



**The
Children's
Society**

Children's mental health

*Priorities for improving children and adolescent
mental health services in England*

Summary

In recent years child and adolescent mental health services (CAMHS) have come under severe pressure from funding cuts and an ever-growing number of young people requiring mental health support¹.

Through our services we are coming into contact with some of the most vulnerable young people who face complex issues in their lives, including neglect and abuse, domestic violence and sexual exploitation. Too many of them have a high level of unmet emotional or mental health needs but are not getting any support to deal with this as the system does not allow young people easy and timely access to mental health help.

The pre-election announcement of £1.25bn funding for children and adolescent mental health services in this year's budget statement was a welcome decision to provide much needed investment to start addressing the barriers that prevent young people accessing the support they need. This announcement together with the ministerial Children and Young People's Mental Health and Wellbeing taskforce's final report *Future in Mind*² gives much a needed focus to children's mental health and outlines the need for a "complete overhaul" of CAMHS services to prevent vulnerable young people from slipping through the net.

We would like the new Government to ensure this pre-election commitment is maintained and to use this opportunity to transform CAMHS and improve outcomes for young people. The Government should prioritise mental health services to achieve parity between mental and physical health services and put in place standards to promote access and recovery for young people.

We believe that support for young people's mental needs has to improve urgently. This briefing outlines our key concerns and sets out the key improvements we would like to see in mental health support for adolescents in the following key areas:

- Early intervention and prevention
- Access and support for vulnerable groups
- Access and support for 16 and 17-year olds and improved transitions
- Addressing the links between mental health problems and poverty
- CAMHS commissioning and funding arrangements

Summary of recommendations

Early intervention and prevention

The Government, local authorities and health services should improve and invest in early intervention and prevention services. This would ensure children and young people's emotional and mental health needs are addressed early on to prevent them reaching crisis point. This investment should be long term and stable.

Access and support for vulnerable groups

Clinical commissioning groups and local authorities should meet the emotional and mental health needs of vulnerable groups of children and young people through better assessments of their needs, commissioning of specialist services and timely referral and access.

Access and support for 16 and 17-year olds and improved transitions

CAMHS providers should ensure that 16 and 17 year olds always have access to CAMHS regardless of the level of support they require.

Mental health and poverty

Government measures to reduce child poverty, including the provision of financial support, should be designed with the objective of also improving children and young people's mental health and emotional well-being.

CAMHS commissioning and funding arrangements

The Government should ensure that there is consistent and robust data collection, reporting levels of need and spending by both clinical commissioning groups and local authorities. This will help to inform funding and commissioning decisions and facilitate access for all children and young people who need help.

Introduction

About The Children's Society:

The Children's Society is a leading charity committed to improving the lives of thousands of children and young people every year. We work across the country with the most disadvantaged children through our specialist services and children's centres. Our direct work with vulnerable groups including disabled children, children in or leaving care, refugee, migrant and trafficked children, means that we can place the voices of children at the centre of our work.

We offer a range of counselling, befriending and emotional support services across the country. Some of these services are delivered alongside specialist support to children and young people who have experienced domestic violence, neglect and sexual abuse. Our practitioners tell us that there is a growing need for better mental health support for vulnerable children and young people. They are particularly worried about the lack of services available for older and neglected adolescents.

Our well-being research

We have been studying children's subjective well-being since 2005. Our Good Childhood Inquiry, launched in 2006, was the first independent national inquiry into childhood that sought to better understand modern childhood from children themselves. The final report includes a set of recommendations for parents, teachers, the government and society more broadly. We have produced annual reports reviewing children's subjective well-being since 2012 and have analysed the impact of a range of factors affecting the way children feel about their lives.

Early Intervention and Prevention

When working to secure the positive well-being and mental health of children and young people, intervening early in the development of problems is more effective than providing late intervention when problems reach crisis point. Indeed the government has recently confirmed that, in relation to investment in early intervention and prevention services, there is “a compelling moral, social and economic case for change”³.

However in recent years, early intervention initiatives have been significantly undermined by insecure or short term funding, or have been discontinued⁴. These support services are often delivered by small teams of Primary Mental Health Practitioners working with schools, voluntary sector organisations, local authorities and Clinical Commissioning Groups (CCGs).

We therefore welcome the allocation of new funding for CAMHS services announced in this year’s budget of which includes a committed investment into early intervention and prevention services. This funding should be fully ring-fenced in order to guarantee its allocation to CAMHS services and to early intervention and prevention services in particular to prevent the escalation of young people’s mental and emotional problems.

Integrated working – the golden thread of early intervention:

A number of organisations and mental health service providers have raised concerns about the lack of cross-sector working in promoting early intervention and prevention⁵. Anecdotal evidence has also suggested that the biggest challenge in

running integrated early support services is not funding, but in achieving clear ownership across agencies. A London based Commissioning Support Unit noted that *“funding for mental health prevention or emotional well-being is now fragmented between Public Health, schools and academies and education. Links between national and local prevention initiatives are unclear as are relationships between, prevention campaigns and local CAMHS”*⁶.

