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Policy paper

# The government's response to the Health and Social Care

# Committee report: children and young people's mental health

Published 17 March 2022

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Presented to Parliament by the Secretary of State for Health and Social Care.

16 March 2022

CP 629

ISBN 978-1-5286-3183-9

## Introduction

1. This is the government's formal response to the recommendations made by the Health and Social Care Committee in its report, [Children and young people's mental health](https://committees.parliament.uk/publications/8153/documents/83622/default/) (<https://committees.parliament.uk/publications/8153/documents/83622/default/>).
2. The government welcomes this report. Supporting the mental health of parents, infants, children, and young people remains a priority for this government, and the government remains committed to ensuring that the best support possible is available to anyone that needs it.
3. The committee's inquiry examined evidence relating to problems facing children and young people's mental health services; the impact that the pandemic has had on access to children and young people's mental health services; the role of inpatient care for children and young people; the mental health and wellbeing support currently available in education settings, including the measures introduced subsequent to the publication of 'Transforming children and young people's mental health: a green paper'; the value of early intervention and prevention support for children and young people's mental wellbeing; and the best way to prevent children and young people from self-harming, and to support those who are self-harming and/or who might be a suicide risk.
4. The committee's report set out its conclusions and recommendations in 6 parts:  
  
Chapter 1 provided the background and current context of children and young people's mental health, including promotion and early intervention, the impact of rising demand, and future funding.  
  
Chapter 2 discussed increasing access to mental health services for children and young people, including transitions to adult services. It considered the impact that the pandemic has had on waiting times, how the referral process works, and pressure on the mental health workforce.  
  
Chapter 3 considered what mental health support is available in schools for children and young people, and particularly the impact of [Transforming children and young people's mental health: a green paper](https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper) (<https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper>).  
  
Chapter 4 focused on the importance of community-based and digital mental health support, particularly challenges related to funding.  
  
Chapter 5 discussed the role of inpatient care in supporting children and young people's mental health, particularly regarding the safeguarding of children and young people and their experience of inpatient settings.  
  
Chapter 6 focused on self-harm and suicide prevention, including the role of early intervention in self-harm and a public health approach to suicide.
5. The report makes 25 recommendations. The structure of this command paper directly corresponds to these recommendations.

## Summary of government response to the recommendations

6. The government and the NHS remain committed to continuing to increase access, reduce waiting times, and improve outcomes and experience in mental health support for children and young people.
7. Despite the challenges the global pandemic has presented for children and young people, families, and services, there has been consistent delivery against the ambitious commitments the government has made.
8. As set out in the [NHS Long Term Plan \(https://www.longtermplan.nhs.uk/\)](https://www.longtermplan.nhs.uk/) (NHS LTP), by the financial year (FY) 2023 to 2024, at least an additional 345,000 children and young people aged 0 to 25 will be able to access support via NHS-funded mental health services and school- or college-based mental health support teams (MHSTs). Over the coming decade the goal, subject to resources, is to ensure that 100% of children and young people who need specialist care can access it.
9. The NHS exceeded the [5 Year Forward View for Mental Health \(https://www.england.nhs.uk/mental-health/taskforce/\)](https://www.england.nhs.uk/mental-health/taskforce/) commitment for 70,000 additional children and young people accessing mental health services, more than a year early. Access continues to increase, with record numbers in contact with NHS-funded mental health support.
10. The Department of Health and Social Care (the department) is aware that the pandemic posed significant challenges to children and young people's sense of wellbeing with data showing the prevalence of mental health issues in children and young people has increased. For those with a mental health condition, children and young people's mental health services remained open, offering digital and remote access to maintain support, and accepting new referrals.
11. The department is aware that there has been an increase in demand for access to eating disorder inpatient services, due to the rise in the number of acute presentations seen across regions as the country came out of the first and second lockdowns.
12. Since 2016, extra funding is going into children and young people's community eating disorder services every year, with £53 million per year from FY 2021 to 2022. This extra funding will enhance the development of more than 70 new or improved community eating disorder teams covering the whole of the country.
13. The department has also introduced the first waiting time standard for children and young people eating disorder services so that 95% of children with an eating disorder will receive treatment within one week for urgent cases and within 4 weeks for routine cases.
14. The government remains committed to the proposals set out in its response to Transforming children and young people's mental health: a green paper. To support recovery from the pandemic, the department announced in March 2021, an additional £79 million funding to significantly expand children and young people's mental health services. Part of this funding means an additional 112 MHSTs are now in training, and the total number will reach 399, covering an estimated 3 million children and young people (around 35% of pupils in England), by 2023.
15. As well as increasing the coverage of MHSTs in schools and colleges, this additional funding will also allow around 22,500 more children and young people to access community health services, and 2,000 more children and young people to access eating disorder services, than the original commitment in the NHS LTP.
16. The department also remains committed to working with the Department for Education to provide early intervention and mental wellbeing support in and around education settings to help prevent poor mental wellbeing from becoming a developed mental health condition.

17. To support schools and college staff to deal with children and young people experiencing additional pressures created by the pandemic – including trauma, anxiety, or grief – the Department for Education has announced £17 million to improve mental health and wellbeing support in schools and colleges, part of government's commitment to build back better for every young person.

18. The department also plans to launch a public discussion paper later this year to inform the development of a new longer term mental health strategy. This will set us up for a wide-ranging and ambitious conversation, both within and beyond government and the NHS, about potential solutions to improve mental health and wellbeing.

19. The department would like to thank the committee for its work and has considered the recommendations made in its report, which will also inform the development of a longer term mental health strategy. Detailed responses to the recommendations made by the committee are set out below.

## The scale of the problem

### Recommendation 1 – the role of government departments

Recommendation 1 – children and young people's mental health is an all-society issue. The problems discussed in this report can only be addressed by government departments, local government and the health system acting together to promote good mental health and prevent new crises emerging. We recommend setting up a cabinet sub-committee to bring together different departments to make sure this happens.

### Response

20. We accept this recommendation in part.

21. The department frequently engages other government departments, local government, private companies, and voluntary, charity and social enterprise (VCSSE) organisations to ensure that the promotion of children and young people's mental wellbeing is of the utmost importance. However, the portfolios of ministers and cabinet committees are the prerogative of the Prime Minister.

22. Following publication of the [COVID-19 mental health and wellbeing recovery action plan](https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-recovery-action-plan) (<https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-recovery-action-plan>) in March 2021, we have retained the cross-government Ministerial group to monitor progress against the actions listed in the plan, as well as identifying areas for further action and collaboration.

23. Within the plan, we also asked NHS England and NHS Improvement's (NHSEI) Independent Advisory and Oversight Group to check and challenge its implementation, as well as feeding in ideas and areas for future action. This is key to ensuring the work of government continues to be targeted and impactful.

### Recommendation 2 – surveys

Recommendation 2 – the gap between the 2004 and 2017 [NHS Digital Mental Health Surveys](https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england) (<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england>) was too long, and this must not be repeated. We recommend that NHS Digital

regularly collect and publish robust prevalence data for mental health conditions every 3 years, starting from the end of 2021 disaggregated by age, ethnicity, sexuality, gender, and condition, alongside a plan to address any disparities uncovered. Such a study should also examine both unmet need and the risks of overmedicalisation of minor issues.

## Response

24. We accept this recommendation in part.

25. The department agrees that the gap between the 2004 and 2017 NHS Digital Mental Health Surveys was too long.

26. The department has committed to conducting a comprehensive national survey every 7 years, and the next one will be in 2024.

