



# Department of Health & Social Care

Call for Evidence: Mental health and wellbeing plan

95%

Please review your answers

## About you

<b>In what capacity are you responding to this survey?</b>	On behalf of an organisation (in an official capacity representing the views of that organisation)	<a href="#">Change</a>
<b>What is the name of your organisation?</b>	Royal College of Paediatrics and Child Health	<a href="#">Change</a>
<b>Which sectors does your organisation work in?</b>	Human health and social work activities	<a href="#">Change</a>
<b>What type of organisation are you responding on behalf of?</b>	Not-for-profit organisation	<a href="#">Change</a>
<b>What type of not-for-profit organisation are you responding on behalf of?</b>	Charity	<a href="#">Change</a>

## Email consent

**Are you happy to share your email address with the Department of Health and Social Care?**

Yes

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**What is your email address?**

kate.webb@rcpch.ac.uk

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## Promoting positive wellbeing

**Please select the groups that you have suggestions for (you may choose more than 1 option)**

Children and young people

[Change](#)

Children and young people tell us that they would like to see:

- more support with self care e.g. having things to do that everyone can access regardless of background/location/money (crafts, sports, healthy food, hobbies, access to hygiene products, TV/music/film, gaming, sleep routines, pets)
- more support to have a good standard of living to create positive life experiences e.g. sleeping well (good bed), clothes (self esteem), access to things to do (school trips, holidays)
- support from a range of different places and people who have completed youth mental health first aid and can have supportive, non judgemental conversations that lead to signposting and support e.g. Imam, doctors, teachers, friends, youth workers, schools, charity groups, family, social workers, behaviour units, fast food workers, shop workers, personal trainers
- support from services e.g. childline, therapists, CAMHS, charities

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**How can we help children and young people to improve their own wellbeing?**

**Please select the groups that you have suggestions for (you may choose more than 1 option)**

[Change](#)

**How can we support different sectors within local areas to work together, and with people within their local communities, to improve the populations wellbeing?**

[Change](#)

## Preventing the onset of mental ill-health

**Please select the groups that you have suggestions for (you may choose more than 1 option)**

Children and young people

[Change](#)

Our response is focused on children and young people. Mental health problems in children and young people are a broad and diverse category of conditions, encompassing emotional, behavioural and neurodevelopmental presentations. Mental health problems present as primary, secondary or comorbid problems to paediatricians across all settings including acute presentations, inpatient admissions, emergency settings, general paediatric outpatients and community child health services. Anecdotal evidence from RCPCH members suggests that mental health issues are present in approximately 20% of acute admissions and 40% of outpatient consultations. Early intervention in mental health problems is key. Half of adult mental health problems start before the age of 14 and 75% start before the age of 24. Therefore, improving children and young people's mental health should be everyone's responsibility, both individually and as a society, and this should be prioritised. The strategy should take a broad view on tackling factors that are associated with worsening mental ill health in children and young people. Early intervention strategies should target the wide range of issues to ensure that known risk factors for experiencing mental ill-health are in scope. If issues are identified and tackled early this will help to avoid escalation and worsening symptoms and experiences. Professionals should be able to identify concerns to signpost to services and resources before children and young people reach crisis or attempt suicide. There should be adequate services available to meet growing demand for mental health services and support. Given the importance of early intervention, the strategy must address the delay that children and young people experience in securing help with their mental health and well being. For example, we can see delays arising through lack of access to preventative schemes (the Mental Health

Support Team programme is not available in all schools), and delays in assessment and support for emotional and behavioural difficulties (for example as seen in the NHSE sitrep data for community paediatrics). Delays can be tackled through acting early wherever possible, for example through: a) Taking a holistic approach to policy development so impact on mental health and wellbeing is more routinely considered. This could be done by adopting a biopsychosocial approach in policy development to mirror the approach in clinical practice and working with a broad conceptualisation of mental health and mental ill-health. b) Embedding the understanding that managing the risks associated with mental ill-health demands action across health services, public health, social care, education and wider society. This includes taking action to address health disparities and inequalities.

