

Briefing from Mind



A review of mental health services for children and young people (2020)

About Mind

We're Mind, the mental health charity for England and Wales. We believe no one should have to face a mental health problem alone. We provide advice and support to empower anyone experiencing a mental health problem. We campaign to improve services, raise awareness and promote understanding.

Summary

In early 2020 Mind commissioned Principle Consulting to carry out a literature review into children and young people's mental health services (CYPMHS) and to conduct Freedom of Information (FOI) requests, asking Clinical Commissioning Groups (CCGs) about their current commissioning of these services. We undertook this research to better understand the CYP MHS landscape. It is broadly known that CYP MHS are less resourced and developed than adult services, and we hear that services are fragmented and very different depending on where you live. We wanted to get a better understanding of this.

Due to the coronavirus pandemic, questions to CCGs were amended to capture how they had adapted services and planned for the future in light of the pandemic.

This briefing outlines the key findings from this research:

- Large variation in number and type of children and young people's mental health services (CYPMHS) commissioned by CCGs.
- A lack of standard models of care for specialist or low level CYPMHS, contributing to this variation in services provided.
- A trend away from inpatient provision (previously 'tier 4'), with policy pushing for a greater focus on services in the community.
- Unambitious targets, despite positive commitments to specialist CYPMHS (previously 'tiers 2-3'). Small numbers of young people with a mental health problem are being referred to specialist CYPMHS, and many of those did not

receive treatment. Waiting times for treatment are long and vary greatly between local areas. Spending on specialist CYPMHS is exceedingly low.

- At least some low-level CYPMHS (previously 'tier 1') commissioned in most areas, with Kooth (provided by XenZone) (digital mental healthcare support and counselling) being the most commonly commissioned service.
- Variation between areas in what age they commission services until (e.g. 16, 18 or 25 years old), and transition to adult mental health services reported to be poor and have a high drop-out rate.
- Indications of an increased need for CYPMHS due to the coronavirus pandemic, with some evidence of increased severity of presentations to services, despite fall in referrals through the first national lockdown.
- A complex picture revealed when comparing how many contacts mental health services had between March-May 2019 and March-May 2020 – roughly half reported decreases and half reported increases. Increases seem to have been driven by a move to 'remote' delivery of services (texts, calls, online). Understanding how this will have impacted on the quality of services outcomes will be vital.
- Future demand modelled by most CCGs (generally a 30 per cent increase). Many had also developed a plan for their area in response to the coronavirus pandemic.

Key findings from the FOIs

- All CCGs commissioned specialist CYPMHS to an NHS Trust, though in 14 per cent of areas some specific services (such as eating disorder pathways and trauma services) were commissioned to other organisations, including charities.
- Most areas did commission at least some low-level CYPMHS, though this varied greatly between areas: 44 per cent of areas reported commissioning only one or two services, while 12 per cent reported commissioning over six services. The most commonly commissioned support was the digital platform Kooth, provided by 61 per cent of areas, followed by counselling and Mental Health Support Teams.
- Only two in five CCGs provided enough data to compare contacts for children and young people with mental health services between March-May 2019 and March-May 2020. Where the CCG did not provide data, most frequently this was because they said it was held by the NHS Trust providing specialist CYPMHS.
- The contact data indicates a complex picture: some CCGs have reported a decrease in contacts with children and young people during the pandemic (44 per cent), while the majority have reported an increase in contacts despite a drop-off in referrals (56 per cent). This is likely the result of an increase in remote interventions such as phone calls and online services. The total contacts in March-May 2020 was greater than in March-May 2019 by 12 per cent, though there was a slight dip in March 2020 which recovered to above-2019 levels in April.
- 46 per cent of CCGs who provided data were able to break these contacts down by ethnic background, with the majority stating they did not hold this level of detail. There appears to be little variation in the proportion of young people from different ethnic backgrounds who had contact with CYPMHS between 2019 and 2020.
- Many CCGs had considered the impact of the pandemic on children and young people's mental health: 87 per cent of CCGs said they had adapted services; 75 per cent said they planned to commission additional services (for example bereavement support and helplines); 74 per cent said they had developed a plan for their area; and 69 per cent said they had modelled future demand. Partnership working throughout the crisis was also praised, with just under two-thirds of CCGs reporting partnering with other organisations (63 per cent).

Introduction

In early 2020 we commissioned Principle Consulting to carry out a literature review into children and young people's mental health services (CYPMHS) and to conduct Freedom of Information (FOI) requests of Clinical Commissioning Groups (CCGs) about their current commissioning of these services.

The FOIs were sent to all CCGs in England and asked:

- What specialist and non-specialist mental health support they provided for children and young people, and who delivers this
- How they have adapted services and planned for the future in light of the pandemic
- How many contacts they have had with children and young people through mental health services between March and May 2019, and March and May 2020 – and how this breaks down by ethnic background

82 per cent of CCGs (111) responded to the FOI request between the end of July and the end of August 2020. Some answers were complicated by the significant programme of CCG mergers which took place on 1st April 2020.¹

Specialist CYPMHS

Specialist CYPMHS are provided by NHS Trusts (or independent providers) and are commissioned by CCGs, occasionally with support from local authorities. They provide support for children and young people in the community. Inpatient specialist CYPMHS are commissioned by NHS England.

The key findings from the research, included:

- There is a lack of national standard models of care for specialist CYPMHS.
- Many young people do not fit the eligibility criteria for specialist CYPMHS and may not have non-specialist provision on their area.
- Most young people are not getting the services they need – low numbers of young people with a mental health problem are being referred to specialist CYPMHS, and many of those did not receive treatment.
- Waiting times for treatment are long and vary greatly between local areas.
- Spending on specialist CYPMHS is exceedingly low (1 per cent of the whole NHS budget).
- While there have been some positive commitments to specialist CYPMHS in recent years, it's starting from a very low benchmark and targets are low.

