

The King's Fund recently published a report that analysed the response of different countries to disasters such as the Christchurch earthquake. It cited mental health as one of the key indicators of how well a country will recover from an event like a pandemic.

The report highlight that in the early months of recovery from a disaster, most will not seek formal help or may not reach the threshold for accessing specialist mental health services. If this is left unaddressed in the long term, these can escalate which would increase demand on services. Identifying and assessing the level of community need is essential – this is why improvements to data collection must be made. The King's Fund says that they '*heard arguments that children's psychosocial wellbeing should be viewed as the single most important indicator of success in recovery.*³⁷ RCPCH agrees.

9. What children and young people want to see?

9.1

As part of State of Child Health 2020, [RCPCH&Us](#) spoke to over 630 children and young people aged 6 and above across the UK, and undertook workshops with over 300 children. Additionally, over 1700 children and young people participated in a vote on the different State of Child Health topics.

³⁷ The King's Fund, *COVID recovery and resilience: what can health and care learn from other disasters?* 2021, available at: <https://features.kingsfund.org.uk/2021/02/covid-19-recovery-resilience-health-care/#Introduction-dJdcexE62X>

Improving mental health support was selected as one of four priority areas that were decided by 23 Youth Authors aged 11-22 who analysed the data. 88% of children and young people did not think there was adequate mental health support for them.³⁸

9.2

RCPCH& Us has undertaken a 6-month project looking at children and young people's mental health during the pandemic with over 30 young people and five RCPCH members. Together, they reflected on their experience of the pandemic, gaps in support and solutions for the future.

The main themes of these reflections were that there was too much information from too many places that could be overwhelming, information is too generic and needed to be more personalised, mental health services were not effectively providing information through online channels, a lack of peer support, a lack of continuity of practitioner in online appointments, no private space to speak to practitioners online at home and inconsistent support from schools whilst they were closed to most pupils.³⁹

10. What's required from UK Government?

10.1

The negative impacts of the pandemic have disproportionately affected children and young people, particularly those from the most deprived backgrounds. To ensure health inequalities' are not exacerbated and entrenched by the pandemic, [recovery from COVID-19](#) must prioritise children and young people. Government leadership through this period is essential to deliver the joint working and child-centric approaches to delivery of care, treatment and services that we so urgently need to see.

10.2

In order to support the restoration of services, we are calling on Government to:

- Hold an independent commission into the impact of the current pandemic on children and young people to identify cross government and inter-agency approaches to delivering better services that help to address the pyramid of need across the full range of settings that care for children and young people.
- Implement an overarching child health strategy, multi-departmental in approach, to help ensure existing health inequalities are not entrenched by COVID-19. This will also help to embed a child health in all policies approach to policy making.

38 RCPCH, *State of Child Health 2020: Voice Matters*, 2020, available at: <https://stateofchildhealth.rcpch.ac.uk/voice-matters/>

39 RCPCH, *COVID-19 & Us: Supporting mental health in a national crisis*, 2020, available at: <https://www.rcpch.ac.uk/resources/covid-19-us-views-rcpch-us#supporting-mental-health-in-a-national-crisis>.

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