Local services need to be clear about their roles and responsibilities and should be aware of alternative services and signpost young people to them when they cannot help. To overcome these barriers and to promote shared ownership of young people’s outcomes, guidance on multi-agency working and joint priorities should be reflected in local CAMHS strategies.

Monitoring children’s well-being

Measuring well-being is a useful tool to inform and influence decision-making and to ensure that local and national early intervention policies effectively deliver more positive outcomes for children. We believe that how children feel about the quality of their lives is inherently important. While our well-being research primarily focuses on subjective well-being, we advocate that policy makers and practitioners look at objective and subjective well-being in equal measure.

Who plays a role in early intervention?

The importance of familial relationships:

Our Good Childhood reports and well-being surveys show us that the quality of the relationship between young people and their parents/family members continues to be important as they grow up. Children who

said that their parents more frequently provided emotional support, physical care, educational support and supervisory monitoring tended to have higher levels of well-being⁷. The Importance of listening and talking to children and children having choice and autonomy have emerged time after time as key indicators of children's well-being.

To support the mental health and well-being of young children, parents should encourage children to talk openly to them about their feelings. The Children's Society recently collaborated with the New Economics Foundation to produce a guide – How to Support your Child's Well-being – supported by author, journalist and parenting and childcare expert Dr Miriam Stoppard, which sets out practical tips and advice to make a difference to children's well-being. The guide is [free to download](#).

The role of schools:

More than 75% of adults who access mental health services had a diagnosable disorder prior to the age of 18⁸. Schools play an important role and are perceived as the ideal place to identify and meet the mental health and emotional needs of pupils early – they are regarded as the most universally accessible service within CAMHS (at tier 1). Evidence suggests that young people may be as much as ten times more likely to access a school-based mental health service as compared with a non-school based one⁹.

It is important that children and young people receive good quality education to recognise the signs of mental health problems, what is and is not a cause of concern and where to seek help if they feel they might be experiencing problems with their mental health and emotional well-being. In order to facilitate this, teachers and

support staff in schools should receive specialist training on mental health and how to support or sign post their pupils to appropriate services.

Promoting resilience in schools

Resilience is the capacity to bounce back from adversity. Resilient individuals, families and communities are more able to deal with difficulties and adversities, and are therefore more likely to experience conditions which are positive for both their physical and mental health. There is a growing body of evidence that suggests developing children and young people's resilience enhances their ability to overcome trauma and cope better later in their adult life¹⁰.

As universal services that play a significant role in the development of children and young people for at least 11 years, schools have an important opportunity to promote and increase the resilience of the pupils they teach, their families, and the wider community¹¹. There are a number of ways schools and other educational establishments such as pupil referral units (PRUs) and further education centres can help to promote well-being including the promotion of emotional resilience throughout their curriculum and through the development of targeted interventions. It is essential that a whole school approach is taken when promoting positive mental health.

Our FAST (Families and Schools Together) programme in Birmingham aims to build children's resilience and ability to cope with the challenges they face, helping to prevent mental health issues developing, and equipping them and their families to cope with existing emotional problems. This includes providing targeted support in schools and a pupil referral unit (PRU).

The Children's Society in Birmingham - The FAST programme

Counselling in schools

According to a recent review, approximately 61-85% of secondary schools in England provide young people with access to counselling, meaning that between 50,000-70,000 young people attend school-based counselling per year in England, similar to the numbers in this age range attending specialist CAMHS. This makes school-based counselling one of the principal forms of CAMHS intervention in England¹². The Government should explore the effectiveness of making school-based counselling a statutory provision as is the case in Wales and Northern Ireland.

The role of the voluntary sector – community based interventions

Although the government, local health and public services have a duty to promote and improve children and young people's mental health and well-being, some children and young people with emerging difficulties can be supported outside of CAMHS and other statutory settings. The voluntary sector has an important role to play in providing support to parents and families in addressing young people's needs early as recognised in the

Health Committee's report on *Children and adolescents' mental health and CAMHS*.

Voluntary sector and community-based providers are in many ways well suited to provide support and advice to those living in their area. These organisations are often community hubs and have extensive local knowledge and relationships. Their services are often embedded into wider programmes that work with young people and their families. In addition, voluntary sector organisations typically deliver their interventions in non-clinical settings, this can help to attract and engage more young people.

Evidence suggests that reductions to CAMHS funding by local authorities and clinical commissioning groups (CCGs) has meant that voluntary sector organisations have increasingly come under pressure to fill gaps in provision¹³. In some areas, they are the only services left with expertise to support young people presenting with a range of problems¹⁴.

Digital culture

The internet has brought about significant change in the way our society communicates and shares information. It has become an important part of young people's lives today. Having regular access to the internet can be a source of support for young people dealing with mental health related issues. There is growing awareness and research being conducted on digital mental health support. Young people are increasingly able to access quality information and interact with other those dealing with similar issues through online forums or seek professional help through dedicated websites or through Apps¹⁵.