¹ 74 CCGs were merged to form 18 new organisations, dropping the total number of CCGs from 191 to 135, a 29 per cent drop.

Commissioning

'Specialist CYPMHS' (previously tier 2-3 'CAMHS') is not defined at a national level and there are no standard model of care. Having no accepted definition and no nationally defined service specification allows for the possibility that providers narrow their eligibility criteria so that many young people do not meet the threshold for help, ensuring targets are met while children are being turned away. In some areas, community support services are not available so if a young person is not accepted into specialist services there may be nowhere else for them to go, leading to many young people falling through the gaps in the system. This is partly due to confusion as to who should be providing the low-level help – schools, councils or the NHS – which would be clarified if it was made clear what support 'specialist services' were supposed to provide and therefore what everything else should cover.

This lack of national standards may have contributed to variation in what is provided locally. The FOIs indicated variation in commissioning specialist CYPMHS. Responses may have not accurately listed all the services commissioned, nevertheless indicated that what was commissioned locally was very variable.

All CCGs commissioned core CYPMHS to the local NHS Trust, though in 14 per cent of areas some specific services (such as eating disorder pathways and trauma services) were commissioned to other organisations, including charities. Besides specialist CYPMHS and eating disorder services, the FOI responses found that CCGs commissioned:

- Learning disability services (35 per cent)
- Crisis services (34 per cent)
- Talking therapies (24 per cent)
- A single point of access service (19 per cent)
- Infant mental health services (17 per cent)
- Specific support for looked after children (14 per cent)
- Specific support for young people in the criminal justice system (12 per cent)
- Some CCGs also commissioned the Early Intervention in Psychosis service, digital support, a neurodevelopmental service, intensive home treatment, and family support.

Provision of services

While there is no nationally defined service specification or model of care, the Five Year Forward View for Mental Health did introduce a series of targets for specialist CYPMHS, including access data, waiting time standards, payment models and data

collection requirements.² This allows for better accountability than within low-level services, in which there are none of these targets.

Key findings from the literature on the provision of services:

- The Care Quality Commission (CQC) routinely inspects specialist CYPMHS and in their 2017 review of services rated 68 per cent of specialist community services as good or outstanding, though noted significant regional variation.³
- Only a quarter of young people with a diagnosable mental health problem were referred to specialist CYPMHS last year (around 3 per cent of all young people). Of these young people, less than two-thirds were accepted for treatment, though this proportion varied wildly in different areas: in some, almost all young people referred began treatment while in others it was less than half.⁴ A 2019 YoungMinds survey of GPs found that only 10 per cent of doctors felt confident that a referral to specialist CYPMHS would result in treatment.⁵
- Those who are referred to treatment are often left waiting for months, during which time their mental health often deteriorates.⁶ Last year, young people who were allowed to begin treatment were left waiting for an average of eight weeks for a first assessment (up from seven weeks in 2018) and an average of 14 weeks for their treatment to start.⁷ Waiting times varied significantly between areas, from three weeks for a first assessment in some areas to four months in others.⁸ The evidence from introducing a waiting time target for eating disorders has shown that such goals dramatically reduce waiting times: following the introduction of the target, more than 80 per cent of young people on non-urgent referrals accessed eating disorder services within four weeks,⁹ with further

² Mental Health Taskforce. (March 2015). *Five Year Forward View for Mental Health for the NHS in England*: www.england.nhs.uk/mental-health/taskforce.

³ Care Quality Commission. (October 2017). *Review of children and young people's mental health services: Phase one report*: www.cqc.org.uk/sites/default/files/20171103_cypmhphase1_report.pdf.

⁴ The Children's Commissioner. (January 2020). *The state of children's mental health services*: www.childrenscommissioner.gov.uk/report/the-state-of-childrens-mental-health-services/.

⁵ YoungMinds. (November 2019). *Lack of early support for young people's mental health puts pressure on GPs – new survey*. [Online]: <https://youngminds.org.uk/media/2620/a-new-era-for-young-peoples-mental-health.pdf>.

⁶ YoungMinds. (September 2018). *A new era for young people's mental health*: <https://youngminds.org.uk/media/2620/a-new-era-for-young-peoples-mental-health.pdf>.

⁷ NHS Benchmarking Network. (23 October 2019). *2019 Child and Adolescent Mental Health Services project – Results published*. [Online]: www.nhsbenchmarking.nhs.uk/news/2019-child-and-adolescent-mental-health-services-project-results-published.

⁸ The Children's Commissioner. (January 2020). *The state of children's mental health services*: www.childrenscommissioner.gov.uk/report/the-state-of-childrens-mental-health-services/.

⁹ Ibid.

investment announced in the NHS Long Term Plan to bring this to 95 per cent.¹⁰ Currently the target is only in place for eating disorder services.

Spending

Less than 1 per cent of the entire NHS budget in 2018 was spent on specialist CYPMHS, totalling only 8 per cent of the total mental health budget.¹¹ Despite the commitment set out in the NHS Long Term Plan that funding for CYPMHS will grow faster than both overall NHS funding and total mental health funding,¹² services continue to be a post-code lottery for many children and young people.

In 2019, annual spend per child ranged from £14 to £191, averaging out at £92 per child (compared with £225 per adult).¹³ However, there have been great steps forward in recent years: in 2018/19, 82 per cent of CCGs in England increased spending per child on CYPMHS, leading to an additional £50m being spent on CYPMHS and 53,000 more children receiving treatment.¹⁴

Future plans

The NHS Long Term Plan¹⁵ commits to expanding specialist CYPMHS so that they can meet demand by 2028, in line with the proposals set out in the Government's 2017 green paper on children and young people's mental health.¹⁶ Every area has been given an access target for each year based on the percentage achievement against expected prevalence from JSNA data. However, what exactly constitutes as a 'specialist' service is not defined (nor is the contrasting 'non-specialist' offer).