- Mental health problems are more common in vulnerable children and adolescents, such as from low income families, those with parental mental health problems, LGBTQ+, special educational needs, not attending school, on child protection plans, looked after children, and in the criminal justice system.
- Children living in poverty are more likely to have poorer health outcomes including low birth weight, poor physical health, and mental health problems.
- Children living in the poorest 20% of households in the UK are four times more likely to develop a mental disorder as those from the wealthiest 20% (Commission for Equality in Mental Health (2021) Briefing 1: Determinants of mental health, Available at <https://www.centreformentalhealth.org.uk/publications/commission-equality-mental-health-briefing-1>).
- Adverse childhood experiences, which are usually multiple, have a cumulative negative effect on later physical and mental health and are three times more common in the context of poverty than in affluence ([childtrends.org/indicators/adverse-experiences](http://childtrends.org/indicators/adverse-experiences)).

c) Within health services, providing swift and comprehensive support so there is minimal wait for children and young people awaiting diagnosis and treatment of physical, emotional and behavioural issues, given the strong relationship between these issues and mental ill-health.

- Nearly three quarters of children and young people with a

quarters of children and young people with a mental disorder also have a physical or developmental problem (NHS Digital. Mental Health of Children and Young people in England. 2017). • Having any physical complaint (compared with no physical health condition) increases the odds of having a mental disorder by 82% (Meltzer H, Gatward R, Goodman R and Ford T. Mental health of children and adolescents in Great Britain, TSO: London. 2000). • Children and young people with comorbid physical ill-health and mental ill-health appear even less likely than other children to have their mental illness detected, diagnosed and correctly treated (Glazebrook C, Hollis C, Heussler H, Goodman R, Coates L. Detecting emotional and behavioural problems in paediatric clinics. *Child: Care, Health & Development* 29: 141-149. 2003). The mental health aspects of unexplained physical presentations are not always evident to paediatricians, which can lead to an unnecessary and potentially harmful overemphasis on medical investigations (Garralda ME. Hospital management of paediatric functional somatic symptoms. *Acta Paediatrica* 105: 452–453 2016). • Community and neurodisability paediatricians frequently take a lead role the assessment and management of neurodevelopmental disorders such as autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD). Early diagnosis of neurodevelopmental conditions can help in preventing future mental health issues. • For younger children in particular, mental health conditions are more likely to be described and explored as behavioural or emotional issues, and community paediatrics plays a key role in managing these issues. Children with long term physical conditions need mental health support too, and again paediatricians have a role to play in providing support. d) In local integrated care systems, through facilitation of collaborative and inter-agency working that supports children and young people at greater risk of developing mental ill health and mental health conditions. 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. For common presentations to paediatric settings

### What is the most

**.....**  
**important thing we need to address in order to reduce the number of children and young people who experience mental ill-health?**

~~comment: professionals to provide coverage~~  
where both physical and mental health input is needed to provide the most appropriate care, local protocols should be agreed which provide effective joined up working with mental health services, minimises duplication and makes the most efficient use of resources in a safe manner.

[Change](#)

**Do you have ideas for how employers can support and protect the mental health of their employees?**

No

[Change](#)

**Please select the groups that you have suggestions for (you may choose more than 1 option)**

[Change](#)

**Please select the groups that you have suggestions for (you may choose more than 1 option)**

Children and young people

[Change](#)

