

30 June 2022

ADCS submission to the Mental health and wellbeing plan: discussion paper and call for evidence

1. The Association of Directors of Children's Services Ltd. (ADCS) is the national leadership organisation in England for directors of children's services (DCSs) appointed under the provisions of the Children Act (2004). The DCS acts as a single point of professional leadership and accountability for services for children and young people in a local area, including children's social care and education. ADCS welcomes the opportunity to respond to the Department for Health and Social Care's Mental health and wellbeing plan: discussion paper and call for evidence.

Context

2. The mental health and wellbeing of children and young people continues to be a concern to members of ADCS, particularly after the unprecedented disruption of the pandemic. More children and young people are experiencing mental ill-health than ever before, with one in six, 5– 16 year olds experiencing a probable mental health disorder. Child and Adolescent Mental Health Services (CAMHS) are stretched and long waiting lists are causing heightened distress for children and young people, contributing to family breakdown and rising demands on children's social services.
3. It is well known that around half of mental illnesses experienced in adulthood begin in childhood, and that better identification and early intervention in childhood can help people build resilience and avoid crises later, improving both their quality of life overall and the demand on public services over the life course. Despite this, children's mental health services have not received the system-wide focus and investment needed to achieve the desired shift.
4. This plan has been developed by the Department for Health and Social Care (DHSC) as a strategy for all ages but that is not how services are arranged; local authorities and schools commission and deliver a range of services in this space. The DHSC and the DfE must work closely together to successfully plan and deliver this 10-year mental health and wellbeing plan to ensure that children, young people and their families are fully taken into consideration throughout. This close working cannot be limited to DfE and DHSC, other relevant departments and agencies must be drawn in also e.g. The Ministry of Justice and the Youth Custody Service, to support children and young people in conflict with the law. There is also a need for clear visible leadership of this agenda and it is disappointing that there is no longer a senior minister or civil servant in the DHSC with children, young people, families or Child and Adolescent Mental Health Services (CAMHS) in their title or portfolio.
5. Last year, NHS England treated 39.6% of children and young people with a diagnosable mental health condition. While this meant that their target of 35% was

exceeded, this still leaves over 60% of children and young people without treatment. With no support, young people's symptoms often worsen, with many self-harming, dropping out of school or turning up at A&E in crisis, often resulting in a crisis intervention from children's social services due to challenges accessing CAMHS. The system must be more ambitious and aim to meet the mental health support needs of all children.

6. ADCS welcomes this forward look at mental health, however, the pandemic has shown that it can be difficult to develop rigid plans over such a long time period. The long-term plan for the NHS covers the period up to 2029 and yet it is already out of date and no longer reflects the post-pandemic world or experience. While it is impossible to prepare for every eventuality, any long-term strategy requires clear review points for adequate assessment and the option to adapt to emerging trends and events going forward.

All-age strategy

7. An all-age and stage strategy may better reflect the life-course and the interplay between children's experiences and their later mental health, however, this approach is at odds with the way that mental health services are organised, commissioned and delivered to children and young people, and to adults. This reality must be reflected in the strategy and cease the opportunity to build better routes of transition for young people as they enter adult services. The strategy should particularly seek to address the issue of young people timing out of CAMHS at 16 but being ineligible for adult services until they turn 18 years old. Children's health must be prioritised in line with adults' health. Current spending of local Clinical Commissioning Group areas highlights disparities here, with 14 times more spent on average on adult mental health services than on services for children at the start of 2022, [LGA](#) (2022). Funding intended for children and young people's mental health provision is being used to alleviate wider pressures within the NHS.

Integrated Care Systems

8. The Integrated Care Systems (ICS) reforms offer a pivotal opportunity to realign mental health on an equal footing with physical health while also boosting the profile of children and young people. ADCS members remain concerned that the needs of children and young people are not sufficiently in focus in these reforms. While a welcome late amendment by the House of Lords secured the inclusion of a children's executive lead in each ICS, there must be a continued focus to ensure the needs of children and young people are not overwhelmed by the pressures of the adult acute sector.
9. ICS guidance should provide clear expectations for children to be given parity of esteem in local arrangements. Whilst the Lords amendment was welcome, until that point there was no explicit consideration of children's rights and needs despite the fact that they make up almost a quarter of the population and that childhood interventions are among the most effective and cost-effective of any health interventions. Funding must be retargeted towards children's health and wellbeing

to prevent future harm, distress and cost to the public purse. There must be an expectation placed on systems that the needs of children and young people feature in new performance frameworks. A national review of services for children with poor mental health and wellbeing is needed now to take full advantage of the opportunities for positive change that the reforms offer and to ensure that children and adolescent's mental health is given the spotlight it deserves. We urgently need to address the disconnects in the system that lead to children waiting for treatment for over a year whilst in distress, contributing to family breakdowns, while the number of bed days for treatment in clinical settings has been reduced.