The Children's Commissioner has estimated that specialist CYPMHS need to almost treble in size if they are to properly meet the needs of "all children who need specialist help" by 2028,¹⁷ though this does not all need to be delivered within specialist CYPMHS.¹⁸ For instance, the report argues that a mental health service for

¹⁰ NHS England and NHS Improvement. (June 2019). *Long Term Plan Implementation Framework*: www.longtermplan.nhs.uk/implementation-framework/.

¹¹ YoungMinds. (September 2018). *A new era for young people's mental health*:

<https://youngminds.org.uk/media/2620/a-new-era-for-young-peoples-mental-health.pdf>.

¹² NHS England and NHS Improvement. (January 2019). *NHS Long Term Plan*: www.longtermplan.nhs.uk/.

¹³ The Children's Commissioner. (January 2020). *The state of children's mental health services*:

www.childrenscommissioner.gov.uk/report/the-state-of-childrens-mental-health-services/.

¹⁴ Ibid.

¹⁵ NHS England and NHS Improvement. (January 2019). *NHS Long Term Plan*: www.longtermplan.nhs.uk/.

¹⁶ Department of Health and Department for Education. (December 2017). *Transforming Children and Young People's Mental Health Provision: A Green Paper*:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf.

¹⁷ NHS England and NHS Improvement. (January 2019). *NHS Long Term Plan*: www.longtermplan.nhs.uk/.

¹⁸ The Children's Commissioner. (January 2020). *The state of children's mental health services*:

www.childrenscommissioner.gov.uk/report/the-state-of-childrens-mental-health-services/.

children should enable about 900,000 children a year to access specialist services, and universal settings should provide help to 1,200,000 children a year.

If current levels of growth are maintained, it looks as if NHS England is on track to reach both its target that 35 per cent of children with a diagnosable mental health condition should be accessing NHS treatment by 2021, and its broader expansion of specialist services by 2028, though some have speculated that maintaining this scale of progress into the future will be difficult.¹⁹ Besides the broad 2028 target, the NHS Long Term Plan only makes definite commitments up to 2024/25.

Low level CYPMHS

The term 'low-level' refers to services for children "with mild or low-level needs which do not constitute a diagnosable mental health condition but are at risk of developing one and would benefit from a form of support", as set out in the impact assessment to the children's mental health green paper.²⁰ The division between these services and other CYPMHS is not absolute, with some services spanning both (for example digital services and school counselling). However, such low-level services provided by local areas are distinct from NHS England's 'specialist services' and therefore also separate from its commitments to children's mental health.

There is no benchmark for the type of support children should expect to access from low-level services, whether they are delivered in school, the community or otherwise. There is not even an agreed age range for service provision, meaning that some areas commission services for 0-25 year olds while others will only cover 0-16 year olds. While local autonomy to determine need has been praised, it is also important that local commissioners are clear these services are not optional. The Government is working alongside local areas to do this in the 20-25 per cent of areas covered by the green paper.

Key findings from the research, included:

- 'Low-level' CYPMHS are even less defined than 'specialist' CYPMHS and are not associated with specific targets.
- Responsibility for low-level CYPMHS is shared by NHS / CCGs, schools, voluntary sector and local councils.
- Most areas say they commission at least some low-level CYPMHS.

¹⁹ The Children's Commissioner. (January 2020). *The state of children's mental health services*: www.childrenscommissioner.gov.uk/report/the-state-of-childrens-mental-health-services/.

²⁰ Department of Health and Department for Education. (December 2017). *Transforming Children and Young People's Mental Health Provision*: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf.

- Kooth (provided by XenZone) (digital mental healthcare support and counselling) was the most commonly commissioned service.
- Spending has increased by 17 per cent since 2016/17 but is incredibly variable by area.

Commissioning

Responsibility for these services is shared between the NHS, schools, voluntary sector, and local councils. As Future in Mind points out, the success of the THRIVE model used to commission specialist services relies on the availability and adequacy of the right mix of community services, alongside those commissioned to hospital Trusts. However, the report states that “the shape and structure of these local teams cannot be defined at national level”, though national agencies can provide tools and guidance to support commissioners.²¹ In her recent report, the Children’s Commissioner disagreed. She argued that the lack of expectation or explicit funding from central Government for local bodies to invest in low-level mental health services for children and young people has led to a “postcode lottery of support”.²²

In terms of responsibility for commissioning CYPMHS, NHS England expects CCGs to take a central role in organising such services through ‘Local Transformation Plans’ for children’s mental health. Introduced by the children’s mental health green paper in response to the Future in Mind report, Local Transformation Plans are written by CCGs alongside partners and set out how local services will invest resources to improve the mental health of young people and should include an action plan and key performance indicators that track improvement. They are signed off by local governance systems including Health and Wellbeing Boards, which have responsibility for producing Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies to be delivered alongside CCGs and including children’s mental health.

Local Transformation Plans were first written in 2015 and have been refreshed annually each spring, though the many CCGs that merged into larger bodies on 1st April 2020 have had to rewrite their plans twice to account for the merger and then for the coronavirus crisis.²³ A commissioner told us that all areas have had to publish a ‘Covid-19 addendum’ to set out their plans in light of the pandemic.

Sustainability and Transformation Partnerships (many of which have now become Integrated Care Systems or ICS) were established in 2015 to support the

²¹ Department of Health and NHS England. (March 2015). *Future in Mind: Promoting, protecting and improving our children and young people’s mental health and wellbeing*:

www.gov.uk/government/publications/improving-mental-health-services-for-young-people.

²² The Children’s Commissioner. (January 2020). *The state of children’s mental health services*:

www.childrenscommissioner.gov.uk/report/the-state-of-childrens-mental-health-services/.

²³ Department of Health and NHS England. (March 2015). *Future in Mind: Promoting, protecting and improving our children and young people’s mental health and wellbeing*:

www.gov.uk/government/publications/improving-mental-health-services-for-young-people.

implementation of the Five Year Forward View for Mental Health and are expected to incorporate elements of their area's Local Transformation Plans in their strategies. One commissioner told us that in their area the local authority was not yet totally convinced of the ICS, which focused on getting assurances that their area was meeting the targets set out in the NHS Long Term Plan.

