

## ***1. How can we help children and young people to improve their own well-being?***

Our views have been collected from across different areas of our charity. At Together Trust, we have been championing and caring for people with disabilities, autism, and complex health needs for 150 years. We are providing life-changing support for care experienced people. We deliver individual care, support, and education to thousands of people across the North West. Amongst other sources, our views have also been informed by Children's England Young Leaders, and partnership organisations, such as the Children and Young People's Mental Health Coalition (CYPMHC) and the Alliance for Children in Care and Care Leavers.

The Health and Social Care Committee recently found that 1.5 million children (under 18) will need new or additional mental health support after the Pandemic (Eshalomi, 2022). Mental health and wellbeing must be at the heart of all government policies and initiatives. According to the UNCRC, every child has the right to the best possible health (art 24). The UNCRC requires governments to do all they can to ensure every child can enjoy their rights by creating systems and passing laws that promote and protect children's rights (UNCRC, art 4). We want to see full implementation of the UNCRC as the most comprehensive declaration of children's rights currently in existence.

Mental health and diagnostic assessments need to take place as early as possible so that the right support can be identified. Every school must be equipped to support children with their mental health needs, and every

professional working with children, young people and families must have robust training about mental health to increase awareness and understanding (Children's Commissioner, 2022). Greater resources are needed to enable multi-disciplinary work.

## ***2. How can we support people that are more likely to experience poor well-being to improve their own well-being?***

All of our responses to this consultation cover groups of people who fall into the government's pre-defined categories of 'people more at risk of mental health difficulties.' Specifically, our responses focus on children in care and care leavers, children and adults with disabilities, children with autism and children and young people with mental health differences.

To improve the well-being of people generally, a holistic assessment must be taken at an early opportunity. Factors such as poverty increase the risk of mental health problems while being a causal factor and a consequence of mental ill-health itself (Mental Health Foundation, 2016). To improve the well-being of people who are more likely to live in relative poverty, policy must concentrate on mitigating the impact of the cost-of-living crisis on those who are most vulnerable. Policies such as the Winter Fuel Allowance and the increase to Universal Credit paid during the Pandemic have the potential to make a positive difference to people's overall wellbeing. Implementing policy designed to alleviate risk factors for poor mental health would reduce pressure in other parts of the system, such as the children's social care system.

Placement breakdowns can also have a detrimental impact on the mental health and well-being of children and young people (NSPCC, 2022). Long-term stability in placements and schooling must be a high priority for the government. During the transition to adulthood, up to a ⅓ of young people are 'lost from care', and experience interruption in their placement (Health and Social Care Committee, 2021). The transition processes must start at least 2 years prior to the transition, with strong teams and processes in place. It should be recognised that transitioning to adult services at 18 might not be in the best interests of some young people who would benefit from 'staying put' or 'staying close'. The government should extend these schemes. Resources should also be allocated to developing the training and stability of the workforce (e.g residential staff, social workers), to reduce the reliance on the agency staff.

### ***3. How can we improve the wellbeing of children/YP?***

England is the only country in the UK without a Government-funded school counselling service (BACP, 2022). Emotional-based school avoidance continues to be an issue. When a child is absent from school for 15 days, local authorities are legally required to provide suitable education (DfE, 2013). However, mental health support is not included. We are calling for a 'whole-school' approach to mental health, which must be embedded into the Ofsted framework. To achieve this, clarity is required on future funding for schools on mental health and wellbeing.

There should also be a universal school counselling offer in every school across England. It should be properly funded and resourced. Schools must have up-to-date info about available mental health services, and this must be accessible and communicated to all students (NO5, 2021).

A focus on mental health should exist across all aspects of school life. We've heard from young people that there is need to enable staff and professionals to listen and normalise things and encourage conversations among young people. It is crucial to address the school-based risk factors for poor mental health (e.g exam pressure, behaviour policies, bullying) and ensure approaches to behavior are taken which are consistent with what we understand to be good for children's mental health and wellbeing (Anna Freud, 2021). The school curriculum must recognise the importance of good mental health, and resource should therefore be reinvested in creative arts, physical education and extracurricular activities.