Health inequalities

10. Certain factors, including quality of housing and local services, and access to food, early years settings, education and fair employment, all have a huge impact on health and wellbeing. Covid-19 exposed stark inequalities in our society requiring urgent action. Children's wellbeing must be put at the heart of decision making in order to reduce these health inequalities. The strategy cannot focus on clinical need only, more must be done to address the wider determinates of mental ill-health in order to be truly preventative.
11. Racial inequality must also be considered. An [NHS digital report](#) (2017), showed that white children and young people are around three times more likely to have a mental health disorder than Black/Black British and Asian/Asian British children and young people, yet there is an over-representation of black children in CAMHS in-patient settings. Black children and young people are ten times more likely to be referred to CAMHS via social services and youth justice teams rather than through the GP compared with White British children, as highlighted by the [NHS Race and Health Observatory](#) report on ethnic inequalities in healthcare, (2022). Any mental health strategy must explore this disproportionality and take action to start to address it.

Schools

12. National Covid 19 recovery plans for children and young people have largely focused on lost learning and tutoring, with no coherent strategy for children's mental health or emotional wellbeing despite the widespread traumas faced by children over the last few years or the growing levels of need evident across the country. The [Children's Commissioner's Big Ask survey](#) (2021) found that the pandemic placed additional strains on children and young people including: isolation, uncertainty around schooling, exams or assessment-related stress, constant frightening stories on the news, absorption of parental anxiety, estrangement from wider family, social media addiction, self-harm, thoughts of suicide, early bereavement and grief. These strains have taken a toll with older children and girls in particular, with 40% of participating 16-17 year old girls identifying as being unhappy with their mental health.
13. A [survey](#) by the Association of School and College Leaders found that more than 80% of headteachers reported that exam anxiety is greater this year than during pre-pandemic years. Clearly academic pressure is having a huge impact on

children and young people's mental health. Schools are integral as a universal service, but in-school mental health support is reported as variable. Schools must be a key partner in integrated care systems. Beyond education, children and young people face a number of stressors, including social media, body image and bullying. There is evidence that eating disorders have got significantly worse over the last two years, with recent data showing a steep rise in hospitalisations in under 20s ([NHS Digital](#), 2021).

14. ADCS welcomes the rollout of mental health support teams (MHSTs) within schools, however, the ambition is limited and should be rolled out to all schools more quickly. Feedback from ADCS members suggests that there is a strong interest in these roles and anecdotal feedback has largely been positive about the impact these teams are having. With adequate funding, more pace could be injected to the programme with teams being established much faster, achieving greater coverage. However, it is too early to make a formal evaluation of how effective MHSTs are as the Covid-19 pandemic coincided with their rollout and affected implementation and delivery. The Independent Review of Children's Social Care supported wider rollout of these teams too ([DfE](#), 2022).

Special educational needs and/or disabilities (SEND)

15. The recent SEND Green Paper ([DfE](#), 2022), set out plans for a continuum of support where children and young people's needs are identified early so that the right support is delivered in the right setting at the right time. It also recognises the interconnectivity of special educational needs, emotional needs and mental health, which is welcomed. While the Green Paper makes an attempt at clarifying roles and responsibilities, more needs to be done to ensure the right lines of accountability are system wide to ensure it delivers for children and young people.

Children in care

16. The challenges and delays many children and young people face in accessing mental health support is driving additional activity in children's social care as unmet needs escalate and families reach crisis point, with nowhere else to turn for support.
17. For those children who are not already on the waiting list for CAMHS, children entering care have generally experienced traumatic events which are known to impact on childhood development. Adverse childhood conditions (ACEs) are known to be highly correlated with developing mental health conditions, putting children in care at a high risk of mental ill-health. Children entering care, whether they are flagged as having mental ill-health at that point or not, should be prioritised for CAMHS assessment and ongoing support to overcome early childhood traumas and thrive.
18. It is especially problematic that CAMHS services expect children and young people to be in 'stable placements' before accessing services. Many children who have experienced trauma and neglect will not become 'stable' until they receive support; stability must be seen as an outcome rather than an accessibility criteria.

