ADCS
Leading Children's Services

www.adcs.org.uk

Safeguarding Pressures Phase 8

SPECIAL THEMATIC REPORT ON CHILDREN'S MENTAL HEALTH

November 2022

The Association of Directors of Children's Services Ltd

CONTENTS

The research was commissioned by the Association of Directors of Children's Services Ltd and undertaken by Carole Brooks Associates Limited on their behalf.

Views expressed in this report are based on evidence provided by local authorities and other sources during the project. Whilst every effort has been made to ensure the precision of the information contained in the report, we cannot guarantee its accuracy or currency.

With many thanks, once again, to all local authorities and individuals who participated in this research.

1 Introduction

ADCS Safeguarding Pressures research aims to identify and understand changes in local authority early help and safeguarding activity and the reasons for these. It includes exploring the impact of wider determinants outside of the direct influence of children's services which may affect demand for such services.

In this eighth phase of the research, children's mental health and provision of services has been evidenced as one of most critical factors affecting children in England. This special themed report to accompany the Safeguarding Pressures research interim report has been produced to capture the richness of evidence submitted from 125 local authorities.

2 Context

2.1 Mental Health and Emotional Wellbeing

Good mental health is a fundamental part of a child's general wellbeing. It is closely bound up with physical health, life experiences and life chances. A number of risk and protective factors exist for poor mental health (see figure below).

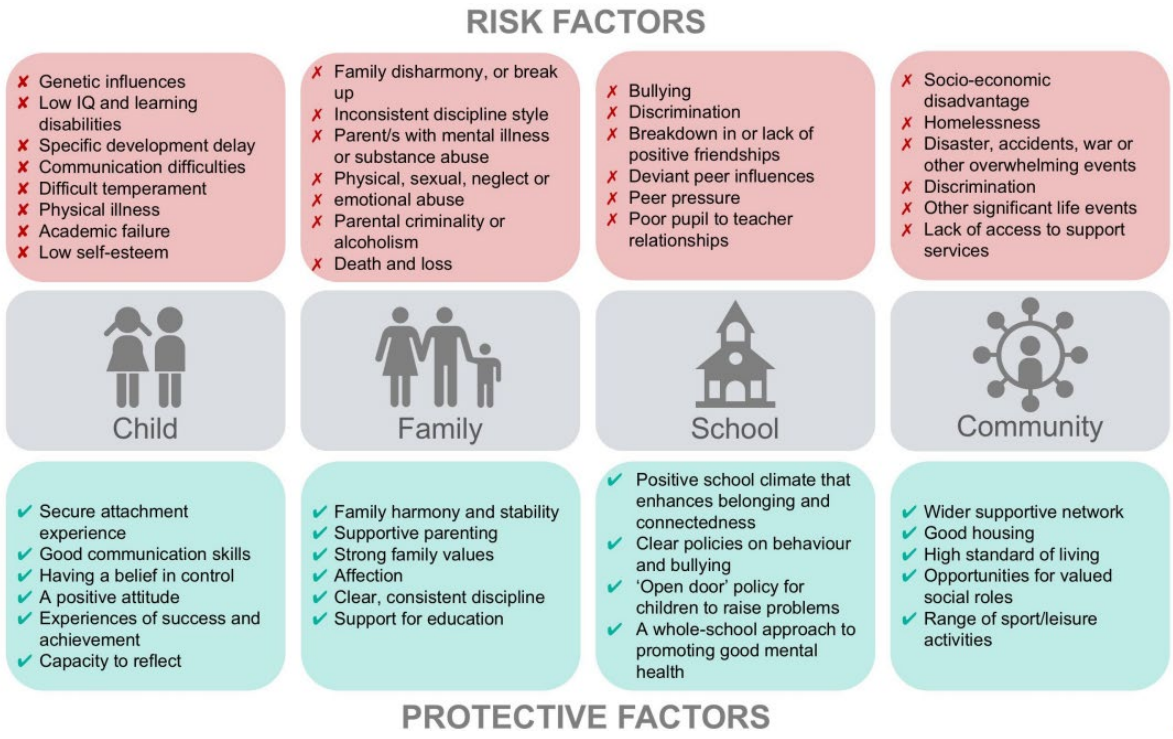


Figure 1: Mental health risk and protective factors. Taken from Public Health (2016) 'The mental health of children and young people in England'

The Local Government Association (2022) state that:

- children and young people are more likely to have poor mental health if they experience some form of adversity, such as living in poverty, parental separation, bereavement or financial crisis, where there is a problem with the way their family functions or where parents already have poor mental health
- young people who identify as LGBTQ+ are also more likely to suffer from a mental health condition
- children in care are four times more likely to experience mental health issues than their peers
- a third of people in the youth justice system are estimated to have a mental health problem
- nearly three quarters of children with a mental health condition also have a physical health condition or developmental problem.

There is much research and documentation that further highlight the risk factors and impact of poor emotional wellbeing and mental health. Recent research includes the impact of the Covid-19 pandemic.

Respondents to the Safeguarding Pressures phase 8 research were clear that there needs to be a joined up and holistic approach to the notion of building emotional resilience, supporting good emotional wellbeing and treating mental ill-health. The diagnosis and labelling of 'mental health' can be a distraction and can suggest a route into more traditional specialist and clinical interventions, which may not be necessary or the best solution for some children who are experiencing multiple needs.

> "I do think we get hung up on mental health, which is extraordinarily important. Don't get me wrong. But emotional resilience I think is another significant factor that we need to understand better. How is it that some of our children, who despite all of the odds, go on and achieve great things. And there are those who go under and don't manage. And there is something about how we understand emotional resilience. And I don't think we know enough about emotional resilience and we label everything mental health." – *North East LA*

2.2 National Policy Context

The current legislative, policy and funding shift to drive improvements in children's mental health and service provision commenced with the NHS *Five Year Forward View for Mental Health* (NHS England, 2014) highlighting prevention, integration, and partnership, in addition to a shift away from a system of care defined in terms of services ('tiers' of need)

that organisations provide, to place-based arrangements which ensure children have easy access to the right support and right services at the right time, closer to home wherever possible.

The *Future in Mind* report from the Children and Young People's Mental Health and Wellbeing Taskforce (Department for Health and NHS England, 2015), focused on promoting resilience, protecting and improving children and young people's mental health and wellbeing via access to effective support. The report emphasises the importance of mental health services working within existing local service delivery structures, for example, early help, multi-agency single point of contact arrangements and youth justice partnerships. It set out the challenges of:

- significant data gaps (both in terms of information and funding flow benefits realisation)
- silo working which creates treatment gaps and clinical decisions that have the potential to miss out consideration of the holistic needs of the child and their family
- fragmented and variable access arrangements, particularly in crisis and out of hours provision, with lengthy waits for support often resulting in a 'not at our threshold' response
- transitions based on age, rather than need
- complex commissioning arrangements which can exacerbate investment and threshold decisions and strain productive partnerships (for example commissioning arrangements for Tier 4 services).