Our response is focused on children and young people. Mental health problems in children and young people are a broad and diverse category of conditions, and can be found across emotional, behavioural and neurodevelopmental presentations, as well as children with functional disorders, those with long term conditions and those in the child protection system. The NHS can help with ensuring practice in primary and secondary care promotes good mental health for children and young people by encouraging good sleep, exercise and eating habits, promoting good parenting, education, and being aware of and signposting to appropriate online and community-based resources. Those health professionals working with children and young people who are likely to encounter high rates or greater complexity, such as Community Child Health, emergency medicine and neurology, should develop additional competencies through more in-depth training. Paediatricians working with children and young people with long term health conditions should consider regular screening for mental health problems. The NHS can also help through providing resources and capacity to deliver early support, through clinical and non-clinical settings, to help children and young people who are struggling with their mental health. We would support wider roll-out of Mental Health Support Teams in schools, improving coverage and access for children and young people. The NHS should commit to developing effective joint working and integration with mental health services for children and young people to provide patient centred pathways that meet mental health needs as well as physical needs. In addition to the local Child and Adolescent Mental Health services this will include the mental health support available through the wider children's workforce including the third sector, social care and education services.

**What more can the NHS do to help children and young people to access mental health support early?**

[Change](#)

**Do you have any suggestions for how the whole of society (beyond the NHS) can better identify and respond to signs of mental ill-health?**

No

[Change](#)

Our response is focused on children and young people. Mental health problems in children and young people are a broad and diverse category of conditions, encompassing emotional, behavioural and neurodevelopmental presentations. Mental health problems present as primary, secondary or comorbid problems to paediatricians across all settings including acute presentations, inpatient admissions, emergency settings, general paediatric outpatients and community child health services. 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. However, the mental health of our patients is our business. Paediatricians should be able to assess children and young people by considering the biological, psychological and social factors contributing to their presentation. Paediatricians should develop the knowledge and skills to identify, support and make appropriate onward referrals for common mental health problems in the children and young people that they see. Paediatricians should protect young people from over medicalisation and harm from unnecessary investigation for physical symptoms when the biopsychosocial assessment suggests there are more appropriate pathways of support. They should feel comfortable explaining the link between mind and body to children and young people and their families. The Government's strategy should support and enable delivery of multidisciplinary services early in care pathways, and bring together health, social care and education to support those in the early stages of mental ill-health to get the help they need. Service planners should be supported by the strategy to ensure children and young people have timely

**How can we ensure that people with wider health problems get appropriate mental health support at an early stage if they are struggling?**

access to a range of mental health and psychosocial services that are integrated with children's health services and that all healthcare staff have sufficient competences to support the psychological needs of children and recognise when involvement of mental health services is required. Local Authorities should have the resources to invest in a preventative, multi-agency approach to mental health across all ages (incorporating: education for children, young people and families; long term conditions; social determinants; and health promotion). The approach should focus on early intervention for children and young people, including minimising the need for admission and effective crisis services to ensure that children and young people can be effectively supported and their treatment managed in their communities as much as possible. 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.

[Change](#)

## **Improving the quality and effectiveness of treatment for mental health conditions**

**Please select the groups that you have suggestions for (you may choose more than 1 option)**

Children and young people

[Change](#)

**What needs to happen to ensure the best care and treatment is more widely available within the NHS for children and young people?**

Our response is focused on the needs of children and young people. Mental health problems present as primary, secondary or comorbid problems to paediatricians across all settings including acute presentations, inpatient admissions, emergency settings, general paediatric outpatients and community child health services. To ensure that the best care and treatment is more widely available within the NHS, the strategy should emphasise the value of multidisciplinary teams working outside specialist mental health settings. It should also ensure that there is sufficient trained workforce available to deliver multidisciplinary care, including paediatric liaison services and paediatric crisis services. The NHS should also be encouraged to support inter-agency working that deliver joint programmes that take a biopsychosocial approaches to care and treatment of children and young people with perplexing physical presentations. Service planners should ensure children and young people have timely access to a range of mental health and psychosocial services that are integrated with children's health services and that all healthcare staff have sufficient competences to support the psychological needs of children and recognise when involvement of mental health services is required.

