

Young People’s Health Partnership response to the Department for Health and Social Care’s White Paper ‘Reforming the Mental Health Act’

Background

Covid-19 has disproportionately affected young people – with huge upheavals to education, examinations and university experiences; high rates of furlough and redundancy; and indications of increased loneliness and poor wellbeing.¹ Data indicates that in 2020, 1 in 6 children aged 5-16 had a probable mental health disorder, a rise from 1 in 9 in 2017.² Demand for mental health young people’s mental health services is set to increase in coming years.

Data on young people’s mental health & detention

Detention rates of young people under the Mental Health Act: Data shows that in 2019/20, the detention rate of young people aged 17 and under was 9.7 per 100,000 of the population in England – representing a rise from 8.9 per 100,000 in 2016/17.³ Under 15s made up 35% of the total 0-17 age group of detainees in 2019/20. Worryingly, the detention rate for under 15s also rose from 3.1 per 100,000 in 2016/17 to 3.9 per 100,000 in 2019/20.

Suicide and self-harm statistics: Suicide and self-harm rates among young people are separate indication of young people having reached crisis stage. In 2018/19, the hospitalisation rate for self-harm was 690 per 100,000 population aged 10-24 for females and 210 per 100,000 for males.⁴ This data is based upon hospital admissions and does not contain A&E admissions, so the true prevalence of self-harm among young people is unknown.

Need to improve data quality, coverage and use standard age bandings: Changes to data collection mean that trend data from earlier than 2016/17 is not comparable and the dataset is not complete as not all providers submit data to the Mental Health Services Data Set (MHSDS). Therefore, any analysis of this data should be interpreted with caution. We recommend improved data collection and reporting of statistics. Improved age bandings for children and young people would increase the quality of the data – the current bandings are under 15, 16-17, 17 and under and 18-34. While these provide a detailed look at the 16-17 age group, we have a much less clear understanding of need and experience of the under 15 and the 18-34 age groups. We recommend data is collected and reported in quinary age bandings. Additionally, the 2016/17 data set did not report data on ethnicity and gender. Service design will not be appropriate if we do not have an accurate understanding of the patients requiring access.

Need to focus on young people from ethnic minority groups: For the population group as a whole, 2019/20 data highlights that detention rates for the ‘Black or Black British’ group were over four times those of the ‘White’ group and that detention rates were higher for males and females.

¹ Hagell, A. 2021. *Summarising what we know so far about the impact of Covid-19 on young people*. London: AYPH.

² NHS Digital. 2020. Mental Health of Children and Young People in England 2020: Wave 1 follow up to the 2017 survey. [Available online at: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up> Accessed on 31/3/21]

³ NHS Digital. 2020. Mental Health Act Statistics, Annual Figures 2019-20. [Available online at: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-act-statistics-annual-figures/2019-20-annual-figures> Accessed on 30/3/21]

⁴ Nuffield Trust. 2020. Quality Watch: Hospital admissions as a result of self-harm in children and young people. [Available online at: <https://www.nuffieldtrust.org.uk/resource/hospital-admissions-as-a-result-of-self-harm-in-children-and-young-people> Accessed on 31/3/21]

Ethnicity data by age is not reported within the data sets, only as whole numbers. Looking at the total number of detentions for the 17 and under age group, we see that the ‘White’ group and females have the largest numbers (see Tables 1 and 2). As the data is not interpreted as population rates, we cannot accurately monitor data trends, however, we can see that the total number of white detainees aged 17 and under has decreased from 2017/18 to 2019/20, while all other ethnic groups have seen an increase in the total figures.

Table 1: Ethnicity –17 and under

	White	Mixed	Asian	Black	Other
2019/20	767	65	82	96	44
2018/19	861	67	66	89	35
2017/18	810	55	74	79	26

Table 2: Gender –17 and under

	Male	Female
2019/20	331	723
2018/19	356	764
2017/18	384	746

Racial inequality

We welcome the focus within the White Paper on addressing race equality. In total, Black people are more than four times as likely as White people to be detained under the Mental Health Act.⁵ The White Paper outlines clear aims to end racial disparities and to provide culturally appropriate advocacy. We welcome the commitment to the Patient and Carer Racial Equality Framework, which aims to measure the impact policies have on services users from diverse backgrounds.

We welcome the White Paper’s approach to limiting the scope for the detention of people with a learning disability or autism, as these individuals are likely to end up in hospital as a result of not being provided with appropriate support in the community.