Future in Mind set out a requirement for each clinical commissioning group (CCG) and its partners to develop Local Transformation Plans, signed off by local Health and Wellbeing Boards, and refreshed annually. Plans are required to set out local whole-system commitments to improve children and young people's mental health services and detail how these will be delivered.

In July 2018, the government published its response to the consultation on the Green Paper, *'Transforming Children and Young People's Mental Health Provision'* (DHSC & DfE, 2018). This sets out the intended next steps including supporting schools to identify a designated lead for mental health and wellbeing, establishment of local mental health support teams, and a commitment to a reduction in waiting times for children needing specialist help. NICE *Guidelines on Social, Emotional and Mental Wellbeing in Primary and Secondary Education* (NICE, 2022) supports the recognition of the crucial role of schools in identification, prevention and support.

The *NHS Long-Term Plan* (NHS, 2019a) and *Mental Health Implementation Plan 2019/20-2023/24* (NHS, 2019b) set out priorities and measurable standards for children's mental health, with a focus on working in partnership across the NHS, public health, the voluntary and community sector, local authority children's services, education and youth justice sectors.

In April 2022, the Department for Health and Social Care (DHSC) opened a call for evidence to inform a new 10-year mental health plan to level up mental health across the country. This came with a funding commitment of an extra £2.3 billion a year, along with a commitment to increase access to NHS-funded services or school and college-based support for an additional 345,000 children by 2024.

The DfE and DHSC recognise the deterioration in perinatal mental health and the importance of good parental mental health in the early years. 30% of the £302m funding available in their Family Hubs programme (DfE, 2022) is ringfenced for spending on infant/parent mental health. Family Hubs funding has been allocated to 75 local areas across England.

3 Current Evidence

3.1 National evidence

A Parliamentary *Children and Young People's Mental Health Inquiry* (House of Commons, 2021a and 2021b) examined the progress made by government against their own ambitions to improve children and young people's mental health provision. It considered whether the system should be reformed towards a more holistic approach that prioritises early intervention and prevention, as well as crisis care, and explore how to tackle the worrying trends in self-harm and suicide.

The Inquiry recognised that progress has been made in expanding both Child and Adolescent Mental Health Services (CAMHS) and non-NHS services in schools and the community. Progress against policy commitments was judged as 'good' for eating conditions, and 'requires improvement' for both access to treatment and crisis response. It concluded that current plans were not ambitious enough, since more than half of young people were without the support they needed and '*the proportion accessing adequate care has gone into reverse because of the pandemic.'* The reports show that approximately 60% of children and young people in need of mental health services do not receive any NHS care. Children often face high access thresholds and referrals can be rejected. Where a referral is accepted, there can be a long wait before any service is actually provided.

There are disparate sources of data and other information about children's emotional wellbeing and mental health. Evidence largely relate to prevalence and services, e.g. NHS Digital *Mental health statistics* (NHS Digital, 2022), and the *Mental health dashboard* (NHS England, 2022) that measures progress on the NHS long term plan.

There is very little evidence about the outcomes achieved for children through the provision of mental health services.

A range of pertinent data is provided in Appendix A to further illustrate the current 'state of the nation' on children's mental health. At a high level, these sources tell us the following:

- *Mental health of children and young people in England 2021,* the national survey about experiences of family life, education and services, and worries and anxieties commissioned by NHS Digital (2021) shows that rates of probable mental disorder have increased: one in six (16.0%) children aged 5-16 years were identified as having a probable mental disorder, increasing from one in nine (10.8%) in 2017. Data snapshots confirm many of the emerging qualitative findings of the Safeguarding Pressures evaluation interviews, for example, the increase in need, increasing prevalence of disordered eating, and higher absence rates from schools
- the Children's Commissioner's (OCC, 2021a) *'The Big Answer',* summarising findings from a national survey of half a million children and young people, found that the majority of children aged 9-17 (80%) were happy or okay with their mental health, but 20% were unhappy, making it the top issue for children today. The proportion of children who were unhappy was higher in girls and 16-17 year olds. Yet, just over half (52%) of 9-17 year-olds said that having good mental health in the future was one of their main aspirations
- the Children's Commissioner's *Health Policy Briefing* (OCC, 2021b) recommended a rapid expansion of mental health support teams in schools (MHSTs); a more consistent approach to digital counselling provision; community mental health hubs; and an action plan to deliver on the goal of 100% of children accessing support when they need it
- the Children's Commissioner (OCC, 2021c) *Mental Health Services 2020/21* states that whilst spending on mental health services has increased, identified needs are more complex and referral rates decreased in 2020 (which may have been affected by the pandemic in terms of disruption to access to services in lockdowns and/or the redeployment of staff to frontline health care responses)

- 674,485 children were accessing support by mental health services[1] at any time in 2021/22 (23% increase in two years). This increased to 691,935 in the previous 12 months to the end of June 2022 (NHS England, 2022)
- 395,805 people were in contact with children and young people's mental health services as at 30th June 2022 (NHS England, 2022)
- in 2020/21, *Child Health Profiles* show there were 87.5 hospital admissions per 100,000 0-17 population for mental health conditions for children aged under 18 and 421.9 hospital admissions per 100,000 population age 10-24 years as a result of self-harm (Office for Health Improvement and Disparities, 2022)
- 6.4 children per 100,000 aged 15-19 and 0.4 children per 100,000 aged 10-14 committed suicide in 2021. For those aged 15-19, this is an increase from 4.8 in 2016 (ONS, 2021). A recent analysis by children's mental health charity, YoungMinds, showed a 30-year high in adolescent suicides in 2021; 198 up from 147 in 2020 (YoungMinds, 2022)
- the number of people in contact with specialist perinatal mental health community services increased from 31,550 in March 2021 to 45,411 in June 2022 (NHS Digital, 2022)
- *Waiting in line* (Children's Society, 2021) explores the experiences of young people aged 11–21 accessing mental health support from NHS children and young people's mental health services. It concludes that if given the choice, the reforms set out by the government and the NHS are probably not the ones that young people would choose. Young people have clear ideas about how services can be changed and adapted so they work for them. For many of the young people spoken to, they stressed the importance of informality and accessibility
- the NHS confederation report *Reaching the tipping point* (NHS Confed, 2021), highlighted concerns both about the impact of the pandemic on children and young people's mental health and the pressures in the services that support them. The report calls for children and young people's mental health services to be a priority for Integrated Care Boards.

Evidence from Safeguarding Pressures respondents supports these findings and highlighted that the number of children and the complexity of their needs have surged since the Covid-19 pandemic.

[1] Person is identified as having accessed a service if they have had at least one direct contact or at least one instance of indirect activity (activity which relates to the patient's care where the patient wasn't present) in the last 12 months. (Mental Health Services Monthly Statistics Dashboard)

4 Safeguarding Pressures Research Findings

4.1 Prevalence and impact

Mental health was reported as a factor in the following children's services activity:

- in 2021/22, out of 64,951 early help assessments in the 25 responding authorities who record multiple factors, child mental health was a factor in 18,799 (28.9%) parental mental health in 11,054 (17.0%) and mental health (child or adult not stated) in 5,329 (8.2%)
- the proportion of children's social care assessments where children's mental health is a factor has increased from 9.1% in 2017/18 to 13.6% in 2021/22. Parental mental health increased from 20.5% to 24.5%
- 41% of children subject of a child protection plan as at 31st March 2022 are for the primary category of emotional abuse.