Although the internet has revolutionised the way people interact and access information

today, it is not without its problems. There have been growing concerns about the negative impact of digital culture on children's mental health and well-being, particularly regarding how they engage with social networking sites.

Recommendations on early intervention and prevention promotion

- Following years of cuts the allocation of new funding for CAMHS services announced in this year's budget is to be welcomed. The announcement included a committed investment into early intervention and prevention services. We call on the new government to ensure this commitment is upheld and to fully ring-fence this funding.
- Integrated working is often regarded as the 'golden thread' of early intervention. CAMHS services across the system should work together and with other agencies such as other health and social services, education and voluntary sector services to ensure the needs of young people are identified and addressed as early as possible. Shared ownership of CAMHS outcomes should be reflected in a clear CAMHS strategy.
- There currently exists no government guidance detailing how joined up and integrated working should operate in relation to CAMHS, education and care services. Although flexibility to suit local needs and circumstances is important, some example of how this might look and clarity about the structures and levers in place to support joined up working between local partners is needed.
- We recommend that the Department of Health and the Department for Education jointly take responsibility for measuring children's well-being.
- We advocate that the subjective well-being of particularly vulnerable groups of children, including looked after children, care leavers, young carers, asylum seekers and refugees, disabled children and children at risk of abuse and exploitation, and young runaways, should be measured to improve understanding of the difficulties they face and to improve the availability and quality of services they need.
- The government should invest more in parenting programmes and children's centres to equip parents with key skills to support their child's mental health and well-being.
- The Government should explore the effectiveness of making school-based counselling a statutory provision as in Wales and Northern Ireland.
- Voluntary sector organisations who work with some of the most vulnerable groups of children and young people should have a strong voice in informing the strategic planning and commissioning of public health and clinical services. For example, Health and Wellbeing Boards should take steps to engage with local voluntary sector groups and service providers to ensure their local knowledge is used most effectively in the Joint Strategic Needs Assessment process.
- Schools can offer a safe environment for children and young people to address issues such as self-image, bullying and exam anxiety. These issues can be embedded into the curriculum and into school's pastoral and conduct policies. The government should continue to support schools in raising awareness about mental health through evidence-based training and guidance for staff.
- Training about mental health for staff working in schools should be improved to better equip them in responding to the

needs of pupils facing mental health and emotional problems.

- With a significantly high proportion of young people using social networks and media platforms today, further research into their impact on well-being and mental health is needed as they are increasingly linked to young people's poor self-image, bullying, acts of self-harm and even suicide.

Access and Support for Vulnerable Groups

Why we need to focus on vulnerable groups

Some groups of children and young people are at particularly high risk of developing mental health problems such as looked after children, child victims of domestic violence and child sexual exploitation (CSE), separated children and homeless children. Despite their additional needs, these groups of young people often find it harder to access support and often suffer in silence and in isolation.

Looked-after children

Looked-after children are five times more likely to develop a mental disorder than children living at home with their families yet several studies indicate that only a small minority of those diagnosed access CAMHS¹⁶. We are concerned that not enough is being done to target support for looked-after children and care-leavers. High quality care is fundamental in helping children and young people negotiate the impact of experiences like severe neglect and for preventing the development of mental health problems.

Timely access to mental health services for looked after children must also improve so that the right support is available when required. A recent briefing by the Alliance for Children in Care and Care Leavers called for, *“Robust assessment and measurement of children’s wellbeing and progress through their care experience, rather than one-off outcomes, so that we understand when children are doing well and when they need more support”*¹⁷.

Looked-after children and young people residing outside their home local authority in particular face additional risks to their health and well-being. Removed from their families and support networks their experiences in health services can be characterised by inter-borough confusion about responsibilities for funding and the carrying out of health assessments. These factors can all contribute to delays in young people accessing help from health services, including CAMHS services.

Victims of sexual abuse

Poor mental health has been identified as a particular vulnerability factor for young people both prior and following sexual abuse¹⁸. In many cases, victims of sexual abuse are only provided support by CAMHS if they present with a diagnosable condition. As recommended by the ministerial Children and Young People’s Mental Health and Wellbeing Taskforce, child victims of sexual abuse should be offered an assessment and receive support to help them overcome the trauma of abuse. Services should also intervene earlier to stop young people developing serious and long-term mental health conditions.

Homeless young people

Homeless young people are a distinctly transient group who often have multiple needs including mental health support. Many homeless young people are in urgent need of help and many often face problems in accessing the help they need. Despite the high prevalence of mental health symptoms, among this group only 7 per cent have a formal mental health diagnosis¹⁹. Health and Wellbeing Boards should review how the needs of homeless young people are addressed by housing services.