Change

**What is the NHS currently doing well and should continue doing, in order to support people struggling with their mental health?**

There are examples of good practice around support for specific mental health conditions and we are aware that there are some good models of multidisciplinary team working, but these are not always funded in a sustainable or long-term manner. The recently published results of an audit of standards of emergency care for children and young people (pre-pandemic) found that standards around mental health care showed greatest room for improvement (<https://www.rcpch.ac.uk/resources/facing-future-standards-children-young-people-emergency-care-settings-audit-findings>).

Change

**Please select the groups that you have suggestions for (you may choose more than 1 option)**

[Change](#)

For children and young people, general acute healthcare settings can often be the source of inpatient care for mental health conditions. According to the National Confidential Enquiry into Patient Outcome and Death (NCEPOD), mental health care is not given the same level of importance as physical health care for young people and young adults in general hospitals across the UK. Their recommendations include a clinical lead for children and young people's mental health in all acute general hospitals (National Confidential Enquiry into Patient Outcomes and Death. Mental healthcare in young people and young adults. 2019). It is essential that this strategy considers the need to improve these care environments so they can meet the needs of patients well. Within acute settings, we advocate the appointment of mental health leads in all paediatric departments and establishing well-resourced liaison and crisis services for all general acute settings. Paediatricians should not be expected to work in isolation managing children and young people with serious mental illness. There should be provision for consultation and direct input from mental health specialists through age-appropriate hospital mental health liaison teams.

**What should inpatient mental healthcare look like in 10 years' time?**

[Change](#)

**What needs to change in order to realise that vision?**

[Change](#)

**Supporting people living with mental health conditions to live well**

**Please select the groups that you have suggestions for (you may choose more than 1 option)**

Children and young people

[Change](#)

When we speak to children and young people, the importance of mental health issues and staying healthy and well frequently emerge in our discussions. Children and young people have told us that they would like to see:

- more support with self care e.g. promote ideas to stop people hiding behind your emotions, to help them in writing poems, breathing strategies, hobbies to support mental (health), taking dog for a walk, listening to music, petting pets, having things to do that everyone can access regardless of background/location/money (crafts, sports, healthy food, hobbies, access to hygiene products, TV/music/film, gaming, sleep routines, pets);
- more support to have a good standard of living to create positive life experiences e.g. sleeping well (good bed), clothes (self esteem), access to things to do (school trips, holidays)
- support from a range of different places and people who have completed youth mental health first aid and can have supportive, non judgemental conversations that lead to signposting and support e.g. Imam, doctors, teachers, friends, youth workers, schools, charity groups, family, social workers, behaviour units, fast food workers, shop workers, personal trainers
- wider public: removing social stigma/ taboo by having a conversation, talking to a friend, peer support
- support from services e.g. childline, therapists, CAMHS, charities

When considering how services can better provide mental health support, children and young people told us the following:

- Online: don't assume it works for us better as young people as it can be stressful when mental health appointments have to take place in your home online, or when the signal is bad, or it's hard to understand how to join a call on a medical site
- Settings: use community settings as more friendly and approachable for young people needing mental health support, consistent services in schools that are the same whether you are in state school or private school
- CAMHS: referral forms are

not accessible to everyone (e.g. written English what about if you are blind or use a different language?), in lockdown appointments were in different places that were sometimes better like parks so we need more choice of where they take place so it is less intimidating • Support: support these places to be able to offer mental health support or have conversations that link to others: via Friends, families, Counsellors/ Psychologists, people with similar experiences/ backgrounds, dog therapy - pet charities RSPCA, Battersea, educational establishments/ Wellbeing team, sports therapy, Children and young people with ongoing medical conditions tell us that they do not expect the health professionals they meet to be a specialist in everything medically, but that they can act as part of a network and to think about mental health, exam stress and parents' worry, and give everyone the time and space with time to talk. We would also like to see the strategy uphold and embed the understanding that managing the risks associated with mental ill-health demands action across health services, public health, social care, education and wider society. This includes taking action to address health disparities and inequalities. The influence of poverty on children's health and wellbeing is undeniable. Children living in poverty are more likely to have poorer health outcomes including low birth weight, poor physical health, and mental health problems. The health impacts of growing up in poverty are significant and follow children across their life. The current cost of living crisis will only exacerbate this by pushing more families into poverty. It is essential that health inequalities driven by poverty are addressed to improve child mental health outcomes, as well as reduce costs to the NHS in the long term.