27. In addition to this commitment, following the publication of the 2017 survey, NHS Digital has since conducted 2 waves of follow-up surveys, with one in 2020 and one in 2021. A third follow-up wave is being conducted imminently, and the results will be published later this year. These follow-up waves have been commissioned in response to the COVID-19 pandemic and will enable the department to better understand the impact the pandemic has had on children and young people's mental health and wellbeing.

## Recommendation 3 – early intervention support for children and young people's mental health

Recommendation 3 – the Department of Health and Social Care – in partnership with the Department for Education and all other relevant government departments – must take radical steps to shift the focus in mental health provision towards early intervention and prevention. This must ensure that all children and young people under the age of 25 can receive mental health support as early as possible and no young person is turned away from mental health support for not being ill enough. The department must focus its attention on:

- the faster roll out of mental health support teams, as detailed in Chapter 3 of the report
- a network of community hubs based on the Youth Information, Advice and Counselling Services model detailed in Chapter 4 of the report
- digital support, as detailed in Chapter 4 of the report (paragraph 35)

## Response

28. The government is considering this recommendation.

29. [NHSEI](#) has published [\[footnote 1\]](#) details of the [MHSTs](#) being rolled out, up to and including the teams commissioned during [F.Y.](#) 2021 to 2022.

30. Over 180 teams are currently operational, meaning they have completed their training and set-up process. These teams cover around 3,000 schools and colleges covering 15% of pupils in England.



31. In F.Y. 2021 to 2022, 104 more teams were commissioned. **NHSEI** estimates that, when these teams become operational in 2022, **MHSTs** will cover between 20 and 25% of pupils, delivering a year earlier than planned the commitments the government made in its response to 'Transforming children and young people's mental health: a green paper'. This is partly due to the additional £79 million funding announced by the department in March 2021.

32. A further 112 **MHSTs** commenced training during F.Y. 2021 to 2022. This means there are in total 399 confirmed **MHSTs** so far. **NHSEI** estimates that when all 399 are operational in 2023 they will cover almost 3 million pupils, or around 35% of pupils.

33. We anticipate further waves of **MHSTs** will be commissioned during F.Y. 2022 to 2023, which would ultimately see the coverage increase further. The number of teams is, however, subject to confirmation.

34. The rollout of further **MHSTs** beyond F.Y. 2022 to 2023 is contingent on future funding settlements.

35. The department is currently working with other government departments, stakeholders and the **VCSE** sector to better understand the role that community support hubs and early support hubs might play in supporting children and young people's mental wellbeing.

36. However, we do not currently have ring-fenced, national funding for the roll-out of early support hubs.

37. Clinical commissioning groups and local authorities work with local partners to understand local needs and commission services on that basis. This means that local areas are able to design and fund a 'hub' model if they think it would meet local need.

38. The department recognises the role that digital support can play in supporting children and young people's mental health. Though NHS mental health services remained open throughout the pandemic, children and young people's services also deployed digital tools to connect with people and provide ongoing support. However, digital delivery is not always appropriate and it is important to retain the option for children and young people to use face-to-face mental health services.

39. Through the Every Mind Matters campaign, the government is raising awareness of the guidance and tools that are available to support children and young people's mental wellbeing, and to ensure that those who need urgent support are directed towards appropriate services.

40. Equally, the government is aware of evidence that most vulnerable groups may be not able to benefit from adoption of digital technologies for contact with their health services. Throughout the pandemic, **NHSEI** has been requesting providers and local systems to keep mental health services running and accessible and to keep continuity of care throughout the biggest peaks of the pandemic. Use of digital was recommended only if appropriate for the given patient. In the latest wave – the Omicron variant – **NHSEI** has specifically called on providers and systems to keep providing face-to-face services wherever possible, supporting the most vulnerable patients to stay safe and well in the community.

## Increasing access to mental health services

### Recommendation 4 – access to specialist support

Recommendation 4 – we recommend that NHS England and Improvement set out a clear action plan including key milestones, deadlines, and funding for how they will meet their target set out in the NHS Long Term Plan of 100% access to specialist support for all children and young



people aged 0 to 25 by 2029, without raising the already high thresholds for accessing support.

## Response

41. The government is considering this recommendation.

42. We welcome the committee's finding that commitments in the 2017 green paper and the NHS LTP have been taken seriously.

43. There has been good progress:

- the NHS exceeded over a year early the commitment in the 5 Year Forward View for Mental Health for 70,000 additional children and young people accessing mental health services. In FY 2020 to 2021, 420,000 children and young people accessed treatment, 95,000 more than in FY 2017 to 2018 compared to the 324,724 access figure published by NHS Digital. This was the first year with a validated national count of children and young people accessing treatment. The 5 Year Forward View commitment was established before national collection of data began in the Mental Health Services Dataset. Although we did not have robust data from the time, we estimate the 2015 baseline to be around 260,000
- we are making good progress towards the NHS LTP commitment for 345,000 more children and young people aged 0 to 25 to access support
- implementation of MHSTs has been accelerated, with 399 teams so far confirmed. We expect to deliver in 2022 the original commitment for 20 to 25% of the country to be covered by MHSTs. This is a year ahead of the green paper ambition, and we anticipate increasing coverage beyond this
- children and young people's crisis services are expanding at pace and are ahead of the trajectory set out in [NHS Mental Health Implementation Plan 2019/20 to 2023/24](https://www.longtermplan.nhs.uk/publication/nhs-mental-health-implementation-plan-2019-20-2023-24/) (<https://www.longtermplan.nhs.uk/publication/nhs-mental-health-implementation-plan-2019-20-2023-24/>). Current data shows that 67% of the country have full or partial coverage of the 4 key components of a comprehensive children and young people's crisis service. This is against a 35% public commitment for FY 2020 to 2021

44. However, we accept there is still unmet need, and the pandemic has led to further challenges. Notably in areas such as eating disorders; the COVID-19 pandemic has resulted in a significant increase in demand, and this has affected performance against the waiting timing standard of 95% of children and young people with an eating disorder starting treatment within 1 week for an urgent case and 4 weeks for a routine case. We were making good progress towards meeting these standards prior to the pandemic; however, this has not been maintained as pressures on services have grown.

45. NHSEI remains committed to improving access to evidenced based support for children and young people and delivering our public commitments.

46. Plans to deliver beyond current commitments are contingent on future funding settlements.

## Recommendation 5 – data and local variation

Recommendation 5 – we further recommend that NHS England and Improvement hold clinical commissioning groups, which have consistently failed to meet national expectations, to account on key measures such as expenditure, waiting times and access rates. National ambitions

should be raised in line with the best performing areas so that best practice becomes universal practice. This is essential to ensuring that provision of children and young people's mental health services does not remain a 'postcode lottery'.

## Response

47. We accept this recommendation in part.

48. Although record numbers of children and young people are accessing support and the NHS exceeded the ambitions of the 5 Year Forward View for Mental Health nationally, we are committed to supporting systems and services to address local variation.

49. As part of our commitment to transparency, **NHSEI** will continue to publish local progress on access and spend through the [NHS mental health dashboard \(https://www.england.nhs.uk/mental-health/taskforce/imp/mh-dashboard/\)](https://www.england.nhs.uk/mental-health/taskforce/imp/mh-dashboard/), through which we make available information about the number of children and young people nationally, regionally, and in clinical commissioning group areas, who are accessing support with NHS-funded community mental health services, as well as national, regional and local data on how much is spent on mental health services, excluding learning disabilities and eating disorders.

50. We will continue to support systems to understand their proportional expected share of the increased access targets year on year.