Child victims of domestic violence

Domestic violence within the home can have a detrimental impact on children and young people's lives especially their ability to form trusting relationships, particularly with adults. Children living in families where domestic abuse occurs may be the victims of abuse themselves or may need support to deal with the psychological impact of witnessing abuse, building self-esteem and developing personal safety plans and support networks. It is important to provide services for children and young people of all ages. Our practice suggests that there is a particular need for more support services aimed at pre-school children and adolescents.

Through one-to-one counselling with a qualified and experienced counsellor, we help children and young people understand relationships in the context of an abusive family home. Children learn about safety planning, including developing their own personal safety plans and identifying where they can get help, mapping their personal support networks, focusing on their strengths and building their self-esteem. We also offer young people support in relation to abuse and complex support needs such as mental ill health and substance abuse.

The Children's Society in Oldham - Resolve Children's Counselling Service

Separated children and young people

Separated children and young people subject to immigration control in the UK face severe obstacles in realising their rights. The circumstances of separated children are unusually stressful resulting from a combination of the circumstances in the country of origin, the journey to the UK and arrival and settlement in the UK and the

possibility of a refusal and return to the country of origin.

Many practitioners emphasise the extent to which legal problems can impact on other aspects of a child or young person's life, such as mental health and development²⁰. Access to good quality advice and advocacy has been highlighted as a factor that can play a role in alleviating possible stress and depression²¹. With the right support and safety net around them, these young people can thrive and demonstrate great resilience.

The Immigration Act 2014 introduced restrictions on healthcare by paving the way to extend charging to primary care meaning that any treatment needed as a result of a GP or nurse appointment could now become chargeable including mental health services. This could leave many separated children who are not being accommodated by the local authority (including those in private fostering arrangements) and former separated children over 18 who are care-leavers, without any access to both primary or secondary healthcare because most will have no means to pay. NGOs and the Joint Committee on Human Rights have raised their concerns about this issue²².

Recommendations to ensure better access and support for vulnerable groups of young people

- Local authorities and Health and Wellbeing Boards should evaluate the level of mental health support available to vulnerable groups of young people. Commissioning of effective mental health services should be underpinned by robust and reliable data on the use of mental health services by vulnerable groups. We believe it is vital that both children's and health services develop joint procedures that clearly set out

- responsibilities and include guidance on joint planning.
- As members of Alliance for Children in Care and Care Leavers, we support the recommendation that care that meets the day-to-day emotional needs of children is supported by specialist mental health support if needed. We also endorse the Alliance's call for more robust assessment and measurement of looked-after children's wellbeing²³.
 - For children placed out-of-borough, care plans should outline how the quality and level of support will be maintained when a child moves between local authority and CCG boundaries.
 - At present support for victims of child sexual abuse is often dependent on children displaying symptoms of diagnosable conditions. Child victims should as a matter of course receive support to help them overcome the trauma of abuse.
 - Therapeutic support should be tailored for young people and delivered by specialists working with young people rather than as an add-on to adult services.
 - We recommend that for young people who are at risk of homelessness or present themselves as homeless to local authorities, an assessment of need should include assessment on their mental health and wellbeing and where there are needs plans should be put in place to provide adequate support.
 - We believe that all children who experience or witness domestic abuse should receive support which includes: safety planning, including developing their own personal safety plans and identifying where they can get help, mapping their personal support networks, focusing on their strengths and building their self-esteem.
- A system of legal guardianship should be introduced for all separated children in England to advocate for and coordinate all of the services working with the young person including mental health services.
 - The government should ensure that the immigration status of separated children and former separated children does not affect their entitlement to mental health services.

Access and Support for 16- and 17-year-olds and Improved Transitions

Why we need to focus on vulnerable adolescents, 16 and 17-year olds in particular

Our practice suggests that vulnerable adolescents facing mental health problems face additional difficulties once they reach the age of 16, either because of the quality of support they receive or because they do not always qualify for support. In many places there is still a lack of clarity on whether they should be seen by CAMHS or adult mental health services (AMHS)²⁴, despite the Children Act 1989 defining young people under the age of 18 as a child.

Transition services in CAMHS have been a cause of concern for over a decade and date back to the development of the current four-tiered system in the mid-1990s. The lack of dedicated services and adequate planning has left many adolescents and young people falling through the gap between children and adult mental health services. Transition between CAMHS and AMHS is today commonly described as a “cliff-edge”²⁵ where support disappears and young people disengage with services and as a result become at greater risk of presenting with serious mental health conditions.

From our direct work with adolescents, particularly vulnerable adolescents such as young runaways, young people who are victims of CSE, or those at risk of homelessness we know that family relationships for this group of young people can be very fragile. The lack of emotional

support and increasing independence of adolescents can have negative impact on their mental health. Through our research we know that the impact of maltreatment in adolescent years can be significant and long lasting²⁶.

Transitioning between CAMHS tiers

Concerns have been raised around transitioning between tiers within CAMHS services. We see in many areas a significant shortage in appropriate ‘stepping-down’ services such as targeted CAMHS or dedicated voluntary sector services²⁷. These services are important in safely preparing young people for discharge and in providing continued support.