Children spend 85% of their time at home or in communities (Place2Be, 2022). Taking part in social activities and having strong social networks are known to be good for people's levels of wellbeing (Department of Health, 2014). We want to see an increase in spaces which create opportunities for people to dwell and meet (e.g high urban parks, befriending services) (Public Health England, 2015).

In a joint meeting hosted by the CYPMHC, there was also a strong consensus from mental health organisations about the lack of adequate funding in family hubs for service delivery (2022). We would like to see an

increase in the availability of easy-to-access services which provide early support in the local community (e.g early support hubs with wrap-around services). Parents and families accessing early help and parenting support must not feel stigmatised. Interventions should be co-designed and co-produced by children, young people and families likely to access services alongside the professionals who run them.

#### ***4. How can we improve the well-being of people that are more likely to experience poor well-being?***

Spending of local authorities on early help services halved between 2010 and 2020, while Government funding for children's services was cut by 24% (Center for Mental Health, 2022). Families of children and young people with learning difficulties feel that they have been 'ping-ponged' around the system (CYP Now, 2021). Early mental health assessments should be promoted for children in care, who are more likely to have experienced abuse or neglect. In accordance with a UCL study into health outcomes for care experienced adults, they all should be offered regular wellbeing screening throughout their adult lives.

Accessible therapeutic support, delivered by multi-disciplinary teams must also be promoted for people experiencing potential family breakdowns. The government should also look at ways of ending delays to services such as CAMHS and improving the process for EHCPs and diagnoses, which are known to put immense pressure on families. There must be a range of timely and tangible support options available to a

child/young person who is waiting for or denied access to CAMHS or adult mental health services.

Importantly, regulators (e.g Ofsted) and professionals working around children and young people need an improved understanding of the effects of trauma as children enter into and navigate the care system (CYP Now, 2022). Employment can be a protective factor for mental health. However, in 2020 people with disabilities had significantly lower employment rates than non-disabled people (Office for National Statistics, 2021). There should be a focus on improving post-16 outcomes for people with disabilities.

***5. How can we support different sectors within local areas to work together and with people within their local communities to improve population wellbeing?***

A survey by Shelter found that 26% of those who said a housing problem had negatively impacted their mental health had gone to the GP (Centre for Mental Health, 2022). We are calling for national attention and resources from policymakers on greater integration, collaboration, improved data sharing and partnerships between health, care, and housing (Mental Health Today, 2022).

A clear vision from NHS England and NHS Improvement is needed which recognises the importance of housing within mental health pathways and which can be translated locally through integrated care systems (Mental Health Today, 2022).

There is a gap between the need for mental health support and the services currently available (Anna Freud, 2021). Cross-sector relationships are essential in closing this gap (Centre for Mental Health, 2022). Better integration of key services such as social and health care is needed. Particularly, we need close working between ICSs and LAs to provide easily accessible dedicated services and support for children/YP between 18-25 years of age. Also, ICSs could work with every LA's leaving care team to develop a mental health offer, as part of the Local Offer to care leavers.

Moreover, LAs need to collaborate with local delivery partners to enhance local provision for early mental health support and raise awareness of the availability of local support (GMPA, 2022). For example, we need a Virtual Mental Health lead in each LA, for children in care and care leavers up to 25 years old. Their role would be to provide oversight and leadership to children's mental health, working with local partners to develop services and ensure a 'whole system's approach' to considering the mental health needs of children in the care system and how all professionals in children's lives have a role in supporting them.

Resources need to be clearly allocated to embed cross-working and increase the availability of multi-disciplinary teams. The responsibility for finding out about services should not sit with the child, young person or family.