## Recommendation 6 – waiting times consultation

Recommendation 6 – we welcome and support the proposals in the recent access and waiting times consultation that concluded on 1 September, including crisis response times and a 4-week waiting time limit for children and young people, and call on NHS England to publish a detailed roadmap as to how it will be delivered including the additional funding requirements.

## Response

51. We accept this recommendation in part.

52. **NHSEI** has been piloting a 4-week waiting time standard, as committed in the green paper on 'Transforming children and young people's mental health provision', to inform the department's assessment of the merits of introducing a waiting time standard.

53. **NHSEI** then consulted on the definition and introduction of 5 waiting time standards. The consultation closed on 1 September 2021 and found that more than 80% of respondents agreed or strongly agreed with the proposal to introduce additional mental health access and waiting time measures, including for children and young people presenting to community-based mental health services.

54. The government will work with **NHSEI** on the next steps for the proposed mental health access and waiting measures.

## Recommendation 7 – transition from child to adult services

Recommendation 7 – NHS England and Improvement must accelerate the implementation of the 0 to 25 offer in every local area as a national priority so that young people do not continue to face a cliff edge in accessing the care they require as they transition from children to adult services.

## Response

55. The government is considering this recommendation.

56. Improving mental health care and support for young adults is a priority for us. We know people aged 18 to 25 can, when trying to access mental health support, face challenges including a lack of care continuity, differing thresholds and concepts of what constitutes mental health need between children and young people, and adult services, and a reported lack of expertise in adult services regarding working with young adults.

57. In F.Y. 2021 to 2022, NHSEI provided an additional £33 million for systems to accelerate plans to support young adults (including students) who fall through the gap of services. NHSEI will continue to direct funding for improving care for young adults including through additional Long Term Plan funding to systems for children and young people's mental health expansion. This is in addition to funding available to all systems through increases to adult community and crisis baselines. In line with ambitions in the NHS LTP, we have reiterated our commitment that by the end F.Y. 2023 to 2024 no age-based thresholds are in operation and all services are adapted to meet the needs of 18 to 25 year olds.

## Recommendation 8 – children and young people's mental health workforce

Recommendation 8 – one of the largest barriers to increasing access to mental health provision for children and young people remains the size of the mental health workforce. We have seen that children and young people's mental health practitioners face staff shortages, increasing demand and high levels of work-related stress which in turn leads to more part-time work and increased early retirement. We have already made recommendations to the department on providing mental health and wellbeing support to NHS staff in our previous report into [Workforce burnout and resilience in the NHS and social care](https://committees.parliament.uk/publications/6158/documents/68766/default/) (<https://committees.parliament.uk/publications/6158/documents/68766/default/>). In particular, we are clear that:

- integrated care systems (ICSs) must be required to facilitate access to wellbeing support for NHS and social care workers across their systems, and that they are accountable for the accessibility and take-up of those services (Workforce burnout and resilience in the NHS and social care, second report of session 2021 to 2022, paragraph 39)
- the level of resources allocated to mental health support for health and care staff must be maintained as and when the NHS and social care return to 'business as usual' after the pandemic; and that the adequacy of resources allocated to that support be monitored on a regular basis (Workforce burnout and resilience in the NHS and social care, second report of session 2021 to 2022, paragraph 40)

## Response

58. The government is considering this recommendation.

59. We acknowledge that a lack of appropriate growth in the mental health workforce has led to negative impacts on staff workloads, burnout rates and morale, and that these issues have been further compounded by the COVID-19 pandemic.

60. The wellbeing and mental health of NHS staff continues to be a priority. Additional funding for FY 2021 to 2022 has been allocated for the national programme to support mental health and wellbeing of health and social care staff. This led to the creation of 40 mental health and wellbeing hubs for staff across England, the NHS Practitioner Health service for staff with complex needs and professional nurse advocacy training.

61. The staff mental health and wellbeing hubs are an ambitious programme, set up at pace amid the pandemic and delivered on top of existing commitments. They offer a rapid clinical assessment by a mental health professional, and local evidence-based mental health services and support where needed. Between February and December 2021, the hubs have been accessed over 47,000 times, including on an individual basis and through group support.

62. As well as attracting new people into roles, it is important that we also keep the workforce we already have. **NHSEI** are putting in place measures that support the retention of existing staff, as well as providing them with learning opportunities to develop and upskill.

63. Through **NHSEI**'s Looking after our people – retention programme, which launched last summer, we are supporting employers and managers to value, support and retain their staff, both clinical and non-clinical. This is achieved through a new employer portal of guidance and best practice and direct support for systems and organisations across each of the domains of the NHS People Promise.

64. The retention programme is also focussing on a generational perspective and is specifically supporting all staff in the early or later stages of their NHS career.

65. To support the wellbeing of social care workers, we have worked alongside the NHS and other organisations to provide a package of emotional, psychological and practical resources for the adult social care workforce. This package includes support helplines, guidance, bereavement resources and a bespoke package of support for registered managers. We are also working with the sector to ensure that wellbeing resources and best practice advice are streamlined and easier to navigate.

66. In September 2021 we announced a historic package of social care reform, which includes an investment of at least £500 million across 3 years to deliver training for staff, progression pathways and wellbeing and mental health support. This workforce package is an unprecedented investment that will support the development and wellbeing of the care workforce. It will enable a 5-fold increase in public spending on the skills and training of our care workers and registered managers.

## Recommendation 9 – children and young people's mental health workforce

Recommendation 9 – in addition [to recommendation 8], it is paramount that a plan is implemented to increase the size and wellbeing of the children and young people's mental health workforce based on independently verified estimates of the number of people needed in different disciplines and the training places required to deliver them. The strategy should include an assessment of how the skill mix of the workforce can be developed to include other expert professionals such as speech and language therapists, social workers, youth workers and the importance of a diverse workforce in improving outcomes for minority ethnic groups. The

Department of Health and Social Care should work with Health Education England to develop this plan to build on the steps already taken to expand the workforce and enhance the skills of the wider workforce.

## Response

67. We accept this recommendation in part.

68. Following publication of the NHS [LTP](#) and the Mental Health Implementation Plan, in January and July 2019 respectively, Health Education England (HEE) has been working with the department, [NHSE](#), the Department for Education, and other partners, to implement transformation of the mental health workforce to [FY](#) 2023 to 2024, and beyond.

69. The NHS [LTP](#) builds on the achievements of the 5 Year Forward View for Mental Health, and [HEE](#)'s roadmap to achieve this was outlined in the [Stepping forward to 2021 – the mental health workforce plan for England \(https://www.hee.nhs.uk/our-work/mental-health\)](https://www.hee.nhs.uk/our-work/mental-health) (July 2017).

70. In [FY](#) 2020 to 2021, [HEE](#) commissioned a third NHS Benchmarking Network data collection, which highlights the significant progress that has been made to expand and develop the children and young people's mental health workforce, through education and training, at a census point of 31 March 2021.

71. The report provides a snapshot in time of the children and young people's mental health workforce size and shape, including valuable intelligence regarding the skill mix and diversity within the workforce delivering children and young people's mental health services.