Respondents reported evidence of increased prevalence and demand for mental health services. The cohort of children most affected was reported to be adolescent aged children, along with a high number of children experiencing significant trauma and those with neurodiversity. Neurodiversity is often used as a catch-all term for Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD). Autism is not considered to be a mental health condition and someone who has autism can have good mental health. However, diagnosis pathways for autism include the use of mental health services.

Emotional disorders, particularly anxiety, depression and eating disorders are also rising, as is self-harm, suicide and suicidal ideation. The wider challenging economic climate and cost of living crisis increases pressure on struggling families and can test emotional resilience; such circumstances are a contributory factor to the emotional wellbeing of children and their families.

4.2 Pathways and referral criteria

Respondents described how traditional pathways and services, including CAMHS, are not always able to meet the emotional wellbeing and mental health needs of children today. Alternatives to clinical models can be more helpful, especially when a child is in crisis and may not be willing to engage. For some children there must be a greater understanding of how their environment and the world around them, such as school, relationships, activities, resources and social media, is impacting their emotional wellbeing and testing their emotional resilience. Identifying the triggers for this (e.g. pressure of exams and attainment,

social media, isolation, bullying), and providing more holistic support, earlier, is the approach some respondents are taking.

> "How do we engage quickly with children in crisis who may not want to attend an appointment. The family don't want the help because they had to travel across the local authority. They've got no money for bus fare, their child needs to be taken out of school for it, and if they do get there, there's a big sign on the building that says Mental Health Service. And if they don't go, its three strikes and you are out." - *North East LA*

Historically, CAMHS as a clinical model has largely been seen as the pathway to mental health support. This is the right pathway for many children, but respondents were clear that there are issues with the tendency to use this pathway and model as it does not always result in needs being met. There is often a disconnect between the support CAMHS can offer for poor mental health and the underlying needs of children, which may be more related to trauma, identity and attachment, rather than diagnosable mental ill-health.

Respondents believe that there is a clinical view that children cannot respond to mental health treatment unless they are stable and have other needs met, such as substance misuse needs. Respondents felt this is not helpful as for many children, their poor mental health needs to be addressed before they can achieve stability, thus creating a vicious circle.

The resources available to meet the current level of demand is not readily available and/or accessible. For example, CAMHS services are reported to have capacity challenges and significant waiting lists are common resulting in delays in accessing services, including assessment and diagnosis. One respondent reported waiting lists over a year-long for children to access mental health services, and four years for an autism diagnosis. Another reported that at the time of compiling their questionnaire response, there were over 300 children in their area waiting for an assessment to be completed to inform their education, health and care plan.

> "It's not okay in a mental health crisis to be on a waiting list for 10 weeks. It's just not okay. Because the very definition of the word 'crisis' is a crisis now - not crisis in 10 weeks' time. It will be worse in 10 weeks. I think there's that notion of waiting lists that were created as a measure to look at routine operations like hip replacements, but not for therapeutic support for mental health. So it's not right." – *East Midlands LA*

4.2.1 Children in care

Children and young people have told us that they do not like to be referred to as 'looked after children' or as 'care leavers', while recognising this this the government terminology, this report uses the alternative terms, children in care, and care experienced young people.

Whilst there is a clear acceptance of the important role of mental health services supporting children who have experienced adverse childhood experiences, there were mixed reports in respect of access to such services for children in care. Some experiences noted by respondents are provided here:

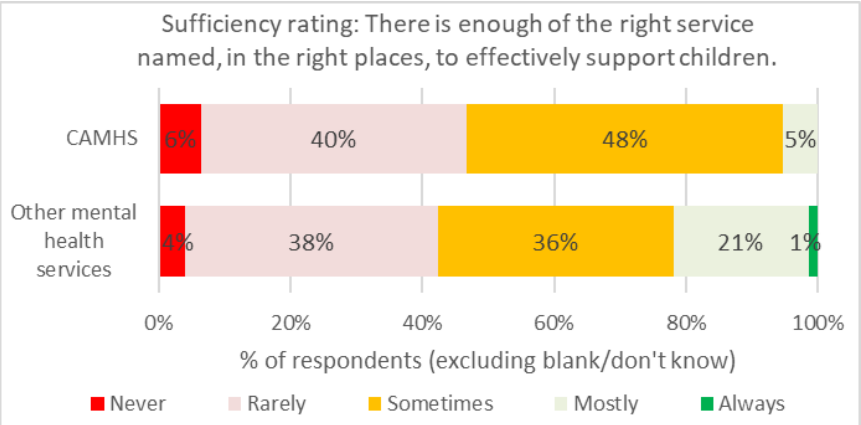
- children in care are given priority over other children, however, still experience delays
- CAMHS only provide a service when the child is deemed to be residing in a 'stable home'. Achieving stability of placement for children in order that appropriate assessment and intervention can take place is a significant issue in the context of the current placement sufficiency challenges. This 'stability' requirement also creates a vicious cycle
- being placed out of area and needing to access a host area's mental health services, often means new referrals must be submitted resulting in further delays. There is a risk that any subsequent placement moves will result in the process once again being delayed to the point of referral
- residential provisions stating that their offer is 'therapeutic', with variances in quality and success
- a lack of recognition of the additional trauma for children in care due to the very nature that they have been removed from their family, home and possibly school
- local authorities commissioning bespoke packages of support for children and the increasing costs of these. For example, one LA reported *"we spent £600,000 last year on bespoke purchased therapeutic work for children we couldn't get into CAMHS."*

In respect of care experienced young people, there is a need for robust ongoing mental health support and plans in place before, and after, they turn 18 as they transition to adult social care.

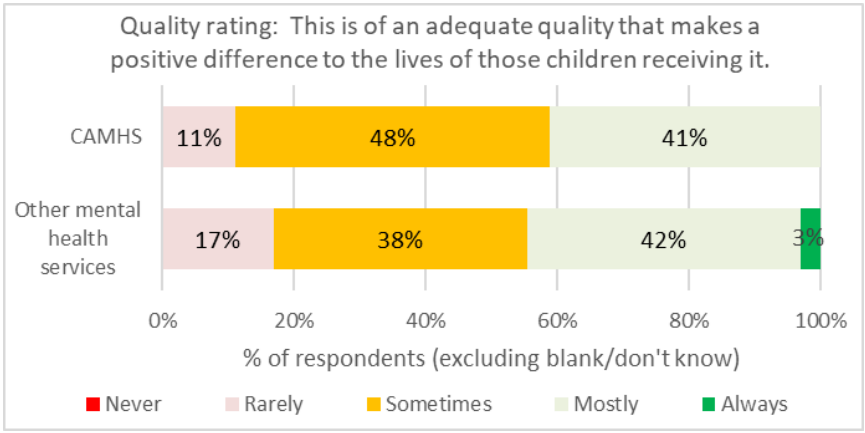
4.3 Services

4.3.1 Sufficiency and Quality

In response to a questionnaire about sufficiency and quality of services, 46% of the 94 respondents were of the view that there was never or rarely enough CAMHS provision in the right places to effectively support children. This is slightly higher than for other mental health services (42%).