***6. What is the most important thing we need to address in order to reduce the number of children and young people who experience mental ill-health?***

We consistently see increasing demand for good mental health through the very high number of referrals the Together Trust receives daily. On average, children and young people go 10 years between their symptoms first arising and receiving the support that they need (Health and Social Care Committee, 2021). Assessments for autism diagnosis can take more than two years (Guardian, 2018). During that time, there is a risk that children could be misdiagnosed as having social, emotional, and mental health difficulties (Autism, 2018). Early intervention is vital in identifying needs at an early stage and offering preventative, low-level mental health support and advice (CYMHC, 2021). Despite this, less than 3% of NHS investment is in preventative or health-enhancing interventions (Centre for Mental Health, 2021).

We would like to see increased funding from the central government for preventative and early intervention initiatives. However, funding must not be moved from acute services to early intervention.

During a joint event hosted by CYPMHC, there was a strong consensus about social prescribing being a good way to deliver early intervention. We would like to see that approach strengthened. Moreover, LAs should establish robust teams around schools to offer effective early help and support (e.g family hubs, mental health teams, SEND services). There



needs to be a robust framework for the delivery of a 'team around the school' model which is properly integrated with Ofsted inspections.

***7. What is the most important thing we need to address in order to reduce the number of people that are more likely to experience mental ill-health?***

Addressing wellbeing disparities must be a priority for the government. Wellbeing disparities lead to higher risks for groups who face structural discrimination and disadvantage (Center for Mental Health, 2022). Research has shown a clear link between poorer health outcomes and socioeconomic status, housing, education, employment and other social determinants of health (AYPH, 2021). More than 600,000 people with disabilities in the UK are estimated to have £10 or less per week to pay for food and other costs (Leonard Cheshire, 2022). Food is vital to children's health, wellbeing and learning. Despite this, around 800,000 children living in poverty in England are missing out on free school meals (CYP Now, 2022). We want to see the government taking supportive actions for marginalised groups and addressing drivers of poor mental health.

The Independent Review of Children's Social Care recommended the introduction of Early Help with a focus on creating multidisciplinary teams able to support people with interrelated issues (e.g. domestic abuse). Mental health support could and should be integrated with this system. Also, we welcome the focus in the Independent Review of Children's Social Care on the importance of relationships in improving

outcomes for care experienced children/young people, and this should be key if we are to reduce the number of people more likely to experience mental ill-health.

***8. Please share your ideas on how employers can support and protect the mental health of their employees***

Mental health is an essential business concern (GMHSC, 2021). Currently, 1 in 6 employees is experiencing mental health issues at work, costing employers in the UK a total of £35 billion a year (GMHSC, 2021). Anxiety, depression, and PTSD are some of the mental health issues employees are experiencing from working in highly traumatic circumstances (O'Shea, 2021). Employers have a duty of care toward employees. They are responsible for doing all that they reasonably can to support their employees' health, safety and wellbeing (LexisNexis). Public sector organisations and their contractors should strive to become Living Wage Foundation accredited to minimise in-work poverty (Centre for Mental Health, 2022). It is important to ensure that organisations treat staff fairly, and take action to prevent and tackle workplace bullying, stress and burnout (Health and Social Care Committee, 2021). It is vital to identify and change processes that support unconscious bias and ensure that where possible recruiting process tailored are tailored to people with disabilities.

Where possible, employers should provide effective mental health support through work (Centre for Mental Health, 2022). The Together Trust makes substantial provision to support the wellbeing of its 900+

staff and volunteers. We have a challenging working environment, emotionally and physically. The charity is committed to improving the health and wellbeing of its workforce and we aim to constantly improve initiatives to enable staff to feel supported both at work and at home. 40 mental health first aiders in our workforce are trained by the Mental Health Foundation. They offer initial support for mental health and wellbeing through non-judgemental listening and guidance. All members of the workforce are also able to self-refer for support from Able Futures, which gives guidance from a mental health specialist to help staff learn coping mechanisms, build resilience, access therapy, or work with the charity to make adjustments to help mental health at work. We believe that continuing to invest in this type of support will lead to a greater sense of wellbeing for all those in our workforce.