72. The report shows that the workforce has expanded to achieve, and exceed, the required growth of 4,500 whole-time equivalent (WTE) staff outlined in the Stepping forward workforce plan. NHS Benchmarking data allows us to calculate that the workforce has grown by 7,423 WTEs between March 2016 and March 2021, exceeding the requirements by 2,932 WTEs (65%). [\[footnote 2\]](#)

73. The delivery of improved access rates for mental health services for children and young people [\[footnote 3\]](#) has been enabled by [HEE](#) delivering the workforce supply required by 'Stepping forward' a year ahead of schedule (March 2020). Additionally, [HEE](#) provided training to upskill 3,400 staff across the existing children and young people's mental health workforce. This upskilling activity does not show in the workforce growth figures provided by the Benchmarking census, but it contributes to service improvement and efficient delivery.

74. However, despite the growth and progress evidenced above, this must be considered within the wider context of significantly increased demand for children and young people's mental health services, which has taken place following the COVID-19 pandemic. [HEE](#) is reflecting this in work to support greater expansion, where resources will allow, and development of the children and young people's mental health workforce, for example by providing training for the workforce supporting children and young people presenting in a mental health crisis, and staff working in eating disorder services, which have seen a large increase in referrals.

75. [HEE](#) is commissioning the NHS Benchmarking Network to undertake a further census in 2022, to continue to develop our understanding of that workforce.

76. In addition to the growth outlined above, [HEE](#) has been implementing specific developments for the children and young people's mental health workforce that have arisen from other policy drivers to address workforce capacity and training issues. This includes the government's green paper, which initiated development of [MHSTs](#) in education settings, and the development of the new education



mental health practitioner (EMHP) role providing early intervention, low-intensity support in schools settings for mild to moderate mental health problems. This has resulted in 520 WTE EMHP roles providing services within MHSTs, contributing to the overall workforce growth outlined by the report.

77. Further to the above, there has been and continues to be significant growth in the wider mental health workforce, including roles that provide services to children and young people but are not training pathways specific to children and young people (for example, mental health nurses). The NHS-employed mental health workforce grew from 109,000 in March 2016 to 127,000 in March 2021 – an increase of 18,000 whole time equivalents (16%). These figures do not include non-NHS providers. HEE has a commitment to confirm formally on the March 2021 position after the end of this financial year.

78. As of September 2021, the NHS-employed mental health workforce grew further to 128,300 ([NHS Digital workforce data \(https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics\)](https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics)) and data confirms that the circa 19,000 additional posts have been filled – subject to the service maintaining the position on retention (that is, no increase in leaver rates), as although HEE has created sufficient supply, and the service is filling the posts, if leaver rates exceed joiner rates then the level of overall growth may not increase to the extent required.

79. The mental health workforce leaver rate fell from 8.2% in FY 2018 to 2019 to 7.7% in FY 2019 to 2020, and to 6.5% in FY 2020 to 2021. FY 2020 to 2021 therefore continued the downward trend seen in recent years. The timing and consistency of patterns across regions and professions suggests that COVID may have had a further significant impact on leaver rates during FY 2020 to 2021. For that reason, however, it is possible that leaver rates may increase during FY 2021 to 2022 as the system returns to recovery post-COVID.

80. HEE continues to work with NHSEI towards the government commitment of 50,000 additional nurses by 2025 which will be across all 4 fields of nursing including mental health and children's nurses.

81. Overall, HEE is in the final phase of implementing a comprehensive business plan for FY 2021 to 2022, aligned to the NHS LTP, in collaboration with the national NHSEI children and young people's mental health policy team, and regional commissioners and providers. HEE continues to commission training to support workforce expansion including implementation of mental health support team services, and provision of workforce development opportunities for staff working across children and young people's mental health inpatient, eating disorder and crisis services. This includes working in a matrix way with those driving forward the implementation of new roles, including roles such as peer support workers, allied health professionals, pharmacists and social workers providing care in mental health settings.

82. HEE is actively working with system partners to develop sustainable future workforce and delivery plans for FYs 2022 to 2023 and 2023 to 2024 aligned to the NHS LTP and the needs of services and is awaiting the final confirmation of the Spending Review bid to secure funding to support these plans.

## Mental health support in schools

### Recommendation 10 – mental health support teams

Recommendation 10 – we therefore recommend that the Department of Health and Social Care fully fund and scale up the roll out of mental health support teams to cover two thirds of schools in England by FY 2024 to 2025 and 100% by FY 2027 to 2028.

## Response

83. Please refer to the response to recommendation 3

## Recommendation 11 – education mental health practitioners

Recommendation 11 – ...in light of the rise in both prevalence and severity of children and young people's mental health difficulties, the training of education mental health practitioners should be reviewed to integrate their skills into a new psychological professions structure. This must include training experienced practitioners in more sophisticated psychological therapy so that they can work with more complex cases such as eating disorders and self-harm.

## Response

84. The government is considering this recommendation.

85. **MHSTs** are specifically designed to provide a tailored offer of direct interventions to individuals and groups of children and young people with mild or moderate mental health needs like anxiety. This approach was informed by an evidence-based review commissioned by the department and led by the Royal College of Psychiatrists and University College London.

86. Any changes to the training and remit of **MHSTs** must be based on evidence – including the independent evaluation of **MHSTs**, commissioning for which is currently under way. Any change would need to consider whether the **MHST** model is the most appropriate approach, as complex need is likely to require specialist support, such as that in children and young people's eating disorder services.

87. Alongside the roll-out of **MHSTs**, significant investment is also being made available to transform wider children and young people's mental health services, including eating disorder services, that are geared to meet more complex need. A key function of **MHSTs** is to support children and young people to access more specialist support where this is needed.

88. The British Psychological Society (BPS) and the British Association for Behavioural and Cognitive Psychotherapies (BABCP) have been approved by **NHSE** to provide individual registration schemes for children's wellbeing practitioners (CWPs), **EMHPs** and psychological wellbeing practitioners. Course accreditation is being finalised for courses beginning from January 2022, and retrospectively assured for courses delivered prior to January 2022, so that all existing **EMHPs** and CWPs can be registered.

## Recommendation 12 – senior mental health leads

Recommendation 12 – it is vital that the department rolls out the training for designated senior leads to all schools urgently with a commitment to completing the roll out before the end of the current Parliament. Moreover, given the worrying trends in self-harm and eating difficulties among children and young people, it is essential that this training includes sufficient training specifically for the early identification of self-harm and eating disorders as well as mild to moderate mental health problems generally. We expect a comprehensive update on work towards this ambition by the end of December 2021.



## Response

89. We accept this recommendation in part.

90. Implementation of this recommendation will depend upon the outcome of annual business planning, and the Department for Education will later this spring confirm its position on issuing grants for F.Y. 2022 to 2023.

91. The government has allocated over £9.5 million to fund senior mental health lead training in F.Y. 2021 to 2022 and is making good progress in offering this training to as many schools and colleges as are ready and wish to receive it this financial year.

92. Since applications opened in October 2021, over 8,000 eligible schools and colleges have applied for a senior mental health lead training grant. As of 12 January 2022, over 3,500 senior leads are estimated to have begun their training.

93. The training equips senior leads with the knowledge and skills to implement an effective whole school or college approach to promote wellbeing and mental health. The published learning outcomes for senior lead training are clear in the expectation for all effective senior leads to understand and be able to support their colleagues in identifying early signs of mental ill health such as self-harm and eating disorders.

## Recommendation 13 – whole school approach

Recommendation 13 – while mental health support teams and designated senior lead training is being rolled out, the Department of Health and Social Care and the Department for Education should work closely together with all schools to ensure that they have the support they need in order to offer a whole school approach, including: access to digital self-help support; school counselling for every child who needs it; and good guidance on best practice for staff on how to provide the most appropriate support in schools.