Service provision

Because CCGs are themselves responsible for assessing local needs and commissioning services to meet them, the specific make-up of services is for local determination, including referral acceptance criteria (and indeed how referrals can be made given in some areas young people are able to self-refer and in others they are not).

Most areas which responded to the FOI did commission at least some low-level services, though this varied greatly between areas. 44 per cent of areas who responded to this question reported commissioning only one or two services, while 12 per cent reported commissioning over six services.

The most commonly commissioned support was the digital platform Kooth (provided by XenZone), already delivered in 61 per cent of areas according to the FOI and mentioned by many more in their plans for commissioning additional support during the coronavirus pandemic. Other services frequently reported to be commissioned included:

- Counselling (44 per cent)
- School programmes (23 per cent)
- Early interventions (21 per cent)
- Family support (20 per cent)
- Learning disability services (14 per cent)
- Psychological therapies (12 per cent)
- Crisis support (9 per cent)

Spending

Spending has increased by 17 per cent in real terms between 2016/17 and 2018/19 on low-level services, totalling around £226 million in England for 2018/19 (or £14 per child).²⁴ Of this amount, half was spent by the NHS and half by local authorities (30 per cent from children's services and 20 per cent from public health budgets). Trends indicate that the local authority contribution is going down (in 60 per cent of areas) and CCG funding is going up.²⁵

²⁴ The Children's Commissioner. (January 2020). *The state of children's mental health services*: www.childrenscommissioner.gov.uk/report/the-state-of-childrens-mental-health-services/.

²⁵ Ibid.

However, spend is variable by locality, with 37 per cent of areas spending less in recent years.²⁶ 2020/21 will see an uplift of £47 million year-on-year CCG baseline funding for CYPMHS (including crisis and eating disorders), a sum NHS England encouraged areas to make the most of in its recent *Implementing phase 3 of the NHS response to the Covid-19 pandemic*.²⁷

Only the Children's Commissioner's office has attempted to collect local-level data on spending on CYPMHS, and this has found serious disparities: spending on low-level services ranged from 26p to £172 per child.²⁸ No information is collected by the Government on how much local areas spend on low-level, non-specialist mental health services; though it is in commissioners' interests to log the contacts of the additional services they commission in order to help them reach their access targets as set out in the *NHS Long Term Plan*.²⁹

An interview with a commissioner from the North West of England flagged that CCGs have been able to apply for additional funds from a Covid-19 emergency funding pot, though they indicated that investment in CYPMHS has not been so much of a problem in recent years thanks to the Mental Health Investment Standard (which 97 per cent of CCGs are achieving) and the targets to increase funding for CYPMHS faster than both NHS funding and total mental health spending, as set out in the *NHS Long Term Plan*.³⁰

However, an interview with a commissioner from the North East of England highlighted that children's services have been some of the worst hit by austerity cuts to local authorities and NHS budgets, leading to gaps in early intervention and prevention services and support for only those young people with a moderate to severe mental health problem, who would be referred to specialist CYPMHS. Research from YMCA in 2018 painted a similar picture: local authority spending on youth services in England fell by 62 per cent since 2010-11.³¹

It is also worth noting that from next year local authorities will be provided with £7.1 billion in "high needs funding" from central Government. This block payment is primarily for children with Education, Health and Care (EHC) Plans, which includes mental health provision, though outside of this there is no specific obligation on local authorities to provide mental health support for children where they are not part of an EHC plan. However, local authorities can use the public health budget to

²⁶ The Children's Commissioner. (January 2020). *The state of children's mental health services*: www.childrenscommissioner.gov.uk/report/the-state-of-childrens-mental-health-services/.

²⁷ NHS England. (August 2020). *Implementing phase 3 of the NHS response to the Covid-19 pandemic*: www.england.nhs.uk/wp-content/uploads/2020/08/implementing-phase-3-of-the-nhs-response-to-covid-19.pdf.

²⁸ The Children's Commissioner. (January 2020). *The state of children's mental health services*: www.childrenscommissioner.gov.uk/report/the-state-of-childrens-mental-health-services/.

²⁹ NHS England and NHS Improvement. (January 2019). *NHS Long Term Plan*: www.longtermplan.nhs.uk/.

³⁰ Ibid.

³¹ YMCA. (April 2018). *Youth & Consequences: A report examining Local Authority expenditure on youth services in England & Wales*: www.ymca.org.uk/wp-content/uploads/2018/04/Youth-Consequences-v0.2.pdf.

commission low-level children's mental health services, though there is no expectation on them to do so.

Data

As discussed, no data is collected centrally on what low-level mental health services are provided locally. The Government therefore knows very little about what services are provided in different areas. The 2019 data on funding set out above was collected on an ad hoc data collection by the Children's Commissioner, who used her unique statutory powers to attain it. However, as set out in the Future in Mind report, CCGs are expected to 'monitor improvement' via Local Transformation Plans for children and young people's mental health.

Only two in five (41 per cent) CCGs who responded to our FOI provided enough data to compare CYPMHS contact for children and young people between March-May 2019 and March-May 2020. Where the CCG did not provide data, most frequently this was because they said it was held by the NHS Trust providing specialist CYPMHS. In some cases, several months were provided but not enough to offer a robust comparison due to changes in data collection methods or ceasing to collect data in Q1 2020 due to the coronavirus pandemic. Just under half (46 per cent) of CCGs who provided data were able to break these contacts down by ethnic background, with the majority stating they did not hold this level of detail.

Inpatient services (tier 4)

Key findings from the research, included:

- Inpatient services are commissioned by NHS England and have a service specification.
- Referrals for 13-17 year olds come from tier 3 CYPMHS or community mental health services.
- There is a trend away from inpatient provision.