***9. What is the most important thing we need to address in order to reduce the number of children and young people who die by suicide?***

Based on statistics, self-harm in children and young people is the most important risk factor of suicide (HM Government, 2021). Despite this, self-harm is one of the main reasons that a quarter of referrals to children and young people's mental health services are rejected (ibid). Early intervention is crucial in reducing the number of children/young people who die by suicide. There needs to be an increase in CAMHS accessibility, including services for self-harm. Children/young people who self-harm must not be excluded from primary support services on the basis of being 'too high risk' (University of Manchester, 2017).

Mental Health Support Teams must be rolled out in all schools and colleges at a faster pace, accompanied by increased investment and training in self-harm and suicide prevention. Notably, the government must not forget about other common themes in suicide, including family factors, abuse, neglect, and social isolation (ibid). It is important to help children/young people with those risk factors via providing practical and emotional support (MHT, 2022).

Good multi-agency communication and joint work can also ensure people's needs are met and prevent suicide. For example, health and social care and other agencies working with children and young people should raise awareness of the range of factors that may add to the risk of suicide (ibid). Organisations working with children and young people should work towards reducing the stigma that remains attached to mental health problems and suicide (Health and Social Care Committee, 2021).

**10. *What is the most important thing we need to address to reduce the number of people that are at greater risk die by suicide?***

Suicide is a major inequality issue. Specifically, income, unemployment, poor housing conditions and other socio-economic factors are contributing to high suicide rates (Samaritans, 2017). Children and young people in care and care leavers are between four and five times more likely to attempt suicide in adulthood (Barnados, 2017). The average

ratings for people with disabilities for happiness and life satisfaction measures are lower than those for non-disabled people (Office for National Statistics, 2019). Tackling inequality must be central to suicide prevention (Samaritans, 2017).

Suicide prevention must be embedded across government policy, specifically in housing, welfare and economic planning. The government must work towards building increased community capacity (North Yorkshire Police, 2022). This can be achieved by ensuring that there are adequate opportunities for employment, education, housing, and support in accessing these for people with disabilities, those in social care and care leavers. Also, there needs to be an investment in training for suicide awareness for services supporting people in care, care leavers, and people with disabilities (Samaritans, 2022).

**11. *What more can the NHS do to help children and young people access mental health support early?***

Research by Young Minds shows that inadequate access to early intervention leads some children and young people to turn to A&E for support (Health and Social Care Committee, 2021). CAHMS currently operates as a reactive, acute service. CAMHS must be balanced with clinical therapist teams embedded in our communities, who are able to offer support to children, young people, and families. CAMHS and other agencies should create stronger links with professionals who already play a role in the life of children and young people, such as teachers.

We welcome the Long Term Plan's recommendation to create a comprehensive offer for 0-25-year-olds across mental health services, and we want to see it implemented (NHS, 2019). The use of IQ threshold's in children and young people's mental health services should be prohibited (CYP Now, 2021).

Services need to be tailored in a way to meet the needs of every child and young person, without disabilities acting as a barrier. After reaching the CAMHS age limit of 18 years old, young people currently face a 'cliff edge' when trying to access mental health services (Appleton, 2019). The system must be joined up from childhood to adulthood for people accessing support.

**12. *How can the rest of society (beyond the NHS) better identify and respond to signs of mental ill-health in children and young people?***

Adverse Childhood Experiences (ACEs) can have lasting negative effects on health and wellbeing, and impact life opportunities like education and job potential (CDC, 2022). We must use the ACE trajectory to create meaningful measures which help us understand where to prioritise resources. To achieve this, we need drop-in hubs that provide accessible mental health support without the requirement for a referral or high thresholds for support.