## Response

94. We accept this recommendation in part.

95. The department and the Department for Education are committed to supporting schools to adopt and deliver an integrated, whole-school approach to mental wellbeing, which is tailored to the needs of their pupils.

96. On 21 September 2021, the Department for Education, in partnership with the Office for Health Improvement and Disparities and the Children and Young People's Mental Health Coalition published [updated guidance on taking whole school and college approaches to mental wellbeing](https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing) (<https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing>).<sup>[footnote 4]</sup> This guidance provides schools and colleges with further information on how to develop mental health and wellbeing practices that help support all their pupils.

97. Schools are not mandated to provide counselling services (in England), as it is important to ensure they have the freedom to decide what support to offer their pupils based on their particular needs. However, we recognise that school-based counselling can be an effective part of a whole-school approach. To further support schools that have decided that counselling support is appropriate for their pupils, the Department for Education has produced guidance on how to deliver high quality [school-based counselling \(https://www.gov.uk/government/publications/counselling-in-schools\)](https://www.gov.uk/government/publications/counselling-in-schools). In light of the impacts of the COVID-19 pandemic, the Department for Education has committed to updating this guidance to make sure it reflects the current context. This being updated with a view to publishing it in 2022. The updated guidance will include information on how schools can access digital or remote support for their students where appropriate.

98. We recognise that it is critical for education staff to have the tools and knowledge to be able to identify signs of potential mental health issues and respond effectively. That is why we have placed a real focus on providing training and support to schools and colleges to understand what children and young people are experiencing and how to support them. The Department for Education's recent £15 million Wellbeing for Education Recovery and Return programmes have provided free expert training, support and resources for education staff dealing with children and young people experiencing additional pressures from COVID-19 – including anxiety and stress.

99. The Department for Education have also published a comprehensive [lists of mental health and wellbeing resources for children and young people \(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/993669/Mental\\_Health\\_Resources\\_for\\_teachers\\_and\\_teaching\\_staff\\_June\\_2021.pdf\)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/993669/Mental_Health_Resources_for_teachers_and_teaching_staff_June_2021.pdf)<sup>[footnote 6]</sup> – one aimed at education staff and the other for education settings to pass on to their students to enable them to access and seek support on a range of issues independently, including digitally, should they wish to.

## Importance of community-based and digital mental health support

### Recommendation 14 – open access support hubs

Recommendation 14 – we recommend that the Department of Health and Social Care fund and roll out open access models to every area across the country so that there is a consistent, comprehensive community offer to complement available school-based and clinical support across England. The hubs should also offer outreach support to vulnerable groups and should be integrated with specialist children and young people's mental health services with a clear step down/step up relationship. National standards for the provision of support should be published so hubs adhere to clinical standards.

### Response

100. Please refer to the response to recommendation 3.

### Recommendation 15 – social care

Recommendation 15 – the social care sector is essential to the provision of mental health services to children and young people and it is essential that it is funded to do so as part of the forthcoming social care white paper.

## Response

101. The government is considering this recommendation.

102. The government welcomes the committee's recommendation and agrees that the social care sector is essential, in its role of identifying needs and supporting and referring children and young people, to the provision of mental health services. The government has taken several steps to increase funding in the social care system.

103. On 7 September 2021, we committed to investing an additional £5.4 billion over 3 years in adult social care to begin a comprehensive programme of reform, and on 1 December 2021 we published our white paper [People at the heart of care \(https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper\)](https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper), in which we set out our 10-year vision for reforming adult social care and outlined our priorities for investment. The measures announced in the white paper will bring tangible benefits to the lives of people who draw on care, including those who draw on mental health services, their families and carers.

104. In addition to the £5.4 billion for adult social care, the government is providing councils with £4.8 billion of new grant funding over the Spending Review period for adult and children's social care and other services. This represents the largest annual increases in local government core funding in over a decade. This new grant funding includes an additional £200 million for the cross-government Supporting Families programme, around a 40% real-terms uplift in funding for the programme by £2024 to 2025, taking total planned investment across the next 3 years to nearly £700 million. This funding will help up to 300,000 more families that face multiple, interconnected issues, access effective whole-family support and improve their life outcomes.

105. Further, the adoption support fund, set up in 2015 and highly valued by families, provides funding for adopted and eligible special guardianship order children and families to receive therapeutic services. These children have often been traumatised as a result of abuse or neglect. Funding in £2021 to 2022 was £46 million.

106. The Autumn Budget set out the provisional local government finance settlement which provides an additional £3.5 billion to councils, an increase in local authority funding for £2022 to 2023 of over 4% in real terms. This will ensure councils across the country have the resources they need to deliver key services. Local authorities can make use of over £1 billion of additional resource specifically for social care in £2022 to 2023. This includes the increase in Social Care Grant and the improved Better Care Fund, a 1% adult social care precept and deferred flexibilities from last year's settlement.

## Recommendation 16 – integrated care systems

Recommendation 16 – equally vital is the role of the new integrated care systems and it is essential they publish detailed plans with timescales as to how community provision for the mental health needs of children and young people will be improved working jointly with the local social care system.

## Response

107. We accept this recommendation in part.

108. The Health and Care Bill will build on the work of existing non-statutory integrated care systems (ICSs) by establishing new NHS bodies known as integrated care boards (ICBs) and requiring the creation of integrated care partnerships (ICPs) in each local system area. This will empower local health and care leaders to join up planning and provision of services, both within the NHS and with local authorities, and help deliver more person-centred and preventative care.

109. Each ICB and their partner local authorities will be required to establish an integrated care partnership, bringing together health, social care, public health (and potentially representatives from the wider public space where appropriate, such as social care providers or housing providers). ICPs will be tasked with promoting partnership arrangements to address the health, social care and public health needs of their system.

110. The Bill requires ICBs to produce an annual joint forward plan which will set out how it will meet the health needs of its local population. This includes mental health and children and young people's health. The plan must have a particular focus on how an ICB proposes to carry out its functions with regards to the improvement in quality of services, reducing inequalities, considering the wider effects of decisions, public involvement and consultation, and financial duties.

## Inpatient care

### Recommendation 17 – community based provision and inpatient support

Recommendation 17 – inpatient units have a role to play in treating some of the most severe and complex mental health conditions, especially those that are resistant to community treatment. However, in most cases the most compassionate and effective care for children and young people is provided in the community – and increasing its provision must be the overall aim of the department and NHS England and Improvement. We have set out the benefits of Trieste model of care in more detail in our report into the treatment of autistic people and individuals with learning disabilities. We believe that the principles of this model of care are also appropriate for children and young people's mental health treatment.

We therefore recommend that the department accelerates the shift towards increased community-based provision and a reduced inpatient bed base as a national priority to ensure that children and young people with the most complex needs receive good quality care in a setting that is right for them. A national strategy should be set out to establish jointly commissioned health and social care services. To ensure children and young people are not 'parked' in inappropriate in-patient care, an independent psychiatrist should sign off the need for inpatient provision on a monthly basis for all young people who have stayed for longer than 3 months in a mental health hospital. This should be backed up by legislative changes. It should equally apply to those with a learning disability, autism or both.

## Response

111. We accept this recommendation in part.

112. All patients detained in hospital under the [Mental Health Act](https://www.legislation.gov.uk/ukpga/1983/20/contents) (<https://www.legislation.gov.uk/ukpga/1983/20/contents>) are continually assessed and supported, and their need for detention is regularly reviewed. The government does not see the benefit in introducing more legislative requirements for such checks for children alone. However, the government does

accept there is a need for more reviews of detention; our planned reforms to the Act will shorten the initial detention period under section 3 of that Act, from 6 months to 3 months, meaning that there will be 3 formal check points in the first year of detention.