Commissioning

Tier 4 CYPMHS and Tier 4 eating disorder services are commissioned by NHS England and, unlike for other CYPMHS, there is a service specification which was updated in 2018 following a consultation.³²

³² NHS England. (February 2018). *Service specification 170022/S*. [Online]: www.england.nhs.uk/wp-content/uploads/2018/02/tier-4-camhs-general-adolescent-service-specification-v3.pdf.

Service provision

Tier 4 inpatient CYPMHS offers support to 13-18 year olds at four levels of risk presented by children and young people, from general adolescent services to Psychiatric Intensive Care Units. Referrals must come from local Tier 3 CYPMHS or community adult mental health services, and there are various time targets for referrals to be reviewed.³³ NHS England's Future in Mind report led policy direction away from inpatient provision and towards investment in 'pre-crisis' services, targeted community support, and 'step-down' services.³⁴ The emphasis is on discharging young people into community Tier 3 CYPMHS as soon as it is safe to do so, and the pathway aims to integrate closely with CCGs, local authorities, and other services, including those provided in the community.

The service is expected to provide crisis/home treatment service, planned intensive home-based treatment, in/day-patient education, step-down provision, and outpatient attendance as part of second opinion process for patients referred from Tier 3, pre-admission assessments and discharge transition.

Historically, Tier 4 services have been criticised for not meeting local needs, leading to children and young people being admitted to units miles from home or in inappropriate settings such as adult wards or police cells (the latter being a measure ended by the Policing and Crime Act 2017). NHS England has since made steps towards reducing out of area placements by improving local capacity and placing emphasis on community provision rather than inpatient care. The Five Year Forward View for Mental Health includes a target for all general inpatient units for children and young people to be commissioned on a 'place-basis' by localities so that they are more integrated into local pathways.³⁵

Integration

Key findings from the research, included:

- Variation between areas in what age they commission services until (e.g. 16, 18 or 25 years old).
- Transition to adult mental health services reported to be poor and have a high drop-out rate.
- Mental Health Support Teams (MHSTs) intended to act as a link between schools and wider services, as well as offer interventions themselves.

³³ NHS England. (February 2018). *Service specification 170022/S*. [Online]: www.england.nhs.uk/wp-content/uploads/2018/02/tier-4-camhs-general-adolescent-service-specification-v3.pdf.

³⁴ Department of Health and NHS England. (March 2015). *Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing*: www.gov.uk/government/publications/improving-mental-health-services-for-young-people.

³⁵ NHS England and NHS Improvement. (June 2019). *Long Term Plan Implementation Framework*: <https://www.longtermplan.nhs.uk/implementation-framework/>.

- The NHS Long Term Plan aims to cover 20-25 per cent areas with MHSTs by 2023.

Transition to adult services

The stage at which young people have to transition into adult mental health services depends on the area in which they live. Some CCGs commission services for children aged 0-16, others until they are 18, and some until they are 25. In many cases, young people are discharged to their GP from CYPMHS on reaching an age threshold due to differing acceptance criteria in adult mental health services.

Just over 25,000 young people transition from CYPMHS each year, though many studies have indicated that young people's experiences of this transition into adult services is poor and leads to disengagement.³⁶ A report from the Healthcare Safety Investigation Branch in 2018 recommended that services should have continuity, be flexible, and be carefully planned with the young person.³⁷ It argues in favour of a flexible model providing mental health services up to the age of 25 in order to minimise barriers and reduce the risks associated with transition.

In 2018 the Education and Health and Social Care Select Committees published a joint response to the previous year's children and young people's mental health green paper. In their report, the Committees raised concerns about the transition from CYPMHS to adult mental health services: "young people are falling through the gaps and not receiving the services they need as they enter adulthood."³⁸ The Government rejected the Committees' recommendations, which included a full review of transition arrangements between child and adult mental health services, refuting that the proposals lack ambition and scale.³⁹

³⁶ Broad, K., et al. (November 2017). *Youth experiences of transition from child mental health services to adult mental health services: a qualitative thematic synthesis*, BMC Psychiatry, 17:380: <https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-017-1538-1>.

³⁷ Health Safety Investigation Branch. (July 2018). *Investigation into the transition from child and adolescent mental health services to adult mental health services*: www.hsib.org.uk/investigations-cases/transition-from-child-and-adolescent-mental-health-services-to-adult-mental-health-services/final-report/.

³⁸ Department of Health and Social Care and Department for Education. (July 2018). *Government Response to the First Joint Report of the Education and Health and Social Care Committees of Session 2017-19 on 'Transforming Children and Young People's Mental Health Provision: A Green Paper'*: <https://old.parliament.uk/documents/commons-committees/Health/Correspondence/2017-19/Government-response-Child-adolescent-mental-health-green-paper-report-Cm-9627.pdf>.

³⁹ House of Commons Education Committee and House of Commons Health and Social Care Committee. (May 2018). *The Government's Green Paper on mental health: failing a generation*: <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/642/642.pdf>.

Mental Health Support Teams

First proposed by the 2017 Green Paper on children and young people's mental health,⁴⁰ Mental Health Support Teams (MHSTs) are the main lever for integration between CYPMHS, schools, local authorities, and health systems. MHSTs have been rolled out across the country in the last year to support schools to deliver interventions and link in with wider services, with the aim being to cover 20-25 per cent of areas by 2023, supporting 80,000 children.⁴¹ A report on mental health services and the coronavirus pandemic from NHS Confederation argued that MHSTs should cover 100 per cent of the student population by 2023 rather than 25 per cent.⁴²

CCGs successful in bidding for an MHST will receive provision for at least four Education Mental Health Practitioners (EMHPs), at a basic level of £360,000 per annum per team (and flexibility for additional funding in areas of greater need).⁴³ These EMHPs should help MHSTs operate to provide a single point of access for children seeking help through schools, as well as coordinating local services and offering specialist interventions for individual children.