The impact of care experience is lifelong. People of all ages who are care experienced would benefit from a bespoke support service throughout their lifetime (this is the model used with armed forces veterans). This would give care experienced adults the confidence to approach services, knowing that their experiences and needs will be recognised.

Greater investment is needed in the non-mental health workforce, such as youth workers and health visiting (CYMHC, 2022). There should be more focus on ACE mitigating factors, such as relationships. This knowledge should be used by schools and other community services to proactively identify which professionals are best placed to engage with children and young people.

Teachers and other professionals working around children and young people require support in recognising how mental health difficulties may lead to changes in behavior, training to be able to respond to mental health needs, and knowledge about which services exist to refer children and young people to. We would suggest rolling out basic counselling skills in schools across England. Also, there needs to be training for mental health teams on the impact of care experience.

**13. *How can the rest of society (beyond the NHS) better identify and respond to signs of mental ill-health in groups who face additional barriers to accessing support?***

Disability can overshadow mental health needs and vice versa. Around 65% of young people with learning disabilities said that professionals saw

learning disability support as their primary need, rather than recognising their mental health needs (CYP Now, 2021). Diagnostic overshadowing needs to stop. There needs to be more investment in equipping professionals working around people with disabilities with the knowledge that will enable them to better identify and respond to signs of mental ill-health. Any service offering trauma-related mental health support for care experienced children/young people should ensure assessments and treatments are evidence-based, including as set out in NICE guidelines.

Professionals need to recognise that children and young people with different needs require different support. To achieve this, there needs to be more co-production and co-designing of services and interventions. Also, it is crucial to think about how we communicate with children and young people, including non-verbal children, and ensure culturally sensitive approaches. We would like to see investment in emotional wellbeing. This could include training for leaving care teams, foster carers, and residential home teams around promoting emotional wellbeing and early intervention and when/how to access further support.

During the Pandemic, the Together Trust was able to reach people in a more accessible way via the introduction of better technology. It is important to consider how technology can enable improved services.

There is a need for a more family-orientated, systemic approach. If the recommendation made for Family Help within the Independent Review of Children's Social Care is realised, it should include the provision of



training, resources, and support for identifying and responding to signs of mental ill-health.

**14. *What needs to happen to ensure the best care and treatment is more widely available within the NHS for children and young people?***

The COVID pandemic has sparked a dramatic rise in the number of people experiencing mental health problems (Mental Health Today, 2022). Over a million people in England are experiencing mental health problems and are waiting for specialised treatment (Guardian, 2022). An improvement in treatment, follow-up, and feedback processes is vital. The Government should also make a commitment to providing an additional £2.3 billion a year for mental health services by 2023/24 (Mental Health Today, 2022).

The needs of children, young people, and families must be at the heart of any reform. Holistic assessments need to be in place, with smoother transitions and pathways between services. Clearer communication is required to help children, young people and families to understand what CAMHS support is available, when, and where.

The therapeutic intervention has to be timed correctly, as it likely will not be effective if there are persisting issues (e.g. housing, poverty, substance misuse). While cognitive behavioural therapy can be evidenced effectively (Cherry, 2022) it does not mean it is the most appropriate intervention for the person seeking support. For example, 6-week CBT interventions before moving to another professional can create more

trauma when young people have experienced attachment issues (Alliance for Children in Care and Care Leavers, 2022). The NHS should extend the modalities available (e.g. person-centred, systemic), conduct further research into what forms of therapy children and families could benefit from, and recruit more counsellors and psychotherapists from different disciplines.

**15. *What needs to happen to ensure the best care and treatment is more widely available within the NHS for groups who report worse experiences and outcomes from NHS mental health services?***

In mental health services, the care and treatment provided to people with autism do not always meet the desired quality level (NHS, 2022). This is potentially due to a lack of understanding of autism, or a lack of understanding about how to adapt and tailor services for the individual (ibid). Services should be delivered in a sensitive, age-appropriate way that encourages choice and accessibility. For example, professionals working with and around people with autism need to be equipped with knowledge about autism and have access to information about the individual to be able to tailor services according to the person's needs.