113. The government recognises that children and young people have particular needs and requirements, and the Act therefore already provides for certain specific rights for people who are under 18.

114. In particular, section 131A provides a duty for providers to ensure that children and young people admitted to hospital for the treatment of mental disorder should be accommodated in an environment that is suitable for their age. The Act's Code of Practice elaborates on what this should mean in practice:

115. This means that children and young people should have:

- appropriate physical facilities
- staff with the right training, skills and knowledge to understand and address their specific needs
- a hospital routine that will allow their personal, social and educational development to continue as normally as possible
- equal access to educational opportunities as their peers, in so far as that is consistent with their ability to make use of them, considering their mental state<sup>[[footnote 7](#)]</sup>

116. The government is currently working to reform the Act, and the improvement inpatient rights that we are seeking will extend to children and young people. For example, under 18s will be able to make an advance choice document to set out their wishes and preferences, their beliefs and values and what is important to them, just as adults can. The clinician will have to take this information into account and show how they have done so, if the child or young person is later detained under the Mental Health Act and lacks capacity to express these things at the time.

117. Furthermore, we will be looking in these reforms to limit the extent to which people with learning disabilities or autistic people can be made subject to the Act.<sup>[[footnote 8](#)]</sup>

118. Of course, the government wants fewer people to be detained under the Act and to support the move to a community-based provision of care, where children and young people are able to access support in a timely, effective, and patient centred way, close to home and in the least restrictive environment.

119. This has been a focus of the transformation of children and young people's mental health and continues to be a priority in the NHS LITP. This transition will be supported by the introduction of provider collaboratives to support place-based commissioning.

120. However, we recognise that occasionally children and young people with significant mental health needs may require and benefit from short inpatient admissions for treatment, if intensive community care has not been successful or it is not feasible to deliver care in the community, for example young people with significant mental health needs serving prison sentences in the criminal justice secure estate.

121. Further work is required to understand how the Trieste model of care could be implemented for children and young people given the differences between children and adults and the possible risks of the model.

## **Recommendation 18 – community-based crisis care**

Recommendation 18 – in order to achieve this shift towards community-based care, every area should have a community service for children in crisis which is available 24 hours a day, 7 days a week. A clear map is needed of where current gaps in this provision are and a plan should be in place to ensure these services are available in every area. This should include 24/7 all age liaison psychiatry in hospitals, crisis services in the community, and 24/7 crisis support teams in all areas. These should have specialist expertise in preventing admissions and supporting children and young people with autism, a learning disability or both.

## Response

122. We accept this recommendation.

123. The NHS LITP commitment is all children and young people experiencing a mental health crisis will be able to access crisis care 24 hours a day, 7 days a week by F.Y. 2023 to 2024, with a single point of access (through NHS 111). Part of this ambition was brought forward in response to the pandemic, with all mental health providers establishing all-age helplines, albeit not yet through NHS 111.

124. Four functions of a comprehensive children and young people's crisis service have been developed. These are:

- a single point of access, including through 111, to crisis support, advice and triage
- crisis assessment within the emergency department and in community settings
- crisis assessment and brief response within the emergency department and in community settings, with children and young people offered brief interventions
- intensive home treatment services aimed at children and young people who might otherwise require inpatient care, or intensive support that exceeds the normal capability of a generic children and young people's mental health community team

125. Children and young people's crisis services are expanding at pace and are ahead of trajectory, with current coverage showing 67% of the country have full or partial coverage of the 4 key components of a comprehensive children and young people's crisis service. This is against a public commitment of 35% coverage in F.Y. 2020 to 2021 of 24/7 crisis provision for children and young people that combines crisis assessment, brief response and intensive home treatment functions for F.Y. 2020 to 2021, as set out in the NHS Mental Health Implementation Plan F.Y. 2019 to 2020 to F.Y. 2023 to 2024.

126. NHSEI has consulted on the potential to introduce a range of new waiting time standards as part of its clinically-led review of NHS access standards. This includes that patients referred from accident and emergency should be seen face-to-face within one hour, by mental health liaison or children and young people's equivalent service.

127. The consultation closed on 1 September 2021 and found that more than 80% of respondents agreed or strongly agreed with the proposal to introduce additional mental health access and waiting time measures, including for children and young people presenting to community-based mental health services.

128. With regard to autistic children and young people and children and young people with learning disabilities, our proposed reforms to the Mental Health Act will limit the scope to detain people with a learning disability or autistic people since both learning disability and autism are lifelong conditions that cannot be removed through treatment.



129. We propose creating new duties on commissioners to monitor the local 'at-risk' population and ensure that there are sufficient community-based services for people with a learning disability and autistic people.

130. [Building the right support \(https://www.england.nhs.uk/learning-disabilities/natplan/\)](https://www.england.nhs.uk/learning-disabilities/natplan/) aims to ensure that people with a learning disability and autistic people are not inappropriately detained in mental health inpatient settings. Instead, we want to ensure people can live in the community, close to their families and with the right support in place to prevent them reaching a point of crisis.

131. The cross-system, cross-government building the right support delivery board is responsible for driving progress in reducing the number of autistic children, young people and adults, and children, young people and adults with a learning disability in mental health inpatient settings.

132. We are developing an action plan that will bring together, in one place, actions to ensure people receive high-quality care through investing in community services and reduce reliance on specialist inpatient care. We aim to publish this as soon as possible.

## Recommendation 19 – increasing the quality of inpatient care

Recommendation 19 – for those children and young people for whom inpatient admission cannot be avoided, a continued focus is needed to increase the quality of this care. As well as much improved data collection, this should include access to therapies, activities and education, including from private sector providers. It should include a stronger voice for children, young people and their families through access to advocacy for all children and young people.

## Response

133. The government is considering this recommendation.

134. Where inpatient care is needed it should be the highest quality, close to home and for the shortest possible time.

135. We are focussed on ensuring all patients, including people with a learning disability and autistic people, receive safe and high-quality care, and that they are treated with dignity and respect.

136. Delivering improvements in the quality of inpatient care is dependent on also improving alternatives to admission, which is being delivered through the transformation of community children and young people's mental health services under the NHS LTP. In addition, there is a continued need for improvements across the whole system, in areas such as children's social care and health and justice to ensure appropriate placements are available when necessary.

137. [NHS](https://www.nhs.uk) specialised commissioning leads on the provision of inpatient children and young people's mental health services. Improving the quality of care is a priority, including by reducing inappropriately long lengths of stay and reducing incidents of restrictive practices. The introduction of NHS-Led Provider Collaboratives, which includes a focus on children and young people's mental health, is further improving provision, and children and young people's mental health is one of the current workstreams of the [Getting It Right First Time \(https://www.gettingitrightfirsttime.co.uk/\)](https://www.gettingitrightfirsttime.co.uk/) (GIRET) programme.

138. The revision of service specifications for all inpatient children and young people's mental health services (starting in 2022) will be supported by a review of service models to ensure children and young people have access to evidence-based treatments, education and meaningful activities.



139. Additionally, work in partnership with the Quality Network for Inpatient CAMHS (QNIC) will support accreditation of all children's mental health inpatient providers over a 3-year period (Sept 2022 to 2025) to improve the quality of care across all providers. Workforce capacity and skills contributes to the challenges in providing quality services for children and young people. The development of an inpatient workforce strategy, competency framework and increasing access to a range of training will support recruitment and retention of staff alongside other programmes such as the development of new workforce roles, including the new youth intensive psychological practitioner being developed by HEE and NHSEI.