Respondents were more positive about the quality of both CAMHS and other mental health services and how it makes a positive difference to the lives of those children receiving it.



Figures 2 and 3: Questionnaire responses re sufficiency and quality (source: SGP8 responses)

Some authorities reported that local area services are working well and there is good local area collaboration in developing and delivering these. Others are less confident about the availability of provision and are putting in additional services to better meet the actual levels of need being seen in local communities.

MHSTs in schools were valued by respondents and seen as being effective, but the government target to have an MHST in 35% of schools by 2025 is not ambitious enough. Many local authorities are investing to expand the MHSTs offer across as many schools as possible in their area.

Other programmes and interventions implemented by authorities, mostly as part of a local area early help offer, include Kooth, YoungMinds, and locally designed services to fit local need. Other solutions are provided in chapter 4.5. Whilst this is a positive response to address the shortfall in provision of children's mental health services, respondents were acutely aware that they were attempting to bridge the gap and appreciated that their

interventions did not go far enough. In addition, this action had wider implications on local authority budgets which may prove to be unsustainable given the financial context.

> "We decided that we didn't want any Tier 2 services in CAMHS. We pulled out our money a few years ago and then developed our own service which is really well received by schools. We've got somebody coming in at the moment to do some evaluation." – *London LA*

4.3.2 Tier 4 beds

79% of respondents stated that there were never or rarely enough Tier 4 beds in the right places to effectively support children.

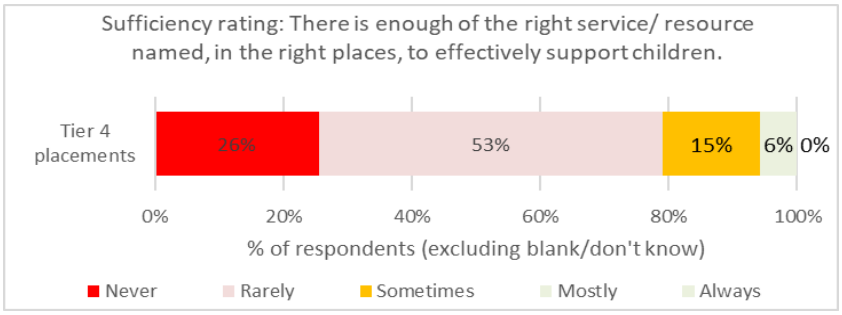


Figure 4 – Sufficiency of Tier 4 beds (source: SGP8 responses)

The lack of resource for Tier 4 provision and the implications of this for the wellbeing of children was frequently raised by respondents as a major area of concern. There has been a reduction in the provision of Tier 4 beds commissioned by NHS England while at the same time demand for such placements has increased. This lack of provision directly impacts authorities as responsibility often falls to children's social care to accommodate the child to ensure the safety and welfare of themselves and of others. In some instances, children are inappropriately remaining on hospital wards awaiting a mental health placement. At present there appears to also be a lack of appropriate step down or alternative specialist community provision to meet the increasing demand.

Nearly all respondents have examples of children for whom they have provided bespoke wrap around support at a significant cost to the authority and sometimes without the necessary conditions and resources that a Tier 4 bed would provide. These placements often require the authority to seek to invoke the inherent jurisdiction of the High Court to allow for restrictions to be placed on a child's liberty.

There were examples where new provision is being developed, for example, a new four bed Tier 4 unit in Yorkshire and the Humber, but which already had a waiting list of 16 children.

When asked about the quality of Tier 4 placements, 30% felt that it was mostly of an adequate quality that makes a positive difference to the lives of those children receiving it. 23% felt that it was never or rarely of an adequate quality.

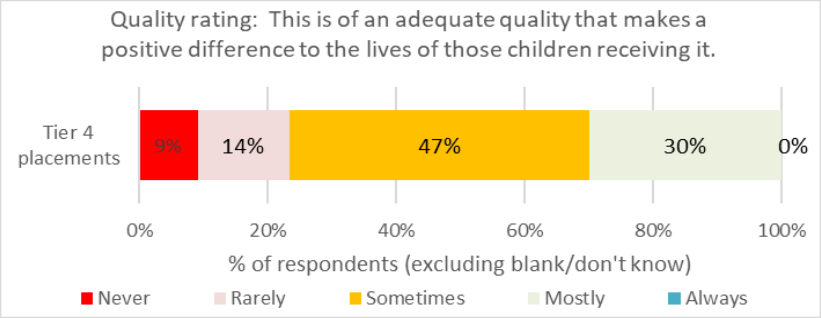


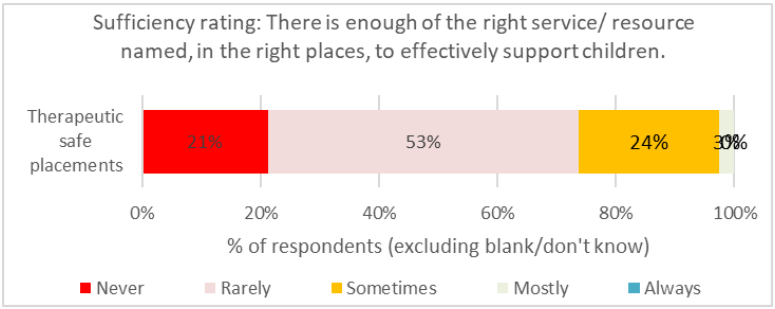
Figure 5 – Quality of Tier 4 beds (source: SGP8 responses)

> "We have had a young girl waiting for three weeks who's just got a placement today, which is great, that's quicker than you would expect. But having a 14 year old who's desperately trying to take her own life, who's living in rented accommodation, with a support team for the three weeks while you wait for bed, having reached the threshold three weeks ago…and that's one of the better outcomes." – *North East LA*

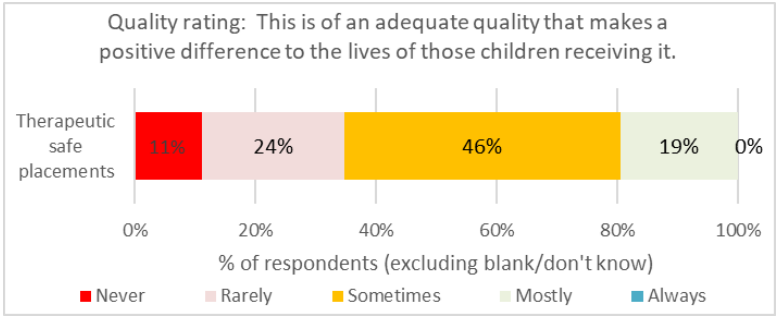
4.3.3 Therapeutic safe placements

A reoccurring theme raised by respondents is the use of 'therapeutic' and what this actually means in practice. There is currently no guidance or criteria as to what constitutes therapeutic provision for children.

74% of respondents felt there were rarely or never sufficient therapeutic safe placements in the right places to effectively support children.