Also, we would like to see CAMHS extending the support to 25 and focusing on positive transitions to adult health provision where needed. Children/young people in care already have the right to an independent advocate, but this needs to be an 'active offer' if they engage with CAMHS so that they are made aware of their rights and can choose to

'opt-out' of an advocate if they do not want one. Also, the ICSs should proactively engage with leaving care teams around making the transition to adult mental health services simpler and clearer.

**16. *Please suggest priorities for future research, innovation, and data improvements in relation to children and young people***

Approximately £124 million per year is spent on mental health research. Only 26% of this is spent on research involving children and young people, even though 75% of mental health conditions begin before 18 (Anna Freud, 2021). Greater investment is needed in mental health research which focuses on children and young people, drivers of poor mental health, and evidence-based approaches (CYMHC, 2022). We welcome the recommendation of the DHSC that more research needs to be conducted on the negative and positive effects of screen time and social media use on mental ill-health.

Effective needs analysis must take place so that commissioners understand the number of children, young people and families who require specialist services, which providers are being commissioned, and the impact of these services (CYP Now, 2021). A greater emphasis needs to be placed on commissioning high-quality, not inexpensive provision.

It is important to think of ways to maximise technology to reach people. Blended, digital and face-to-face interventions offer the opportunity to improve patient choice, accessibility and inclusiveness. It is also important to understand patient journeys better to ensure the best possible treatment (Centre for Mental Health, 2021). Therefore, it is necessary to

ensure that consensual data-sharing arrangements are in place between agencies that provide therapeutic support.

**17. *Please suggest priorities for future research, innovation, and data improvements in relation to people who have a worse experience in NHS services and or often do not experience good outcomes.***

We welcome the recommendation made within the discussion paper for additional research on what works to mitigate mental ill-health risk factors (unemployment, debt, loneliness etc.).

As highlighted in an earlier section, research on the impact of inequalities on mental health outcomes would be beneficial. This could include research into the ways poverty affects family life (Nuffield Foundation, 2022), research into how age, gender, ethnicity, and disability interact with poverty, and the abuse and neglect of children/young people with disabilities (ibid). The DHSC should fund research to enhance and promote the use of evidence-based mental health interventions for children/young people with learning disabilities (CYP Now, 2021).

In our experience, emotional-based school avoidance appears to be becoming more prevalent and could also be the basis for a potential research project.

In terms of data, the appropriate sharing of data and person-centred, culturally appropriate interventions should be the norm. Technology

must be used as a tool to facilitate this. We need to think more broadly about the different types of therapeutic intervention available (e.g. gamification, online, and in-person). In relation to innovation, John Mcleod has suggested the development of a therapy which is not only used to handle depression, anxiety, loss, trauma and relationship difficulties, but also as a space for working on dilemmas, choices, and capabilities around what kind of society we want, and what we can do to achieve (Jackson, 2022).

**18. *What do we (as a society) need to do or change to improve the lives of children and young people who live with mental health conditions?***

Social isolation and loneliness are associated with an increased risk of poor mental health and other health problems (Mayo Clinic, 2020). Opportunities for social support in and around the community need to be created. To achieve this, there needs to be increased investment in early intervention services.

The '5 ways to wellbeing' (NHS, 2019), could be used as a framework to support wellbeing. We want to see an expansion in mental health literacy and public awareness campaigns to reduce the stigma linked to mental health (Health and Social Care Committee, 2021).

Moreover, we would like to see the introduction of a rolling programme of psychoeducation and group interventions which do not require referral or assessment.