Regional variations

Older adolescents, particularly those aged 16-17, can find it difficult to secure specialist and emergency mental health support from CAMHS as they fall outside of its remit in many areas because of their age. In some parts of the country these services are offered up to the age of 16, in others it can be up to 18 or 25 years of age. The government should ensure that this post-code lottery in CAMHS provision is put to an end. We believe that access to CAMHS should be available for young people up to the age of 25.

Transitioning for particularly vulnerable groups

From our direct work with looked after children, we know that they experience greater difficulties in transitioning from children’s to adult’s services when they are placed outside their home local authority. Their experiences of transition are characterised by the confusion about responsibilities for funding and carrying out health assessments, such as continuing care assessments, delays in registering with

general practitioners and to CAMHS services when they need help.

Recommendations on how to support adolescents dealing with emotional and mental health problems

- There should be tailored information produced by CAMHS providers about mental health symptoms and conditions for adolescents to support them in understanding their experiences. Information should also be available to their families, both to help them in parenting adolescents appropriately and meet their emotional needs. In addition, services working with vulnerable adolescents should consider their mental health needs within their family context and offer appropriate support to both the young person and their family.
- We believe that more services with specialised staff need to be commissioned for older adolescents. This may include the appointment of designated staff to work with this age group and guide them through transitioning processes.
- Training for staff delivering CAMHS should include information about the vulnerability and the legal status of children aged 16-17. This will ensure the needs of children in this age group are identified early and they are offered help.
- Young people should be able to access help from CAMHS when they need it up to the age of 25.
- Young people should be informed about and supported to have a say in transition planning around their mental health needs.
- CAMHS and adult mental health services should work together and in cooperation with other agencies to plan and review transition arrangements and policies for

vulnerable young people, including those in the looked after system and young people in out of local authority placements.

Mental Health and Poverty

There is a well-established link between poverty and mental health, but the vast majority of the available literature is focused on the relationship between poverty and adult mental health. The Marmot Review in 2010²⁸ stated that '*health inequalities result from social inequalities. Action on health inequalities requires action across all the social determinants of health.*' It is important to understand the various concomitant factors that link child poverty and child and adolescent mental health.

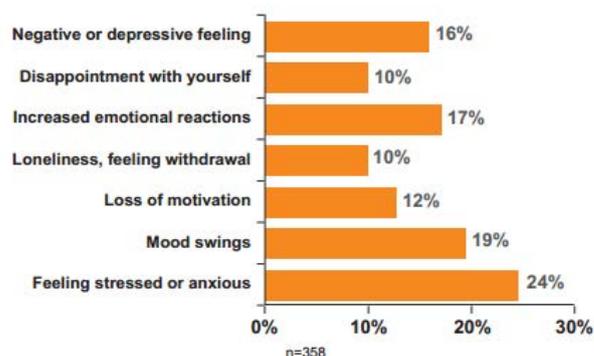
Evidence suggests that child poverty has risen over the course of the last Parliament, and that it is set to continue to rise. This has a devastating impact on the life chances of children and young people, and risks having a detrimental impact on their emotional health and wellbeing. We are concerned that as child poverty continues to rise, that there may be a linked increase in the prevalence of child and adolescent mental health problems.

We believe that the following areas are of particular concern and warrant further investigation.

Debt, work and benefits

Our Debt Trap²⁹ report revealed that around a third of families in problem debt say they have cut back on food within the last month, with a similar proportion saying they have cut back on heating, and also on clothing for themselves and their children every month in order to keep up with repayments. We found that around half of parents (47%) in arrears, said that their financial situation caused their children emotional distress, with a quarter saying that it resulted in their children feeling stressed or anxious and

19% saying that it contributed to them having mood swings. More needs to be done to ensure families in financial difficulty have the breathing space needed once they have fallen behind with payments to seek advice and support to get back on their feet.



Recent welfare changes have had a disproportionate impact on low-income families with children. This has been associated with an increase in the extent of mental health problems. For example, in a report by the Scottish Association for Mental Health, GPs highlighted that the increase in poverty since the introduction of austerity policies is having a deleterious effect on the mental, and physical, health of their patients. The research sets out that deteriorating mental health is becoming a central concern.

Housing

Housing quality can also negatively affect children's physical and mental health. Cold and inadequate housing, without a warm place to study also makes it difficult to complete homework and enjoy life at home.

Isolation and social networks

Poor mental health or low self-esteem can aggravate poverty as people lose their social networks and the ability to seek help, find work or have an active lifestyle. The Greater Manchester Poverty Commission³⁰ found that a lack of dignity, self-worth and

feeling stigmatised were common to all the testimonies given by people living in poverty. Having feelings of discrimination or shame is very real and can have consequences on their mental wellbeing.