140. The [National Quality Improvement Taskforce for children and young people's mental health inpatient services](https://www.england.nhs.uk/publication/taskforce-charter-children-young-peoples-mental-health/) (<https://www.england.nhs.uk/publication/taskforce-charter-children-young-peoples-mental-health/>) was established in October 2019 to improve the quality of inpatient care.

141. The taskforce has commissioned 46 projects that will result in improved quality of care for children and young people receiving care in inpatient services.

142. Priority projects delivered to date include:

- the development of a competency framework that which details the attitudes, knowledge and skills that need to be brought together to deliver effective interventions when working with children and young people and their families and carers. It was developed in partnership with the National Collaborating Centre for Mental Health, which is a collaboration between the Royal College of Psychiatrists and University College London. The framework is relevant to all practitioners offering inpatient care to children and young people with mental health problems as part of a multidisciplinary team. The work was overseen by an expert reference group, comprising experts in delivering inpatient care to children and young people with mental health problems. This included clinicians, researchers, and experts by experience, all selected for their expertise in research, training and service delivery
- human rights training has been developed in conjunction with the British Institute for Human Rights to ensure that frontline staff are aware of their responsibilities under the Human Rights Act to support changes in culture on inpatient wards. To date, just under 500 staff have attended sessions over the past year
- introduction of Family Ambassadors. In recognition that families have reported feeling excluded from input to the care of their children, the National Quality Improvement Taskforce for children and young people's mental health has developed and implemented a role into the system to support families, with people physically working in post, in less than 18 months. A huge amount of work is still ongoing around creating support packages for these roles, including training, evaluation and wider promotion activities. These roles are capable of transforming the relationship between families and the providers of services
- the development of a resource pack<sup>[footnote 9]</sup> following a review by the taskforce of current inpatient care as well as pre-admission and post-discharge pathways. The review has been informed by a number of data sources such as the G.I.R.F.T report as well as taking account of the experience of children and young people and parents. The aim of the pack is to act as a toolkit for provider collaboratives to establish their local case for change in their provision of intensive community support, inpatient care and post discharge support. The pack provides examples of best practice from across the country where changes have been made to the urgent care

pathway. It also includes some best practice examples around workforce, integration, lived experience, and environment and technology. This resource pack will be launched in March 2022

- the commissioning of the National Development Team for Inclusion to produce the It's Not Rocket Science Report<sup>[footnote 10]</sup> informed by autistic young people on the impact of the environment on their sensory experience whilst in inpatient care. As the project developed, the young people also shared their experiences of crisis services and accident and emergency departments and how they also impacted on their sensory experience. The report produced a series of recommendations for changes to the physical environment but also some clear suggestions on how practice and culture could be changed in inpatient care and 2 webinars were delivered to support the launch of the report. These were attended by over 200 delegates. Following publication, the taskforce subsequently invited bids for consultancy support to implement the recommendations and have to date funded 20 different projects to make changes to the environment, practice and delivery of personalised support

[Paragraph 143 is intentionally omitted]

## Recommendation 20 – Independent Mental Health Advocates

Recommendation 20 – the department should commit to expanding Independent Mental Health Advocates support so that all children and young people admitted to hospital informally have the same legal right to an Independent Mental Health Advocate as those admitted under legislation without qualification. This advocacy should all operate on an opt-out basis.

### Response

144. We accept this recommendation.

145. As part of the reforms to the Mental Health Act, we plan to expand eligibility to Independent Mental Health Advocated services to informal patients, including children and young people, who are admitted to hospital on a voluntary basis. This is to ensure that all patients understand their rights under the Mental Health Act and are supported to exercise these.

146. This is subject to future funding decisions.

## Recommendation 21 – use of restraint

Recommendation 21 – in addition to our recommendations on the use of restraint that we set out in our report on the treatment of autistic people and people with learning disabilities, the use of prone restraint on children and young people should be banned in all inpatient settings and in transit. Further action should be taken with all inpatient and transport providers to minimise restrictive practice by sharing best practice from programmes such as the [SafeWards](https://www.safewards.net/) (<https://www.safewards.net/>) approach with all children and young people's inpatient units

nationally. In line with requirements to report incidents of restraint in inpatient settings and children's homes, all organisations involved in the transportation of children should be required to report such incidents so that these can be monitored and acted upon where necessary.

## Response

147. The government is considering this recommendation.

148. Within specialised commissioning, there are a number of programmes of work to reduce restrictive practice.

149. The National Quality Improvement Taskforce for children and young people's mental health inpatient services has a workstream dedicated to reducing restrictive interventions and hosts the national restrictive Practices Oversight Group.

150. Working in collaboration with the Restraint Reduction Network<sup>[footnote 11]</sup>, the taskforce has delivered several projects including:

- the development of a suite of documentation and tools by the Restraint Reduction Network to help people (staff, families and inpatients) understand blanket restrictions and their impact on all parties whilst identifying improvements that can be made relatively quickly to move services safely to more individualised care
- the publication of de-brief guidance and best practice

151. Kings College London has been commissioned by the taskforce to deliver the SafeWards programme to 20 inpatient wards across the NHS and Independent sector. Ward leads will receive information, planning and support to implement the 10 core interventions until July 2022 with follow-up support provided until December 2022.

152. A seclusion and long-term segregation policy is currently being drafted by the taskforce.

153. This is supported by the patient safety programme and clinical reference group. Quality improvement programmes will support data collection as well supporting services directly to implement change ideas and to share examples of good practice.

154. We understand that the use of restraint, and particularly prone restraint, can be a frightening and traumatic experience for any child or young person. However, we must also recognise that there may be rare occasions where staff will need to use prone restraint – for example, to stop someone from harming themselves or others – but this should always be used as a last resort and for the shortest time possible.

155. The [Mental Health Units \(Use of Force\) Act \(https://www.legislation.gov.uk/ukpga/2018/27/enacted\)](https://www.legislation.gov.uk/ukpga/2018/27/enacted), also known as Seni's Law received Royal Assent in November 2018 and we published commencement regulations on 7 December 2021. The purpose of the Act is to establish the measures that are needed to both reduce the inappropriate use of force and to ensure accountability and transparent about the use of force in mental health units. The act applies to both children and young people and adults.

156. On 7 December 2021, we published the statutory guidance<sup>[footnote 12]</sup> on the use of force in mental health settings and the government response to the consultation on the guidance.<sup>[footnote 13]</sup> The majority of the provisions within the Act will be brought into force on 31 March 2022 and the rest

are expected to be brought into force in May 2022. The Act is part of the government's wider reform agenda to improve support for individuals with severe mental illnesses.

157. The [Mental Health Act 1983: Code of Practice \(https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983\)](https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983) sets out the following in relation to physical restraint where restrictive intervention is required:

Patients should not be deliberately restrained in a way that impacts on their airway, breathing or circulation. The mouth and/or nose should never be covered there should be no pressure to the neck region, rib cage and/or abdomen unless there are cogent reasons for doing so, there must be no planned or intentional restraint of a person in a prone position (whereby they are forcibly laid on their front) on any surface, not just the floor (paragraph 26.70).