[Change](#)

**What do we (as a society) need to do or change to improve the lives of children and young people who live with a mental health condition?**

According to the National Confidential Enquiry into Patient Outcome and Death (NCEPOD), mental health care is not given the same level of importance as physical health care for young people and young adults in general hospitals across the UK. Their 2019 recommendations include a clinical lead for children and young people's mental health in all acute general hospitals (National Confidential Enquiry into Patient Outcomes and Death. Mental healthcare in young people and young adults. 2019.). We agree that more can be done to support those working in general health settings to support those with mental health conditions. We know that more general paediatric acute settings are providing care and treatment to those with mental health conditions (<https://www.rcpch.ac.uk/resources/snapshot-general-paediatric-services-workforce-uk>). We also know that there is a need to provide additional support to the workforce delivering this care and treatment, and to the environment they are care in. Investment and support for these aspects of physical health services would help to improve the physical health of those with mental health conditions. We recommend that all paediatric departments identify a lead for mental health, and that all services are supported by well-resourced liaison and crisis CAMHS services. Looking beyond clinical collaboration and support, there are good practice examples from emergency department settings, that have shown the value of non-clinical staff such as youth support workers and youth navigators to help signpost to additional support around mental health for those attending with physical health issues. Alongside this there's a complementary effort needed to ensure that physical health needs are well managed in mental health settings if that's the more appropriate environment for the overall care and treatment of children and young people.

[Change](#)

**What more can we do to improve the physical health of people living with mental health conditions?**

**Please select the groups that you have suggestions for (you may choose more than 1 option)**

Children and young people

[Change](#)

**How can we support sectors to work together to improve the quality of life of children and young people living with mental health conditions?**

Through integrated care systems, the NHS should commit to developing effective joint working and integration across agencies with a role in supporting mental health of children and young people. This should include provision of patient centred pathways that meet mental health needs as well as physical needs. In addition to the local Child and Adolescent Mental Health services this will include the mental health support available through the wider children's workforce including the third sector, social care and education services. There is also a need to support and enable joint commissioning arrangements that allow cooperation and collaboration between health, social care, education and the VCSE sectors to endure.

[Change](#)

**What can we change at a system level to ensure that individuals with co-occurring mental health and drug and alcohol issues encounter 'no wrong door' in their access to all relevant treatment and support?**

[Change](#)

## Improving support for people in crisis

**Please select the groups that you have suggestions for (you may choose more than 1 option)**

Children and young people

[Change](#)

**How can we improve the immediate help available to children and young people in crisis?**

More support is needed for those health professionals working in emergency departments to help with the care and treatment of those children and young people presenting in a mental health crisis. In particular, support from mental health specialists and access to specialist mental health facilities where needed. The recently published results of an audit of standards of emergency care for children and young people (pre-pandemic) found that standards around mental health care showed greatest room for improvement (<https://www.rcpch.ac.uk/resources/facing-future-standards-children-young-people-emergency-care-settings-audit-findings>). Improvements can also be made through use of non-clinical support including youth workers and youth navigators with children and young people presenting with mental health issues in emergency departments. Given crisis presentations may be caused by social rather than medical issues, ensuring that multiagency support and liaison is available to address concerns in a timely manner is essential.

[Change](#)

**Please select the groups that you have suggestions for (you may choose more than 1 option)**

Children and young people

[Change](#)

**How can we improve the support available to children and young people after they experience a mental health crisis?**

There should be good links between inpatient and community services so children and young people can continue to access support in a timely and appropriate manner following any mental health crisis.