Recommendations on supporting the mental health needs of children in poverty

- The Government should ensure that there is no further reduction in the level of benefits that are available to families with children, in particular child benefits and child tax credits should be increased in line with cost of living.
- The government should work with creditors and the free debt advice sector to develop a breathing space scheme giving struggling families an extended period of protection from default charges, mounting interest, collections and enforcement action. This would help families adjust and recover from income shocks and may help lone parents in particular.

CAMHS Commissioning and Funding Arrangements

CAMHS services deliver support to children through a four-tiered strategic system delivering universal, targeted, specialist and inpatient mental health services³¹. This system is used as a basis for planning and commissioning.

Many local areas are confused about who is commissioning what and care pathways between services are often unclear. Confusion in any system causes delay and misdirection, and CAMHS is no exception. Our practitioners say that children and young people's experience of mental health services vary considerably depending on the area they live and on the working relationships between mental health services and other relevant services, including children's services and the police. These relationships have a significant impact on the quality of services children receive.

In 2013, two thirds of Joint Strategic Needs Assessments did not measure children and young people's mental health, and one third of Joint Health and Wellbeing Strategies did not prioritise children and young people's mental health³². This is of grave concern as these documents inform local commissioning decisions.

Effective commissioning of CAMHS services is being largely undermined by precarious funding arrangements and the lack of up to date information about the mental health needs of children and young people; this both a national and local issue.

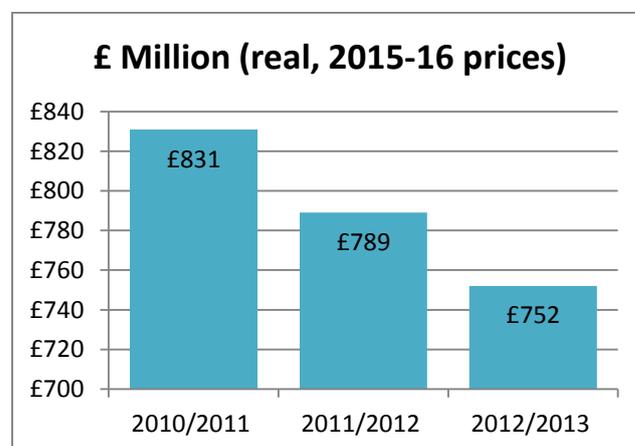
Data collection

The last centrally collated data on the prevalence of mental ill health amongst children and young people was in 2004 by the ONS, this found that one in 10 children up to the age of 16 suffer from mental health issues³³. With rising hospital admission rates and increased referrals into CAMHS, this 'data fog'³⁴ must be addressed. The Department of Health is now in the process of re-commissioning a new prevalence study to establish the current level of need. We call on the department to include 16 and 17 year olds in this new study.

We are concerned by the lack of up-to-date data on CAMHS spending and the lack of transparency about service performance and outcomes. This information is crucial if we are to improve standards in CAMHS.

CAMHS funding arrangements

NHS Programme Budgeting expenditure on CAMHS by Primary Care Trusts (PCTs) and Clinical Commissioning Groups (their successor from 2012) have been steadily reduced since 2008. In total, investment has been cut by almost £79m in real terms between the years 2010 and 2013. According to this data only 6% of the NHS expenditure on mental health disorders in the year 2012/13 was spent on CAMHS³⁵.



(Source, Programme Budgeting data, NHS England)

On a local authority level, as found by mental health charity Mind, local authorities in England spend an average of 1.36 per cent of their public health budget on mental health. The total annual spend by local authorities on preventing physical health problems is considerable, including increasing physical activity (£76m), anti-obesity (£108m), smoking cessation (£160m) and sexual health initiatives (£671m)*. Mind's research indicates that the equivalent spend for preventing mental health problems is a fraction of this, at less than £40m³⁶.

In 2014, a report by YoungMinds also examined the extent of budget cuts by local authorities, they found that 59 out of 98 (60%) local authorities in England have cut or frozen their Children and Adolescent Mental Health Services (CAMHS) budgets since 2010/2011.³⁷

Recommendations to help improve commissioning and funding arrangements

- The government recently pledged to invest £1.25bn to CAMHS services as part of the 2015 budget announcement. We welcome this vital investment into CAMHS to improve access and to reach those most in need of help and support but we believe the government should now commit to ring fencing this funding in order to guarantee the commissioning and availability of these crucial services.
- We support recommendations made by the Children and Young People's Mental Health and Wellbeing Taskforce that CAMHS services should move away from a system defined by tiers and towards one built around the needs of children and young people³⁸. The Department of Health and NHS England should work together to develop a

system that focuses on the needs and recovery of children and young people.

- Local Health and Wellbeing Boards (LHWWB) should ensure that each needs assessment has a clear section on the needs of CAMHS service users, and that the issue of mental health is given a clearer and more defined level of consideration.
- The new prevalence study due to be published in 2017 should include data on 16 and 17-year olds and should examine indicators of vulnerability and risk to inform local commissioning decisions.
- The Government and NHS England should work with local providers to improve data collection processes, particularly those on spending, performance and outcomes.