Over a third (35 per cent) of CCG areas responding to our FOI reported commissioning MHSTs, though some of these had not yet been implemented. Initially, 'trailblazer' sites which fulfilled a criteria of need were commissioned in 2018 to be operational by December 2019. Several 'waves' of sites have joined them since then. To be considered for the funding, the area must demonstrate a certain level of need and inequality.

MHSTs contribute towards NHS England's commitment to increase the number of children receiving treatment by an additional 345,000 children by 2023/24 and includes a target to offer young people access to mental health services within four weeks of referral.

⁴⁰ Department of Health and Department for Education. (December 2017). *Transforming Children and Young People's Mental Health Provision: A Green Paper*: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf.

⁴¹ NHS England and NHS Improvement. (January 2019). *NHS Long Term Plan*: <https://www.longtermplan.nhs.uk/>.

⁴² NHS Confederation. (August 2020). *Mental health services and Covid-19: Preparing for the rising tide*: www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/Report_Mental-health-services-NHS-Reset_FNL.pdf.

⁴³ The British Psychological Society. (September 2019). *Mental Health Support Teams: How to maximise the impact of the new workforce for children and young people*: www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Briefing%20Paper%20-%20Mental%20Health%20Support%20Teams.pdf.

The Mental Health Services and Schools and Colleges Link Programme

We spoke to one commissioner who had been unsuccessful in pitching for a MHST but had been offered the opportunity to participate in the Mental Health Services and Schools and Colleges Link Programme (or Link Programme), developed by the Anna Freud Centre and the Department for Education.⁴⁴ The programme offers modules and online workshops to encourage education and mental health services (including local authorities and voluntary and community sector providers) to work more effectively together.

Pilot sites should be operational in the autumn term of 2020, and the intention is that over the next four years it will be rolled out to all schools and colleges in England.

Impact of coronavirus

Key findings from the research, included:

- Indications of an increased need for CYPMHS due to the coronavirus pandemic.
- Some evidence of increased severity of presentations to services, despite fall in referrals through lockdown.
- 44 per cent of CCGs reported a decrease in contacts in March-May 2019 compared to March-May 2020, while 56 per cent reported an increase.
- The vast majority had adapted services, such as by increasing the digital offer and moving services online.
- Some CCGs had brought forward the commissioning of services in order to meet need.
- Most CCGs said they had modelled future demand (generally a 30 per cent increase) and developed a plan for their area in response to the coronavirus pandemic.

Prevalence change during the coronavirus pandemic

Before the pandemic, one in eight 5-19 year olds had a diagnosable mental health problem at any one time (or more than one million children in England), although the proportion which had a condition at some point in their childhood is much greater.⁴⁵ Given the huge range of experiences of young people growing up, there are big differences between older and younger people: conditions are more common in older children, especially teenage girls, than in younger children, among whom boys are

⁴⁴ Anna Freud Centre. (2020). *The Link Programme: Mental Health Services and Schools and Colleges Link Programme*. [Online]: www.annafreud.org/linkprogramme/.

⁴⁵ NHS Digital. (November 2018). *Mental Health of Children and Young People in England, 2017*: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017> (latest official prevalence estimate).

almost twice as likely to have a mental health problem as girls. The Department for Health and Social Care's working estimate is that for every child with a 'diagnosable condition' there will be a child with a 'pre-diagnosable condition' who might also benefit from help.⁴⁶

Work is ongoing to ascertain how the coronavirus pandemic and lockdown has impacted on the mental health of children and young people, but surveys and reports from clinicians indicate the crisis has had a negative effect:

- Public Health England's surveillance study of the impact of coronavirus on mental health and wellbeing, published September 2020, found that lockdown had had a negative impact on young people's mental health, but cited some studies that found some young people had experienced an improvement in their mental health.⁴⁷
- A survey from Young Minds distributed in June and July 2020 found that 80 per cent of respondents said the pandemic had made their mental health worse.⁴⁸
- Preliminary findings from an ongoing study by the University of Oxford found that parents/carers of children aged 4-10 years old reported that during lockdown they saw increases in their child's emotional difficulties.⁴⁹
- A survey from Barnardo's and YouGov found that 41 per cent of children and young people were lonelier than before lockdown and 37 per cent were sadder.⁵⁰
- The Children's Society found that nearly one in five children in the UK reported being unhappy with their lives as a whole during lockdown in July.⁵¹
- An Institute for Fiscal Studies working paper updated in June found that mental health in the UK had significantly worsened as a result of the pandemic,

⁴⁶ The Children's Commissioner. (January 2020). *The state of children's mental health services*: www.childrenscommissioner.gov.uk/report/the-state-of-childrens-mental-health-services/.

⁴⁷ Public Health England. (September 2020). *Covid-19: Mental health and wellbeing surveillance report*: www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report.

⁴⁸ YoungMinds. (August 2020). *Coronavirus: Impact on young people with mental health needs, survey 2*: <https://youngminds.org.uk/media/3904/coronavirus-report-summer-2020-final.pdf>.

⁴⁹ Peacey, S., et al. (June 2020). *Report 04: Changes in children and young people's emotional and behavioural difficulties through lockdown*: <https://emergingminds.org.uk/co-space-study-4th-update/>.

⁵⁰ Barnardo's. (30 June 2020). *Generation lockdown: a third of children and young people experience increased mental health difficulties*. [Online]: <https://www.barnardos.org.uk/news/generation-lockdown-third-children-and-young-people-experience-increased-mental-health>.