When placements were available, 35% felt that they were not of adequate quality.



Figures 6 and 7– Sufficiency and quality of therapeutic safe placements (source: SGP8 responses)

Further information about sufficiency of placements for children in care with often complex needs including their mental health, is included in the full Safeguarding Pressures phase 8 report.

4.3.4 Sufficiency within the workforce

Mental health services have been subject to workforce sufficiency issues for some time, in line with many other public services and professions. Respondents report in particular the shortages of educational and clinical psychologists which affects the ability to secure timely assessments.

4.3.5 Information sharing

Information sharing across partners in some areas and some situations needs to improve, however, this was not the same for all respondents. Many reported good working relationships and effective joint case work. For some respondents, there was at times a lack of understanding of partner's roles, expectations, and sharing of information to deliver an integrated package of support where appropriate.

4.4 Impact of increased demand and insufficient provision

The impact on children of unmet emotional wellbeing and mental ill-health is well documented and respondents report that the impact of delays for children is very clear, providing information on the effect of increased demand and insufficient provision on the system:

- waiting lists for interventions are too long and delays can affect other areas of a child's life, such as negatively impacting upon their education and attendance at school. Respondents gave examples of schools relying on alternative provision or excluding pupils as a result of challenging behaviour stemming from poor mental health
- delays in children accessing assessments to inform a diagnosis or who do not have a diagnosable condition. This can result in increased and/or escalating needs for children whilst waiting, which respondents felt was unnecessary, or a child being refused a service as they do not meet the clinical criteria with no alternative offer
- unmet emotional wellbeing and poor mental health needs have a knock-on effect to any other work taking place with professionals to meet other needs a child may have
- more children attending acute emergency settings in crisis, resulting in the child receiving more intrusive crisis care

- where children do not have their emotional wellbeing and mental health needs met in a timely and effective way, this can often result in costly local authority involvement as families reach crisis point and look to safeguarding services to keep themselves and their children safe
- family breakdown as parents are unable to cope, resulting in some instances with the child coming into the care of the local authority
- children's unaddressed poor emotional wellbeing and mental ill-health will, without adequate support, continue into adulthood and ultimately affect life chances.

4.5 Solutions and mitigation

Many respondents raised the need for further discussions to take place nationally in reviewing and reforming the way emotional resilience, emotional wellbeing and mental health is viewed and provided for. In addition, more funding is needed to meet the growing demand.

The Parliamentary Children and Young People's Mental Health Inquiry call for evidence to create a new 10-year cross-government mental health strategy and concluded: *"We recommend that each government Department, led by the Department of Health and Social Care should set out specific, measurable objectives for mental health promotion in each policy area. This should include policies that aim to build mental health resilience in the population as a whole, as well as specific interventions targeted at those who have the greatest mental health need."* (House of Commons, 2021a, paragraph 173).

Respondents provided examples of how they are attempting to tackle the rising number of children with poor emotional wellbeing and mental ill-health, either as part of their early help offer, NHS mental health provision, and/or in partnership. Examples include:

- implementing early intervention processes in order to provide a range of early intervention services to children, and offer these at an earlier stage within community settings and schools, such as mental health support teams
- integrated practice model to support very complex children who present in crisis and need a system response, by providing integrated intensive day support, joint risk planning and respite
- maximising the capacity within the voluntary and private sector to deliver talking therapies
- intensive day support for children with high risk eating disorders as an alternative to hospital admission

- children who present with self-harm have an expediated pathway to counselling and support within 48 hours
- introduction of online services and apps to engage and support children and their families
- mental health co-ordinators employed within the fostering, children in care and care experienced services
- local authority clinical team and co-located CAMHS team. This includes a mental health offer to schools, clinical offer to youth clubs and integrated gangs unit within the youth offending team
- resources ringfenced to provide a flexible service that will support children in crisis on the edge of Tier 4
- several respondents reported locally redesigning the CAMHS offer. Co-production with children and young people to inform and shape CAMHS provision to meet their needs was an important feature for some respondents to ensure they were part of the process to inform and bring about change to emotional wellbeing and mental health services within their authority
- joint risk assessments and new jointly funded residential provision for children with poor mental health
- counselling service to support families and carers.

"During lockdown we put in place Kooth online emotional wellbeing and counselling service and Crisisline. Investment in these has continued post-lockdown. The Tier 2 CAMHS service is being recommissioned following a wide-ranging review and service redesign. The new service, due to start in December 2022, has community-based support, support to families as well as individual children and liaison with schools and GPs. The service model has been expanded to manage increasing demand with additional investment from both the Council and CCG, we anticipate this new model will provide earlier and more holistic support which will reduce demand in more acute provision." – *West Midlands LA*

5 Conclusions

These findings are based on evidence from interviews with 21 directors or assistant directors of children's services and data from 125 responding local authorities. Key themes raised include: the lack of emotional resilience, emotional wellbeing and poor mental health as the most significant factors impacting on all areas of life for our children, sometimes with

devastating consequences. An underlying theme is the resource pressures this creates for local authorities as they attempt to meet actual levels of need in local communities and fund services to fill the gaps within the NHS provision.

The increase in demand seen in the past two years is forecast to continue exponentially, with worrying outcomes for our children which will only continue into adulthood. The implementation of MHSTs in schools and other community and early help based provision is helping, but it is insufficient in some areas and access to more specialist services for mental ill-health, such as Tier 4 beds, is either taking too long or not available at all with no alternative.

Whilst some respondents report interim local solutions and good working relationships with their NHS mental health providers in developing more permanent solutions, it is clear that this agenda requires further and urgent attention from central government departments, mental health commissioners and providers, working together at national level. This happened with *Future in Mind* but sadly this drive and investment has not had the required impact across the country.

It is clear from this research that the call for evidence and the proposed new 10-year mental health plan requires a significant shift away from current models to focus on increasing emotional resilience, supporting emotional wellbeing and treating mental ill-health in a more timely and holistic way. The plan is all-age, so the distinct needs of children must be recognised within it.

There was a strong feeling that if policymakers across government departments do not address the challenges brought to light in this and other research, they have the potential to overwhelm the children's services system, including children's social care, and undermine any progress that may well be made by the recommendations set out in the Independent Review of Children's Social Care and the DfE's SEND and AP Green Paper.

6 References

Children's Commissioner (2021a) *The Big Answer*. London: Office of the Childrens Commissioner

Children's Commissioner (2021b) *Children's health policy briefing*. London: Office of the Childrens Commissioner

Children's Commissioner (2021c) *Mental Health Services 2020/21* London: Office of the Childrens Commissioner

Children's Society (2021) *Waiting in Line.* Children's Society

Department for Health and NHS England (2015) *Future in Mind.* London: NHS England

DfE (2022) *Family hubs and start for life programme.* HM Government

DHSC & DfE (2018) *Government Response to the Consultation on Transforming Children and Young People's Mental Health Provision: a Green Paper and Next Steps.* Her Majesty's Stationery Office

House of Commons (2021a) *Health and Social Care Committee, Children and Young People's Mental Health Inquiry, Eighth Report of Session 2021–22.* House of Commons

House of Commons (2021b) *The Health and Social Care Committee's Expert Panel: Evaluation of the Government's progress against its policy commitments in the area of mental health services in England* House of Commons.