The overly clinical model of the day is not child-centred and a more social model is needed, one that is closer aligned to accepted custom and practice in wider children's services.

19. With the ongoing sufficiency challenges in finding suitable placements for children in care, children can be placed outside of their 'home' local authority area, which ADCS members report leads to further issues with accessing mental health support. These same difficulties are rarely replicated in securing support for physical health conditions e.g. asthma, diabetes or other long term conditions.

Tier 4 inpatient services

20. ADCS members report ongoing challenges in accessing tier 4 provision for those with severe and/or complex needs who require in-patient services. This is two-fold; partly a result of health partners drawing distinctions between children and young people's emotional and behavioural needs and their diagnosable mental health condition in order to gatekeep access to limited CAMHS services, and the NHS policy drive to reduce the number of children in tier 4 mental health placements over time.
21. According to data from NHS Digital and Young Minds, monthly open referral rates for CAMHS have risen to over 400,000, an all-time high and up 45% on rates at the start of the pandemic. However, the NHS mental health dashboard shows that the number of inpatient treatment days has decreased sharply during the same period with the rate of bed days in 2022 only 70% of pre-pandemic rates. This trend is deeply concerning and there does not appear to be a plan to address this escalation of need in children and young people.
22. The reduction in tier 4 placements places further pressure on secure children's homes. Last year, the highest daily rate of open referrals was almost double the highest daily rate recorded in 2018 ([SWCU Annual report](#), 2018, 2021). Finding a secure placement can take several weeks or even months, assuming the referral is successful, and the annual costs of an interim placement can exceed £1m. The number of Deprivation of Liberty applications, which rely on the High Court using its inherent jurisdiction to act where there is no statutory provision, increased by 462% from 2017/18 to 2020/21 ([Nuffield Family Justice Observatory](#), 2022).
23. As leaders of children's services, ADCS is increasingly concerned about the growing difficulties in accessing the right help and support for children and young people with complex emotional issues typically arising from early childhood trauma and abuse or exploitation in adolescence, who are at the edge of the criminal justice or care systems and/or the brink of hospitalisation. This has led to growing difficulties in accessing the right help and support for children and young people with the most complex and overlapping needs and who are in extreme distress. Often there is no clinical diagnosis or treatable condition to act as a gateway to therapeutic services and support, whether that's in-patient or delivered in the community as part of a wider package of support provided by the NHS. This cohort of young people present a huge risk to themselves and to others when their distress manifests in self harm or suicide attempts, or physical violence and threatening

behaviours directed at family members, carers, and the myriad professionals around them.

24. Hospital is not necessarily the right place for children in extreme distress, but ADCS members believe there is a gap in specialist provision between a tier 4 bed or welfare secure placement, and existing residential or foster care provision, where children can receive bespoke, wraparound support. ADCS believes that LAs and the NHS must work together on a wholly new approach to respond to the needs of this group, providing a very therapeutic and supportive approach within a contained environment. ADCS would be happy to be engaged in developmental work in this area.

Suicide

25. While suicide rates in the general population are showing a downward trend over time, this unfortunately does not apply to 10 – 24 year olds, with one study showing almost three quarters of under 18s taking their own lives between 2009 and 2019 had a history of self-harm, far higher than all other age groups ([NCISH, 2022](#)). Regulation 28 reports, written by the coroner recommending actions to avoid future deaths, increasingly reference long waiting lists for CAMHS and lack of suitable acute placements as matters of concern. Serious case reviews, local learning reviews and information gathered during the child death overview panels offer a wealth of learning to try and reverse this trend. The latest triennial review of serious case reviews, which are undertaken when a child dies or is seriously harmed, showed that nearly half of reviews involving children over six years of age reported mental health problems for the child while parental mental health concerns was the most prevalent characteristic reported in reviews between 2014 and 2017 ([DfE, 2020](#)).
26. Every life lost to suicide is preventable. There is an opportunity with the development of the ICS to join up health and social care responses here, to agree a framework for responding to risk and providing support in a more child centred and family focused way.

If you would like to discuss any of the points raised in this consultation further, please contact ADCS via sarah.wilson@adcs.org.uk in the first instance.