158. In addition, [Positive and proactive care 2014: reducing the need for restrictive interventions \(https://www.gov.uk/government/publications/positive-and-proactive-care-reducing-restrictive-interventions\)](https://www.gov.uk/government/publications/positive-and-proactive-care-reducing-restrictive-interventions) states:

- if exceptionally a person is restrained unintentionally in a prone or face down position, staff should either release their holds or reposition into a safer alternative, as soon as possible
- staff must not use physical restraint or breakaway techniques that involve the use of pain, including holds where movement by the individual induces pain, other than for the purpose of an immediate rescue in a life-threatening situation

## Recommendation 22 – data collection

Recommendation 22 – in addition to the recommendations on data we set out in our report on the treatment of autistic people and people with learning disabilities, we further recommend that NHS England and Improvement regularly collect and publish high quality data including from private sector providers on:

- the basis of children and young people's admission to inpatient units
- the number of children and young people not accepted into units
- the waiting list for children and young people waiting for adequate community provision
- the number of children and young people receiving advocacy support
- the number of children placed out-of-area
- the length of their stay in inpatient units

## Response

159. We accept this recommendation.

160. A single data set now collects all the information from both NHS and private sector services and is completed by all providers. It is able to analyse at a provider and ward level all the listed activities.

## Self-harm and suicide prevention

### Recommendation 23 – early intervention support for suicide and self-harm

Recommendation 23 – we recommend that the department implement a new system of early intervention to support children and young people who self-harm and are at risk of committing suicide. Educational settings, as a universal provision, can have an important role to provide effective early intervention to pupils who may be struggling with self-harm before the mental health need becomes more acute. Mental health support teams are well placed to deliver these interventions and an accelerated roll out of these teams would increase the capacity of schools and colleges to support those children and young people who may be struggling. Education mental health practitioners must be trained in self-harm and suicide prevention specifically.

## Response

161. We accept this recommendation in part.

162. The government is accelerating the role out of MHSTs.

163. We agree that education settings can have an important role in prevention and early intervention. MHSTs, where established, are a key part of this.

164. MHSTs are one of the core proposals of Transforming children and young people's mental health: a green paper. As detailed in our response to recommendation 3, we committed to implement MHSTs to 20 to 25% of England by the end of F.Y. 2022 to 2023.

165. We are now accelerating role out of MHSTs. In March 2021 we announced an additional £79 million funding to support and expand children and young people's mental health services, including MHSTs.

166. We are on track to have MHSTs covering 25% of the country by F.Y. 2022 to 2023 – a year earlier than originally planned – and this will increase to around 400 teams, covering an estimated 3 million children and young people, by F.Y. 2023 to 2024.

167. It is important when accelerating the roll-out of MHSTs, that we consider the workforce required to fill roles, and the training times needed for new posts such as education mental health practitioners. We have to balance ambitious targets with the finite resources of the NHS.

## Training for education mental health practitioners

168. Education mental health practitioners (EMHPs) are a key role within MHSTs.

169. EMHPs undertake a postgraduate or graduate diploma through which they are trained to deliver low intensity interventions with children, young people and their parents or carers, for common mental health problems such as anxiety, low mood and behavioural difficulties.

170. Through the EMHP curriculum, EMHPs are already expected to gain competencies for specific interventions, including on recognising the symptoms and course of low mood and self-harm in children and young people. The curriculum also includes competencies around: working with parents of young people with low mood and/or self-harm to encourage parents to refrain from punishment or unhelpful advice giving in relation to low mood and/or self-harm; and to help parents distinguish between low mood and self-harm behaviours and other problematic behaviours.

171. In addition to the commitments being delivered under the NHS LTP to improve support for children and young people experiencing a mental health crisis (see recommendation 18), NHSEI plan to introduce a new Commissioning for Quality and Innovation (CQUIN) incentive in April 2022,

focused on improving the quality of care for people who self-harm and attend A&E. This is expected to require psychiatric liaison teams to ensure that 80% of self-harm referrals receive a biopsychosocial assessment in line with NICE guidelines.

## Recommendation 24 – open access support hubs

Recommendation 24 – for those children and young people for whom school is not the most accessible place to seek support, there must also be a community-based offer. This could be based on the network of drop-in hubs outlined in chapter 4 of this report, which provide open access mental health support without the requirement for a referral or high thresholds for access.

### Response

172. Please refer to the response to recommendation 3.

## Recommendation 25 – mental health promotion

Recommendation 25 – 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.

### Response

173. We accept this recommendation in part.

174. As set out in the introduction, the department plans to launch a public discussion paper later this year to inform the development of a new longer term mental health strategy. This will set us up for a wide-ranging and ambitious conversation about potential solutions to improve mental health and wellbeing, both within and beyond government and the NHS. We also want to challenge business, local authorities and other sectors to bring commitments to the table.

1. [Mental health support in schools and colleges and faster access to NHS care](https://www.england.nhs.uk/mental-health/cyp/trailblazers/) (<https://www.england.nhs.uk/mental-health/cyp/trailblazers/>)
2. This does not include 560 WTE education mental health practitioners, which did not exist at the time that the original targets in Stepping forward were set, in 2016.
3. Based on 2004 prevalence data, the target of 35% of children and young people with a diagnosable mental health need accessing high-quality mental health care was achieved in February 2020, a year ahead of the March 2021 target. Our current year-to-date data shows that we continue to exceed this despite the effects of the pandemic, with an access rate of 39.6% recorded in March 2021.



4. [Promoting children and young people's mental health and wellbeing](https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing)  
(<https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing>)
  5. [Counselling in schools](https://www.gov.uk/government/publications/counselling-in-schools) (<https://www.gov.uk/government/publications/counselling-in-schools>)
  6. [Mental health and wellbeing resources for teachers and teaching staff](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/993669/Mental_Health_Resources_for_teachers_and_teaching_staff_June_2021.pdf)  
([https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/993669/Mental\\_Health\\_Resources\\_for\\_teachers\\_and\\_teaching\\_staff\\_June\\_2021.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/993669/Mental_Health_Resources_for_teachers_and_teaching_staff_June_2021.pdf))
  7. Paragraph 19.91 of the [Mental Health Act Code of Practice](https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983)  
(<https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983>).
  8. [Reforming the Mental Health Act](https://www.gov.uk/government/consultations/reforming-the-mental-health-act) (<https://www.gov.uk/government/consultations/reforming-the-mental-health-act>)
  9. [Children and Adolescent Mental Health Service \(CAMHS\) inpatient services: useful guidance and resources](https://www.england.nhs.uk/mental-health/cyp/children-and-adolescent-mental-health-service-inpatient-services/guidance-and-resources) (<https://www.england.nhs.uk/mental-health/cyp/children-and-adolescent-mental-health-service-inpatient-services/guidance-and-resources>)
  10. [It's not rocket science](https://www.ndti.org.uk/resources/publication/its-not-rocket-science) (<https://www.ndti.org.uk/resources/publication/its-not-rocket-science>)
  11. [Restraint Reduction Network tools and resources](https://restraintreductionnetwork.org/toolsandresources/)  
(<https://restraintreductionnetwork.org/toolsandresources/>)
  12. [Mental Health Units \(Use of Force\) Act 2018](https://www.gov.uk/government/publications/mental-health-units-use-of-force-act-2018) (<https://www.gov.uk/government/publications/mental-health-units-use-of-force-act-2018>)
  13. [Mental Health Units \(Use of Force\) Act 2018 statutory guidance: consultation response](https://www.gov.uk/government/consultations/mental-health-units-use-of-force-act-2018-statutory-guidance/outcome/mental-health-units-use-of-force-act-2018-statutory-guidance-consultation-response)  
(<https://www.gov.uk/government/consultations/mental-health-units-use-of-force-act-2018-statutory-guidance/outcome/mental-health-units-use-of-force-act-2018-statutory-guidance-consultation-response>)
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