Local Government Association (2022) *Bright Futures: Children and young people's mental health facts and figures.* London: LGA

NHS (2019a) *NHS Long-Term Plan*. NHS England

NHS (2019b) *Mental Health Implementation Plan.* NHS England

NHS Confederation (2021). *Reaching the tipping point.* NHS Confederation

NHS Digital (2021) *Mental Health of Children and Young People in England 2021 - wave 2 follow up to the 2017 survey.* NHS Digital

NHS Digital (2022) *NHS Digital mental health statistics* NHS Digital. Accessed online October 2022

NHS England (2014) *NHS Five Year Forward View for mental health.* NHS England

NHS England (2022). *Mental health dashboard https://www.england.nhs.uk/mental-health/taskforce/imp/mh-dashboard.* Accessed online September 2022

NICE (2022) *Guidelines on Social, Emotional and Mental Wellbeing in Primary and Secondary Education.* National Institute for Health and Care Excellence

Office for Health Improvement and Disparities (2022) *Child health profiles* https://fingertips.phe.org.uk/profile/child-health-profiles. Accessed online October 2022

ONS, 2021 *Suicides in the UK bulletin.* London: ONS

Public Health England (2016) *The mental health of children and young people in England.* London: PHE

Young Minds (2022) Mental Health Statistics *https://www.youngminds.org.uk/about-us/media-centre/mental-health-statistics/*

Appendix A: Data

1. Mental health dashboard key measures of performance

Code	Indicator	Reporting period	Indicator value	Standard met	Trend **	Better is...	12 Month % change ****	24 Month % change ****
Children and Young people (CYP) Mental Health								
CYP(i.a)	Number of CYP accessing support by NHS funded community services (at least one contact) *(rolling 12 months)*	***Q4 2021/22***	674,485	N/A		▲	14.4%	23.0%
CYP(ii.a)	% of CYP with eating disorders seen within 1 week (urgent) ⁺	***Q4 2021/22***	61.9%			▲	-8.6%	-18.6%
CYP(ii.b)	% of CYP with eating disorders seen within 4 weeks (routine) ⁺	***Q4 2021/22***	64.1%			▲	-8.6%	-20.3%
CYP(iii.a)	Number of bed days for CYP under 18 in Child and Adolescent Mental Health Services tier 4 wards ǂǂ	***Q4 2021/22***	70,001	N/A		N/A	-18.4%	-30.7%
CYP(iii.b)	Number of admissions of CYP under 18 in Child and Adolescent Mental Health Services tier 4 wards ǂǂ	***Q4 2021/22***	626	N/A		N/A	-21.9%	-38.4%
CYP(iv.a)	Bed days of CYP under 18 in adult in-patient wards	***Q4 2021/22***	810	N/A		▼	-41.8%	-66.4%
CYP(iv.b)	Number of CYP under 18 in adult in-patient wards	***Q4 2021/22***	60	N/A		▼	-27.7%	-42.3%
CYP(vii)	CYP Crisis Long Term Plan ambition <><>	***2021/22***	72%			▲		
CYP(v)	CYP Mental Health CCG spend - excluding learning disabilities and eating disorders	***2021/22***	£922.0m	N/A		N/A	43.9%	59.8%
CYP(vi)	CYP Mental Health CCG spend - eating disorders	***2021/22***	£72.8m	N/A		N/A	55.9%	75.3%
Perinatal Mental Health								
PMH(i.a)	Number of women accessing specialist community perinatal mental health services (including MMHS) *(rolling 12 months)*	***Q4 2021/22***	43,656	N/A		▲	38.4%	42.6%
PMH(ii)	Specialist Community Perinatal Mental Health CCG spend	***2021/22***	£133.7m	N/A		N/A		

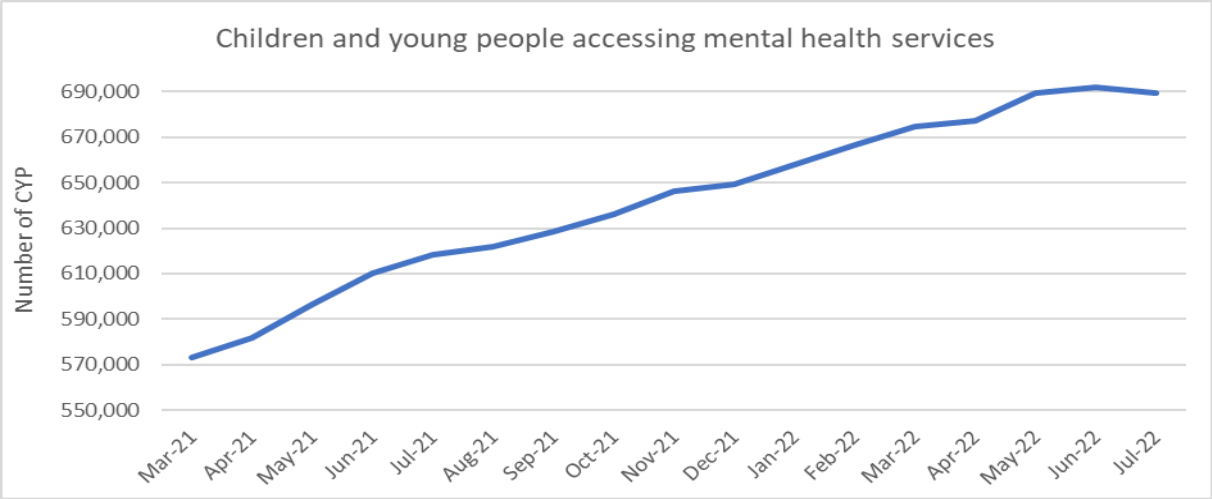
Source: Reproduced from NHS England Mental Health Dashboard. See Dashboard for key to symbols.
https://www.england.nhs.uk/publication/nhs-mental-health-dashboard/

2. Referrals children aged 0-18 referred to NHS Mental Health Services (including CAMHS) in the period

Source: NHS Digital -
https://app.powerbi.com/view?r=eyJrIjoiNzY3ZGJkODMtMmZkZi00MDVlLWIzNDctMWE0ZjNkNjAyY2E2IiwidCI6IjUwZjYwNzFmLWJiZmUtNDAxYS04ODAzLTY3Mzc0OGU2MjllMiIsImMiOjh9