Our practice

The Children's Society Resolve project – Oldham and Manchester

Resolve Children's Counselling Service – works with children and young people aged 5-19 who have experienced, or are currently exposed to, domestic violence and sexual abuse. Through one-to-one counselling with a qualified and experienced counsellor, children and young people are supported to develop personal safety plans, including identifying where they can get help, mapping their personal support networks, focusing on their strengths and building their self-esteem.

The Children's Society in Tees Valley

The Ohana Project we run is aimed at preventing children and young people from offending/ re-offending. Ohana includes the provision of a Family Intervention Service, Children & Young Peoples Counselling & a Volunteer Mentor Service.

The Children's Society in Birmingham and Coventry

We work with young unaccompanied asylum seekers and refugees - providing a counselling service to support their emotional wellbeing.

The Children's Society in Oxford

The Children's Society in Oxford provides a range of services to refugees, asylum seekers and new migrants in schools in Oxford including a school-based mental health service – providing direct therapeutic work with refugee and asylum-seeking students. Interventions include individual, group and family work. Trained therapists work with young refugees who are struggling with psychological distress and trauma as a result of their refugee experience.

CheckPoint Torbay

Our counselling service at CheckPoint Torbay provides counselling for 10 to 17 year-olds living in Torbay who are dealing with abuse, bullying, bereavement or isolation. Referrals come from GP's, CAMHS, schools, other services within CheckPoint, family or by self-referral.

Waves

Waves offers advice and guidance to children and young people up to the age of 20, and keeps those who may be at risk safe from harm. Information, advice and guidance is offered on issues such as relationship difficulties, problems at home, bullying, drug and alcohol issues, applying for benefits and finding safe accommodation.

We also offer family mediation if there are difficulties with relationships at home. Our parenting advisors work with parents, carers and young people, usually within the home, offering advice and support during difficult times.

References

1 The number of children and young people being admitted to hospital in England for self-harm is at a five-year high, figures show.

<http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2014-12-18/219543/> (Last accessed 11 June 2015). The number of teenagers admitted to hospital with eating disorders nearly doubles in three years. <http://www.independent.co.uk/life-style/health-and-families/health-news/eating-disorders-number-of-teenagers-admitted-to-hospital-nearly-doubles-in-three-years-with-pressure-from-social-media-a-contributing-factor-10294115.html> (Last accessed 11 June 2015).

2 Children and Young People's Mental Health and Wellbeing. Future in Mind. 2015. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf (Last accessed 11 June 2015).

3 Children and Young People's Mental Health and Wellbeing. Future in Mind. 2015.

4 Submissions made to the Health Committee as part of its inquiry into Children's and adolescents' mental health and CAMHS. 2014, <http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhealth/342/342.pdf> (Last accessed 11 June 2015).

5 Written submission by Public Health England to Health as part of its inquiry into Children's and adolescents' mental health and CAMHS. 2014, <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-committee/childrens-and-adolescent-mental-health-and-camhs/written/7562.pdf> (Last accessed 11 June 2015).

6 Written Evidence submitted by North West London Commissioning Support Unit England to Health as part of its inquiry into Children's and adolescents' mental health and CAMHS. 2014, <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-committee/childrens-and-adolescent-mental-health-and-camhs/written/7891.pdf>

7 The Children's Society. The Good Childhood Report. 2014. <http://www.childrenssociety.org.uk/what-we-do/research/well-being-1/good-childhood-report-2014> (Last accessed 11 June 2015).

8 Kim-cohen, J., et al. [2003] Prior juvenile diagnoses in adults with mental disorder. Archives of General Psychiatry, 60, 709-717.

9 Health Committee. 2014. Children's and adolescents' mental health and CAMHS, Third Report of Session 2014–15. <http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhealth/342/342.pdf> (Last accessed 11 June 2015).

10 Linke, P. [2010]. Promoting Resilience in Young Children. Educating Young Children: Learning and Teaching in the Early childhood Years, 16 (2), 35-38.

11 Public Health England and UCL Institute of Health Equity. 2014. Local action on health inequalities: Building children and young people's resilience in schools https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/355770/Briefing2_Resilience_in_schools_health_inequalities.pdf (Last accessed 11 June 2015).

12 Health Committee. 2014. Children's and adolescents' mental health and CAMHS, Third Report of Session 2014–15.

13 Youth Access. Picking up the pieces. 2013 http://www.youthaccess.org.uk/uploads/documents/Picking_Up_The_Pieces_FINAL.pdf (Last accessed 11 June 2015).

14 Youth Access. Picking up the pieces. 2013.

15 MindTech. 2015, Innovation Labs: evaluating digital tools for young people's mental health - Mood disorders theme. <http://www.mindtech.org.uk/projects/67-innovation-labs-evaluating-digital-tools-for-young-people-s-mental-health.html> (Last accessed 11 June 2015).