It is crucial to build upon current workforce and capacity. One way of achieving this is by upskilling young people (and the wider community) to be part of the preventative system. Professionals working with and around children and young people must receive mental health training. It is important to promote awareness of specific events that might trigger mental health issues among care-experienced individuals of any age and having dedicated support/guides around this (e.g when someone accesses their records, or has their own children).

Additionally, effective supervision of clinical and non-clinical staff is important to build the confidence of professionals working around children and young people and may improve the quality of overall support available.

**19. *What more can we do to improve the physical health of people living with mental health conditions? - This will improve the ambition to reduce the gap in life expectancy between people with severe mental illness and the general population***

People living with mental health difficulties face a much higher risk of poor physical health (Centre for Mental Health, 2022). A lot of people go to the GP for unexplained physical elements where the actual issue is either a mental or social one. Mental and physical illnesses are treated through completely different health systems, even though the two are linked (Centre for Mental Health, 2021). Many young people with learning disabilities are not offered a 'health check' covering both physical and

mental health issues (CYP Now, 2021). It is important to link physical and mental health. All children entering care should have a mental health assessment similar to the way their physical health is assessed, drawing on learning from the mental health assessment pilot and other initiatives e.g Children Care Evidence-based clinical review and Practice guide.

Young people who have grown up in care are far more likely to die in early adulthood than other young people. This trend is unfortunately the same for young people with autism (Mental Health Today, 2022).

Inaccessibility to mental and physical healthcare is a main contributory factor to premature death (BBC, 2017). Children and young people must be registered with a GP within 24 hours of entering care (Mental Health Foundation, 2002), and their health care records must follow them promptly. It is crucial for health care records to stay with the children and young people when they move placements.

***20. How can we support sectors to work together to improve the quality of life of groups who face additional barriers living with mental health conditions?***

Government departments do not interact or engage sufficiently when it comes to creating cohesive policy around mental health. Childhood and adolescence's live span across many different policy areas such as family, education, and more.

The Department for Education must create statutory guidance for professionals and carers on Positive Childhood Experiences. As part of

that guidance, a 'do no harm' principle for services working with care-experienced children and young people should be introduced that recognises which professional decisions can harm mental health.

While multi-agency work is important, a balance must be struck between how budgets are allocated and how the priorities are shared to avoid uncertainties about whether an issue is one of social care or mental health. Policy-wise, it is crucial to recognise that interventions in one area can have outcomes and benefits beyond that context and begin moving past siloed approaches (CSap, 2022).

The system must be joined up and have linkages with other areas, for example, with children's social care. Broader systemic work is also needed, such as embedding multidisciplinary teams in the community and within a range of services.

***21. How can we improve the immediate help available to children and young people in crisis?***

In England, since the beginning of the Pandemic, there has been a 52% rise in emergency referrals for under-18s to crisis care. In one year, there has been a 72% increase in children and young people referred for urgent support for eating disorders (Guardian, 2022). The latest data suggests that the NHS has not met the 1-week deadline for urgent cases (Health and Social Care Committee, 2021). There needs to be an improvement in the responsiveness of crisis provision, including 24/7 access to support,



with access to both digital and phone/text provision. What works for children and families must be the principle underpinning any changes.

The definition of crisis and level of the crisis threshold should change. The bar is getting increasingly higher to the extent that it no longer matches with the experiences of children and young people.

We welcome the recommendation of training a range of NHS staff who are not already trained as mental health specialists. GPs are not always able to respond quickly in a crisis or recognise that one is occurring, especially where they do not have a prior relationship with the patient, so they must not be solely relied upon to get someone the support they need. Specifically, professionals in schools working around children and young people should know how to access crisis support. We would like to see a faster roll-out of Mental Health Support Teams in every school in the country. Equally important is to create and embed opportunities for psychoeducation for parents and carers, which would enable them to better communicate with children and young people about the support available to them in a mental health crisis.