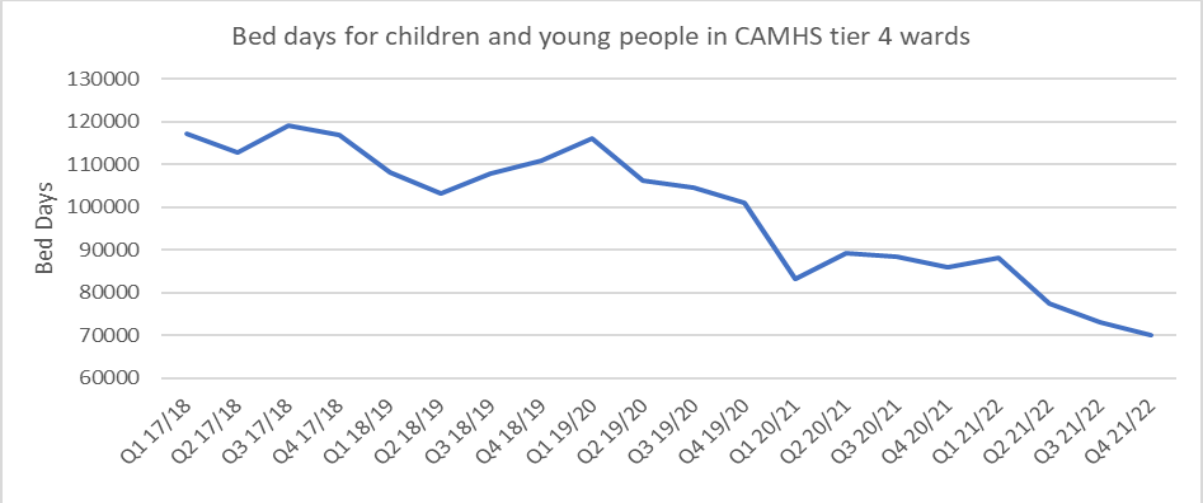
3. The number of children and young people accessing mental health services in the last 12 months, in a rolling 12 month period

Note: people reported in December 2021 would have accessed services within 2021 (between January 2021 and December 2021). A person is defined as accessing services if they have had at least one direct contact (i.e. where the patient was involved) or at least one instance of indirect activity (activity which relates to the patients care where the patient wasn't present) in the previous 12 months).



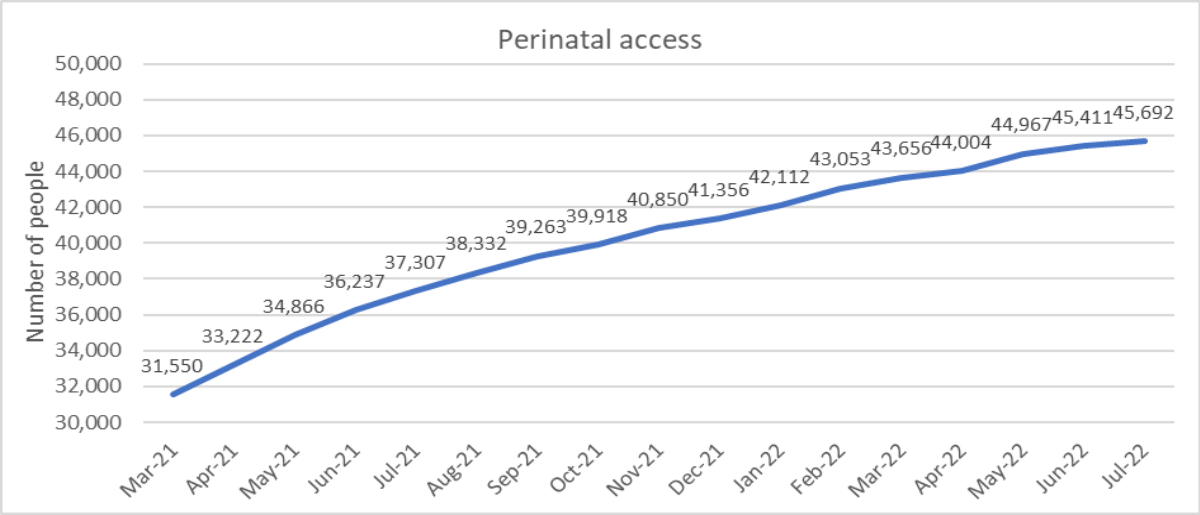
Source: NHS Digital. Monthly mental health services monthly statistics dashboard https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/mental-health-data-hub/dashboards/mental-health-services-monthly-statistics#mental-health-services-dashboard

4. Bed days for children and young people in CAMHS Tier 4 wards



Source: https://mentalhealthwatch.rcpsych.ac.uk/indicators/bed-days-for-children-and-young-people-in-camhs-tier-4-wards

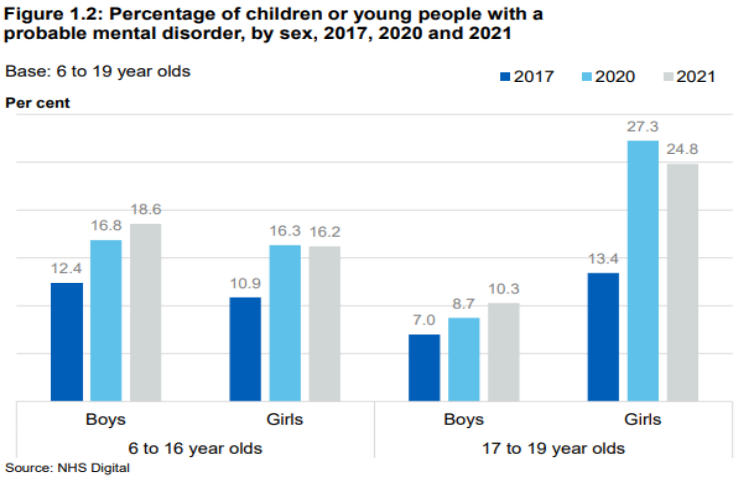
5. The number of people in contact with Specialist Perinatal or Maternal Mental Health Community Services over a 12 month rolling period.



Source: NHS Digital Mental Health Services Monthly Statistics

6. Mental health of children and young people survey (2017, 2020 and 2021)[1]

6.1: The proportion of children with a probable mental disorder has increased since 2017.

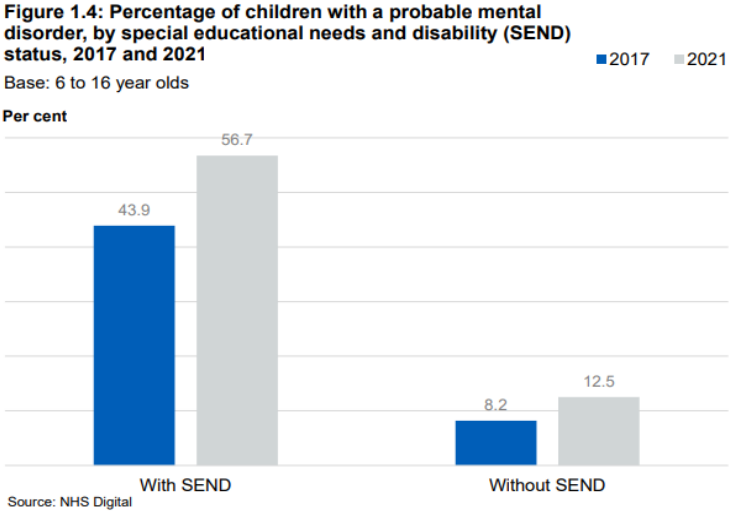


[1] The sample for the survey is stated as "a complex probability sample of children and young people selected to be representative of the population of children and young people living in England". This is a longitudinal survey as the same children and young people were asked each year (9,117 who were aged 2-19 in 2017; 7,885 who were aged 5 to 22 in 2020; and 3,667 who were aged 6 to 23 in 2021). The survey uses the Strengths and Difficulties Questionnaire (SDQ).