⁵¹ The Children's Society. (July 2020). *Life on Hold: children's well-being and Covid-19*: www.childrensociety.org.uk/what-we-do/resources-and-publications/life-on-hold-childrens-well-being-and-covid-19.

particularly for young women where the proportion of women aged 16-24 reporting frequent or severe problems increased dramatically.⁵²

- The Disabled Children's Partnership surveyed over 4,000 families in May about found that 70 per cent of parents of children with special educational needs and disabilities (SEND) said that their child's emotional or mental health had deteriorated as a result of lockdown.⁵³

Similarly to adults, this worsening mental health is likely due to a loss of support networks, coping mechanisms and motivation; increased feelings of anxiety and isolation; uncertainty about the future, related either to employment or education; an increase in traumatic events; and difficulty accessing usual services because of services changing or the loss of the normal referral pathways.

Anecdotal reports from clinicians and some preliminary studies indicate that the severity of representations of children and young people to mental health services did increase at the beginning of lockdown, even as referrals dipped. A study by the National Child Mortality Database found that while child suicide deaths may have increased during the first two months of lockdown, the risk remains low and the numbers are too small to reach definitive conclusions.⁵⁴

Data collection

On 26th March 2020, NHS England published *Revised Arrangements for Payments and Contracting During the Covid-19 Pandemic*.⁵⁵ This set out measures for CCGs to support providers by focusing their capacity on responding to the pandemic. Included in such measures was a relaxation of local reporting requirements, though one commissioner we spoke to indicated that her CCG was still receiving basic data from the provider. This has led to some CCGs not providing any contact data for April and May in our FOI request.

Adapting services and commissioning

The vast majority (87 per cent) of CCGs who responded to our FOI said they had adapted the services they commissioned in response to the pandemic. Most CCGs

⁵² Institute for Fiscal Studies. (June 2020). *The mental health effects of the first two months of lockdown and social distancing during the Covid-19 pandemic in the UK*: www.ifs.org.uk/publications/14874.

⁵³ Disabled Children's Partnership. (June 2020). *#LeftInLockdown – Parent carers' experiences of lockdown*: <https://disabledchildrenspartnership.org.uk/wp-content/uploads/2020/06/LeftInLockdown-Parent-carers%E2%80%99-experiences-of-lockdown-June-2020.pdf>.

⁵⁴ National Child Mortality Database. (July 2020). *Child suicide rates during the Covid-19 pandemic in England: Real-time surveillance*: www.ncmd.info/wp-content/uploads/2020/07/REF253-2020-NCMD-Summary-Report-on-Child-Suicide-July-2020.pdf.

⁵⁵ NHS England and NHS Improvement. (March 2020). *Revised arrangements for NHS contracting and payment during the COVID-19 pandemic*: www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/COVID-19_NHS-contracting-and-payment_26-March.pdf.

who provided further detail stated that this was mainly in the form of an enhanced telephone/digital offer and additional training for staff, with several also extending service hours. Three-quarters (75 per cent) of CCGs also reported commissioning additional services; in particular, the digital platform Kooth was frequently mentioned, as were further bereavement services, a Single Point of Access service, helplines and counselling services.

Many areas reported accelerating the delivery of services they had planned to commission in a year or two's time, such as Chorley and South Ribble CCG who chose to bring forward their Single Point of Assessment service in anticipation of the difficulties children and young people might face in accessing mental health services, as well as extending provision of services from 0-16 year olds to 0-18 year olds. Manchester CCG reported that they categorised all patients between 1 and 5, with 1 being urgent and 5 being discharged, in order to prioritise services for those who needed them most.

Commissioners we interviewed discussed the block payments introduced at the start of the crisis. These payments were intended to lessen the administrative burden on services to allow more time to support the people who use them. The change meant that where the CCG had previously had a fair amount of influence in the development of services – such as through monthly performance meetings where any issues including dips in referrals would be discussed – from March commissioners had been much less involved. One commissioner found this restriction frustrating, while another praised the freedom and flexibility such a system afforded to providers, particularly in breaking down barriers and offering opportunities to co-produce services. Partnership working across the CCG was praised and it was hoped that such close ties with local authorities would continue. This sentiment was echoed in our analysis of the FOI responses, which found that 63 per cent of CCGs had partnered with other organisations during the pandemic.

NHS England's *Implementing Phase 3 of the NHS response to the Covid-19 pandemic*, published at the start of August 2020, sets out eight urgent actions for local areas which includes specific mention of mental health services: areas are expected to develop digitally enabled care pathways in fields such as mental health to increase inclusion and to review who is using such pathways by 31st March 2021.⁵⁶ Another action called for areas to particularly support those experiencing mental health problems and underpin such support with "more robust data collection and monitoring" by 31st December 2020.

⁵⁶ NHS England. (August 2020). *Implementing phase 3 of the NHS response to the Covid-19 pandemic*: www.england.nhs.uk/wp-content/uploads/2020/08/implementing-phase-3-of-the-nhs-response-to-covid-19.pdf.

Service access

The picture painted by statistics provided by the 41 per cent of CCGs who were able to offer comparable data for March-May 2019 and March-May 2020 is complex. While some (44 per cent) reported a decrease in contacts of children and young people with mental health services during the pandemic, the majority (56 per cent) found the opposite. The total contacts in March-May 2020 was greater than in March-May 2019 by 12 per cent (or 40,410 contacts). Nonetheless, there was a slight dip in March 2020 which recovered to above-2019 levels in April.

There is widespread consensus – disputed by only one or two CCGs – that there was a fall-off in referrals during the start of lockdown due to the closure of schools and reluctance of the public to go to the GP. This indicates that services reporting an increase in contacts have likely shifted the definition of a contact to align with newly implemented digital interventions (for example, a text to remind someone of their appointment or log-ons to a forum).

In addition, any average decrease in the number of contacts services have had with children and young people should be viewed in the context of CYPMHS expanding rapidly in the last year or so due to increased investment and commitments from NHS England. This should translate into more contacts in 2020, therefore making any decrease in contacts particularly concerning.