**22. *How can we improve the support available to children and young people after they experience a mental health crisis?***

Some people who use crisis services frequently do not have safety plans in place, and no action is taken to address the causes of their crisis. A safety plan could support them to recover and stay well (House of Commons, 2022). Having an age-appropriate plan, including actions to

address the causes of the crisis, must be a requirement for every child and young person. This plan could include quick access to relevant agencies who are able to provide support with social issues, counselling, peer support etc.

It is crucial to ensure that children and young people known to mental health services are contacted proactively and supported (ibid). We welcome the recommendation made in the discussion paper about ensuring the effective coordination of the range of organisations who might be involved in responding to a crisis (e.g. NHS, the voluntary and community sector, public services). We also agree that staff must be equipped with the right skills to ensure that children and young people in crisis get the best possible aftercare.

In terms of ensuring best and innovative practice for after-crisis support, the range of services supporting people after a crisis (voluntary, community sector, NHS etc.) should come together on a regular basis and exchange ideas about best practice.

**23. *How can we improve the support available for groups who face additional barriers after they experience a mental health crisis?***

Young people from LGBTQ+ communities often struggle to access services. They can face discrimination against their sexuality and gender identity (House of Commons, 2021). Structural inequalities in the design of services mean that young people from Black, Asian and minority ethnic

backgrounds are also more likely to struggle to access mental health services, particularly young black men (ibid).

Services need to be properly designed to meet the needs of all children and young people and consider specific and cultural needs to ensure inclusion. Consideration must be given to the availability of support which is tailored to the needs of non-verbal people and accessible to those with disabilities.

Professionals from a range of public services (e.g. housing, benefits officers, schools, debt advisors) have an inadvertent yet crucial role in supporting people to rebuild their life after a crisis. They should be adequately trained to do so.

It is also crucial to proactively review patients on community mental health teams' caseloads and where necessary increase therapeutic activity and supportive interventions, to avoid relapse or escalation of mental health needs for people with serious mental health illnesses (House of Commons, 2022).

**24. *What would enable local services to work together better to improve support for people during and after an experience of a mental health crisis***

In the past, many services have been commissioned through CCGs to voluntary and public sectors. As a provider of over 50 services to

children/young people and families, the Together Trust sees the fragmentation of service delivery regularly. This fragmentation results in children, young people and families being confused about what support they are entitled to. Pathway management would enable local services to work together to better improve support for people after a mental health crisis. It is about understanding the network of services that sit around an individual, how we bring them together to work clearly, and how we manage the collection of services as a pathway.

Community connectors, which currently exist within some LA's, have a role to play and should be rolled out across the country. Their job should be to understand what services are available in the area and how people are accessing them. Practitioners (e.g teachers, GPs, therapists) who have an influence on the wellbeing of people must be involved in helping community connectors spot areas where the local offer is not joined up. Shared principles and values should underpin the work of local services involved in this. Principles should include responsiveness, coordination, inclusiveness, person-centred approach.

**25. What do you think are the most important issues that a new 10-year national mental health plan needs to address? Choose 3 from the following: wellbeing and health promotion, prevention, Early intervention & service access, treatment quality and safety, quality of life for those living with mental health conditions, crisis care and support, stigma, other)**

## **Prevention**

Prevention of mental-ill health involves the promotion of wellbeing and health and fighting against stigma which is included in the list.

## **Early intervention & service access**

Early intervention and service access can result in improved quality of life for those living with mental health conditions, and increased wellbeing and health promotion for all.

## **Treatment quality and safety**

Treatment quality and safety can cover crisis care and support, wellbeing and health promotion and stigma.

### **26. *What 'values' or 'principles' should underpin the plan as a whole?***

Principles:

1. Person-centred
2. Care
3. Safety
4. Prevention
5. Early intervention & service access
6. Quality of life
7. Treatment quality
8. Equitable and Inclusive
9. Co-production/co-designing
10. Integration

11. Accountability
12. Evaluation
13. Fairness
14. Empathy
15. Transparency