6.2: 56.7% of children with a probable mental disorder have special educational needs or disabilities.

Figure 1.4: Percentage of children with a probable mental disorder, by special educational needs and disability (SEND) status, 2017 and 2021

Base: 6 to 16 year olds

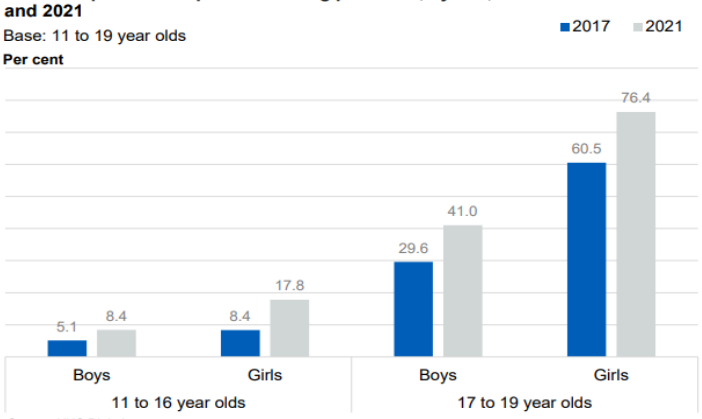


Source: NHS Digital

6.3: 76.4% of girls and 41.9% of boys age 17 to 19 years screened positive for possible eating disorders in 2021.

Figure 1.5: Percentage of children or young people who screened positive for possible eating problems, by sex, 2017 and 2021

Base: 11 to 19 year olds

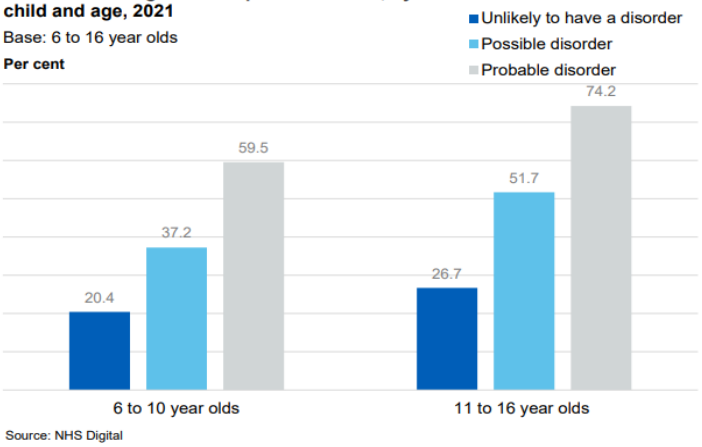


Source: NHS Digital

6.4: 74.2% of children aged 11 to 16 years with a probable mental health disorder have sleep problems on three or more nights a week compared to 26.7% of those unlikely to have a disorder.

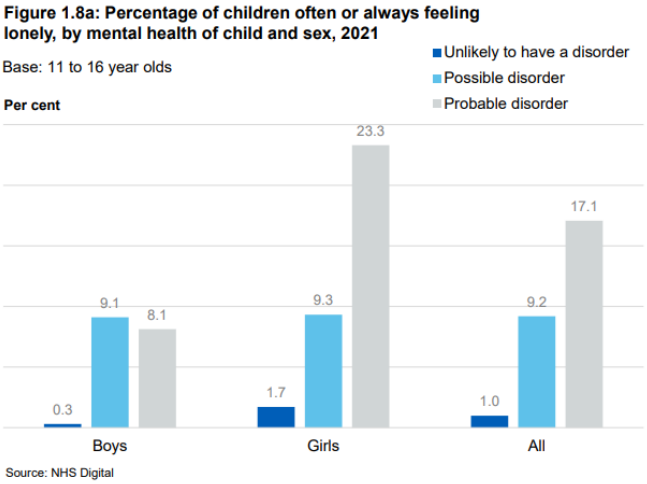
Figure 1.7a: Percentage of children with sleep problems on three or more nights of the previous seven, by mental health of child and age, 2021

Base: 6 to 16 year olds

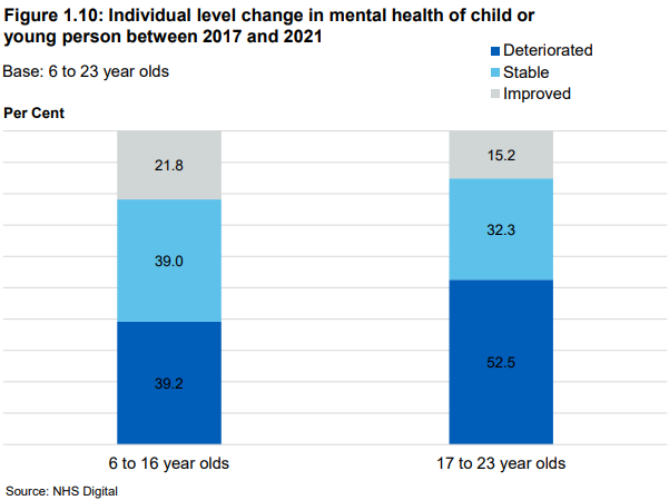


Source: NHS Digital

6.5: 17.1% of children with a probable mental health disorder often or always feel lonely compared to 1.0% of children who are unlikely to have a disorder. This is higher for girls than boys.



6.6: There was a deterioration in mental health between 2017 and 2021 in 36.2% of children age 6 to 16 and 52.5% of young people aged 17 to 23.



Source: Above charts are reproduced from NHS Digital (2021) Mental Health of Children and Young People in England 2021 survey

7. Missed care contacts by children to NHS mental health services during 2021/22:

- 237,322 missed care contacts as appointment cancelled by, or on behalf of the patient
- 248,284 missed care contacts as appointment cancelled by the health care provider
- 470,397 missed care contacts as child or young person did not attend, no advance warning given.

Source: NHS Digital- https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/mental-health-data-hub/dashboards/mental-health-services-monthly-statistics#mental-health-services-dashboard

8. **There are significantly more children with 'suspected autism'.**

- 63,250 children with an open 'suspected autism' referral in March 2022 compared to 17,950 in April 2019 (252% increase)
- 51,790 children with an open 'suspected autism' referral in the month that has been open for at least 13 weeks (328% increase)
- 4,840 (8.7%) children with an open 'suspected autism' referral received a first appointment in 13 weeks compared to 1,375 in April 2019 (11%). This means 91.3% waited longer than 13 weeks.

Source: NHS Digital Autism Statistics April 2019 to March 2022 v3

ADCS
Leading Children's Services

The Association of Directors of Children's Services Ltd (ADCS)

ADCS is the national leadership association in England for statutory directors of children's services and their senior management teams

info@adcs.org.uk

0161 513 4299

The Association of Directors
of Children's Services Ltd
Bloc
17 Marble Street
Manchester
M2 3AW

www.adcs.org.uk