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**What would enable local services to work together better to improve support for people during and after an experience of mental health crisis?**

Support during and after a mental health crisis depends on multi-agency and multidisciplinary working. A lack of capacity and resource in services will hamper the support available in these circumstances and can limit the effectiveness of jointly commissioned programmes. There is also a need to support and enable joint commissioning arrangements that allow cooperation and collaboration between health, social care, education and the VCSE sectors to endure.

[Change](#)

## Next steps and implementation

**What do you think are the most important issues that a new, 10-year national mental health plan needs to address?**

Prevention, Early intervention and service access, Crisis care and support

[Change](#)

The plan needs to address how professionals, teams and services can be supported to deliver more early intervention. Well-resourced and high quality specialist mental health services are part of the solution, but in our view it is essential that these are complemented by equal attention and support for contributions that can be made by multidisciplinary teams of health and care professionals across the six themes encompassed by the strategy, together with an acknowledgement and plan for tackling the impact that wider determinants have on mental health. The strategy should be both broad and deep; broad so that mental health issues are considered wherever policy is developed, deep so that where specific needs arising from mental health issues are seen they can be tackled swiftly and appropriately. The strategy's focus on wellbeing, mental ill health as well as mental health conditions demonstrates the breadth of its ambition. The plan needs to adopt an inclusive approach to understanding where issues may arise and how issues can be addressed, with emphasis on greater support for collaboration and cooperation, within and beyond health services, drawing on a broader range of resources and expertise to help address mental ill health and mental health conditions. Child health outcomes are the product of complex, inter-connected social, economic, personal and political factors. An individual child's health is inevitably influenced by the world and environment around them, not only by the quality of care they receive from the

Please review your answers - Call for Evidence: Mental health and wellbeing plan health system, but also by the services they are able to access and by their family's lifestyle. Too many children and young people grow up in families that are experiencing poverty and deprivation. Data from State of Child Health

(<https://stateofchildhealth.rcpch.ac.uk/>) demonstrates that child health outcomes are significantly impacted by their socio-economic status and geographical variation. It is not only children's health which may be impacted, but also their educational and social outcomes. Certain groups of young people may be particularly vulnerable to poorer outcomes – young carers and children within the child protection system – and require targeted support to ensure they have a healthy and happy childhood. The impact of adverse childhood experiences (ACEs) in later life has been well documented and researched; all children deserve equal opportunities. Adoption of cross-governmental approach to 'child health in all policies' recognises that child health should be considered in all decisions at both national and local levels. This approach would prevent any negative, unintended consequences of policies that lead to worse outcomes for children and young people. More support is needed for those health professionals working in emergency departments to help with the care and treatment of those children and young people presenting in a mental health crisis. In particular, support from mental health specialists and access to specialist mental health facilities where needed. The recently published results of an audit of standards of emergency care for children and young people (pre-pandemic) found that standards around mental health care showed greatest room for improvement (<https://www.rcpch.ac.uk/resources/facing-future-standards-children-young-people-emergency-care-settings-audit-findings>).

**Please explain your choices**

[Change](#)

**What ‘values’ or ‘principles’ should underpin the plan as a whole?**

We would like to see the strategy and plan to demonstrate greater ambition for improvements in care and services for children and young people with mental ill health and mental health conditions, given the importance of early intervention and the impact of childhood experiences on subsequent mental health and wellbeing. The strategy should take an inclusive and well-resourced approach that supports and delivers collaboration and cooperation between professionals, teams and services to better meet the mental health needs of children and young people.

[Change](#)

**How can we support local systems to develop and implement effective mental health plans for their local populations?**

Local systems will need access to population data on risk factors for poor mental health, as well as data around backlogs of care experiencing in accessing care and treatment and local workforce capacity. Local systems may also need support to plan, deliver and sustain joint commissioning arrangements that allow cooperation and collaboration between health, social care, education and the VCSE sectors for better mental health.

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**How can we improve data collection and sharing to help plan, implement and monitor improvements to mental health and wellbeing?**

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