Total contacts of children and young people with CYPMHS, Mar-May 2019 and Mar-May 2020

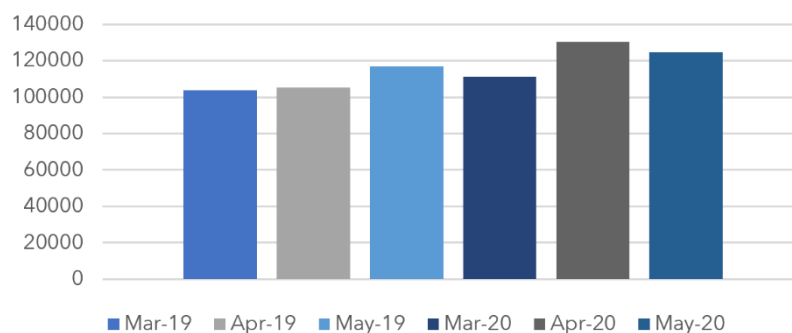


Table 1 describes the total number of contacts children and young people had with CCG-commissioned mental health services between March and May 2019, and March and May 2020, as reported in our FOI from July 2020.

One fairly representative example of the change in contacts is the data provided by Mid Essex CCG. During the first quarter of 2019, the number of contacts of children and young people with mental health services had steadily increased to reach 8,785 by May 2019. However, in March the following year this was down to 7,464. A rapid increase in April as services adapted to telephone consultations and digital

interventions saw contacts rocket up 48 per cent to 11,281 in April and steady out at 10,105 in May.

Gloucestershire CCG broke down their data into face-to-face vs. digital contacts, which, though possibly not representative, is interesting to consider. Overall, Gloucestershire CCG saw a small decrease in overall contacts between the same periods in 2019 and 2020, though the proportion of face-to-face contacts vs. digital contacts essentially switched during this time: face-to-face contacts decreased 72 per cent from March-May 2019 to March-May 2020, while digital contacts in March-May 2020 saw an incredible 635 per cent increase from 2019 levels. In the case of Gloucestershire CCG, digital contacts include online texts, video calls, and telephone calls.

Just under half (46 per cent) of CCGs reported data regarding contact with young people from Black, Asian and minority ethnic (BAME) backgrounds, though this was almost always given as an average rather than separately for the individual months or years. In the rare instance that comparison is possible, there appears to be little variation in the proportion of young people from different ethnic backgrounds who had contact with CYPMHS between 2019 and 2020. However, Public Health England's September 2020 surveillance report on mental health found that children from BAME backgrounds comprised 21 per cent of active users on Kooth, a digital platform, suggesting increased reporting of mental health problems among children in this group. Overall, Public Health England's report found that emerging evidence was not conclusive and that outcomes associated with ethnic background are 'mixed'.⁵⁷

Planning for the future

Most CCG areas (69 per cent) stated that they had modelled future demand as part of their planning. Several CCG areas mentioned a predicted increase in need of around 30 per cent when schools returned, based on estimates from the NHS Trust providing specialist CYPMHS in their area. Three-quarters (74 per cent) of CCGs who responded to the FOI said they had developed a plan for their area in response to the coronavirus pandemic, or were in the process of doing so. Several mentioned working in partnership with their ICS, schools and voluntary sector partners to do this.

One commissioner we interviewed expressed a concern about rates of self-harm in their area, noting that there had been a marked increase in overdoses from drugs at the start of August though this has since decreased again. Another commissioner stated that their priority would be tackling health inequalities and social deprivation using a whole family approach and continuing the partnership working. At a Health and Social Care Select Committee evidence session on Tuesday 8th September, Health and Social Care Secretary Matt Hancock responded to a question

⁵⁷ Public Health England. (September 2020). *Covid-19: Mental health and wellbeing surveillance report*: www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report.

from Dean Russell about expanding CYPMHS.⁵⁸ Hancock agreed that this was an “incredibly important area” and highlighted the additional investment set to take place over the next few years. He did concede that “it’s not all about the money” and that improving access to services would also be important, including digital technology where appropriate.

An indication of the Government’s future policy direction of mental health services for children and young people may be provided in the House of Lords debate on 24th September 2020 in the form of an oral question from Baroness Massey of Darwen: “Expansion of mental health services for young people to deal with concerns expressed during the COVID 19 pandemic.”⁵⁹

⁵⁸ Parliament.TV. (8 September 2020). *Health and Social Care Committee: Tuesday 8th September 2020 [12:00:16-12:01:35]*. [Online]: <https://parliamentlive.tv/Event/Index/3d55acfa-2b27-40f2-a258-2ee99fab360a>.

⁵⁹ Parliament.UK. (September 2020). *What’s on in Parliament: House of Lords Thursday 24th September*. [Online]: <https://calendar.parliament.uk/calendar/Lords/All/2020/9/24/Daily>.

Appendix: FOI questions to CCGs

1. **a.** What specialist CAMHS services do you commission for children and young people and who provides these (e.g. eating disorder services, talking therapies, etc.)?

b. What other services do you commission to support the mental health of children and young people and who provides these?
2. Given the recent national decrease in referrals and the additional potential impact of Covid-19 on mental health, what plans are you developing to cope with increased or changing need for mental health support for children and young people in your area?

Please tick all that apply	Adaptations	Further details
a. <input type="checkbox"/>	adapted the services you commission to continue to support young people's mental health	
b. <input type="checkbox"/>	planned to commission additional services	
c. <input type="checkbox"/>	modelled future demand on services	
d. <input type="checkbox"/>	developed a plan for your area	
e. <input type="checkbox"/>	partnered with other organisations such as charities and youth services	
f. <input type="checkbox"/>	delivered any other initiatives to support young people's mental health during this period (please state)	

3. **a.** How many contacts did the CAMHS services you commission have with children and young people in the following months?
- i.** March 2019
 - ii.** April 2019
 - iii.** May 2019
 - iv.** March 2020
 - v.** April 2020
 - vi.** May 2020
- b.** What proportion of these contacts were young people from the following ethnic backgrounds?
- i.** Asian
 - ii.** Black
 - iii.** Mixed
 - iv.** White
 - v.** Other



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