16 Bonfield, S., Collins, S., Guishard-Pine J., and Langdon, P. [2011] 'Help-seeking by Foster-Carers for their 'Look-after' Children: The Role of Mental Health Literacy and Treatment Attitudes', British Journal of Social Work, No. 40, pp. 1335

– 1352 : [63 per cent of looked-after children were assessed as having a mental health problem but only 32 per cent were using camhs].

17 Alliance for Children in Care and Care Leavers. 2015. A new vision, <https://www.actionforchildren.org.uk/media/3630/alliance-vision-for-care.pdf> (Last accessed 11 June 2015).

18 The Office of the Children's Commissioner for England. "I thought I was the only one. The only one in the world" . 2012. http://www.childrenscommissioner.gov.uk/content/publications/content_636 (Last accessed 11 June 2015).

19 Written evidence submitted by Centrepoint as part of its inquiry into Children's and adolescents' mental health and CAMHS. 2014. <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-committee/childrens-and-adolescent-mental-health-and-camhs/written/7494.pdf> (Last accessed 11 June 2015).

20 Coram Children's Legal Centre. Navigating the system: advice provision for young refugees and migrants. 2012. <http://resourcecentre.savethechildren.se/sites/default/files/documents/6081.pdf> (Last accessed 11 June 2015).

21 Simmonds, J., & Merredew, F. 2008. The Health Needs of Unaccompanied Asylum Seeking Children and Young People <http://www.nice.org.uk/guidance/ph28/evidence/looked-after-children-ep23-unaccompanied-asylum-seeking-children-john-simmonds-and-florence-merredew2> (Last accessed 11 June 2015).

22 Joint Committee on Human Rights. Legislative Scrutiny of the Immigration Bill. 2014. <http://www.publications.parliament.uk/pa/jt201314/jtselect/jtrights/142/142.pdf> (Last accessed 11 June 2015) and Refugee Children's Consortium. 2014. Briefing for Immigration Bill.

https://www.childrenssociety.org.uk/sites/default/files/tcs/rcc_clause38health_holrs_02_04_14_final.pdf (Last accessed 11 June 2015)

23 Alliance for Children in Care and Care Leavers. A new vision. 2015.

24 Health Committee. 2014. Children's and adolescents' mental health and CAMHS, Third Report of Session 2014–15.

25 Dr Cornish. 2015. Improving Transition for Children and Young People. <http://www.england.nhs.uk/2015/01/27/jacqueline-cornish-4/> (Last accessed 11 June 2015).

26 The Children's Society. 2010. Safeguarding young people. https://www.childrenssociety.org.uk/sites/default/files/tcs/research_docs/Safeguarding%20Young%20People%20-%20Responding%20to%20Young%20People%20aged%2011%20to%2017%20who%20are%20maltreated_0.pdf (Last accessed 11 June 2015).

27 Health Committee. 2014. Children's and adolescents' mental health and CAMHS, Third Report of Session 2014–15.

28 Marmot, M. 2008. Fair Society Healthy Lives. <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review> (Last accessed 11 June 2015).

29 The Children's Society. The Debt Trap. 2014. http://www.childrenssociety.org.uk/sites/default/files/debt_trap_report_may_2014.pdf (Last accessed 11 June 2015).

30 The Greater Manchester Poverty Commission. 2013. Recommendations report. <http://www.povertymanchester.org/> (Last accessed 11 June 2015).

31 A diagram and an explanation of the CAMHS system can be found here: http://www.icptoolkit.org/child_and_adolescent_pathways/about_icps/camh_service_tiers.aspx.

32 Children and Young People's Mental Health Coalition. Overlooked and forgotten: a review of how well children and young people's mental health is being prioritized in the current commissioning landscape. 2013.

33 Office for National Statistics. Mental health of children and young people in Great Britain, 2004.

34 Health Committee. Children's and adolescents' mental health and CAMHS, Third Report of Session 2014–15. 2014.

35 Children and Young People's Mental Health and Wellbeing. Future in Mind. 2015.

36 Mind. Mind reveals 'unacceptably low' spending on public mental health. 2014. http://www.mind.org.uk/news-campaigns/news/mind-reveals-unacceptably-low-spending-on-public-mental-health/#.VE9xeHJ_tA8 (Last accessed 11 June 2015).

37 YoungMinds. Devastating cuts leading to children's mental health crisis. 2014. http://www.youngminds.org.uk/news/blog/2480_devastating_cuts_leading_to_childrens_mental_health_crisis (Last accessed 11 June 2015).

38 Children and Young People's Mental Health and Wellbeing. Future in Mind. 2015.

About us

The Children's Society has helped change children's lives for over a century.

We expose injustice and address hard truths, tackling child poverty and neglect head-on. We fight for change based on the experiences of every child we work with and the solid evidence we gather.

Through our campaigning, commitment and care, we are determined to give every child in this country the greatest possible chance in life.

Further information

To download a summary of this report, or to find out more about our work, please visit our website at

childrenssociety.org.uk/mental-health

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