While we welcome the White Paper’s focus on addressing racial inequality and targeted support for those with learning disabilities/autism, we recommend that other mental health inequalities are also considered. We are disappointed to see that the White Paper does not mention intersectionality. The Kings Fund have reported on the links between mental ill health and inequality among young people, with care givers, those from poor / disadvantaged backgrounds, those from refugee and asylum-seeking families, disabled young people, LGBT young people and Looked After Children more likely to have mental health problems.⁶

⁵ UK GOV. 2020. Detentions under the Mental Health Act. London: 4 March 2021. [Available online at: <https://www.ethnicity-facts-figures.service.gov.uk/health/mental-health/detentions-under-the-mental-health-act/latest> Accessed on 31/3/21]

⁶ Roberts, J. 2017. Reducing inequalities in children and young people’s mental health. London: The King’s Fund. [Available online at: <https://www.kingsfund.org.uk/blog/2017/12/reducing-inequalities-children-young-people-mental-health> Accessed in 31/3/21]

Research from Street Games (national youth social prescribing programme) reveals a lack of diversity among the young people who engage with early intervention services – yet more disadvantaged young people and young people from ethnic minority groups are more likely to be over-represented in mental health services later down the line. Similarly, research from Youth Access shows that voluntary sector counselling services within their membership serve a higher proportion of young people from BAME & LGBTQ+ communities, and young women, compared to CAMHS or school-based support.⁷ Ultimately, the root causes of mental health inequalities will be addressed with a greater focus on tackling the wider determinants of health.

The detention process

- Trauma informed approach: The current detention process is excessive and often results in individuals experiencing fear and discrimination.⁸ We recommend that services should adopt a trauma-informed approach to care, so that the detention process does not re-traumatise individuals.
- Youth friendly approach: Given the number of young people detained under the Mental Health Act, it is important that services are adapted to providing youth-friendly healthcare that is developmentally appropriate. In order to improve these services for young people, young people must be directly consulted about proposed changes and about their experiences of current services.
- A sustained focus on inappropriate detention and restraint: Future in Mind legislated that “no young person under the age of 18 should be detained in a police cell as a place of safety”.⁹ The Policing and Crime Act (2017) outlawed this practice. However, there have been concerns that there remains variation across the country, that legislation alone does not change practice unless more places of safety for children and young people are created, and that reductions in the number of children being detained in police cells may lead to a rise in children being kept on adult wards, which is also inappropriate.¹⁰ Young people have reported that the use of restraint is a traumatic experience and detrimental to emotional wellbeing (for example, the use of spit hoods). Incidences of restrictive practices are higher among BAME groups.¹¹ We recommend that restraint practices should be promoted as a policy of last resort.¹² Any child or young person who has been subjected to a restraint procedure should receive appropriate follow-up from a healthcare professional.
- Accessing independent advocates: We support proposals for increased use of independent advocates for patients. However, it is important that children and young people are provided with adequate support and information on how to access and use independent advocate services, as this may be a resource that young people are not aware of.

⁷ Duncan et al. 2018. ‘Counselling for young people and young adults in the voluntary and community sector: An overview of the demographic profile of clients and outcomes’, *Psychology and Psychotherapy*, 93(1), 36-53.

⁸ Gilbert, H. 2021. Reforming the Mental Health Act: The King’s Fund’s response. [Available online at: <https://www.kingsfund.org.uk/blog/2021/03/reforming-mental-health-act> Accessed on 31/3/21]

⁹ Department of Health & NHS England. 2015. *Future in mind: Promoting, protecting and improving our children and young people’s mental health and wellbeing*. Crown Copyright 2015.

¹⁰ Frith, E. 2016. *CentreForum Commission on Children and Young People’s Mental Health: State of the Nation*. London: CentreForum.

¹¹ Race Equality Foundation. 2021. Mental Health Act White Paper. [Available online at: <https://raceequalityfoundation.org.uk/health-care/mental-health-act-white-paper/> Accessed on 31/3/21]

¹² Williams, N., King, L., Stephens, M., Edmunson, A. & Smith, L. *State of Children’s Rights in England 2017*. London: Children’s Rights Alliance for England, December 2017.

Independent advocates should support and empower young people to be involved in decisions about their healthcare and have the necessary skills and safeguarding experience to support young people effectively.

- Empowering young people: We support the White Paper's proposals and guiding principles to empower patients. Young people should be involved in decisions about their care – their autonomy should be respected. For young people aged 16-17 the Mental Capacity Act (MCA) should provide the only test of the capacity and this should be reflected within the Mental Capacity Act's Code of Practice.¹³ For children and young people under the age of 16, it is recommended that Gillick competence is used to determine the child's ability to make a decision around consent. However, we are concerned that there is a lack of clarity surrounding how Gillick competence is assessed and applied within different healthcare settings.
- Upholding young people's rights: We would like to stress the importance of the detention process not having an adverse impact on the rights of children and young people, as outlined within the UN Convention on the Rights of the Child (UNCRC).¹⁴ We recommend that services detaining children and young people consider:
 - Support available for young people to access education resources
 - Young people's physical health needs
 - Access to leisure and play opportunities (including access to mobile phones, internet and social media) in ways that contribute to positive mental wellbeing
 - Limiting the distance between the service and the young person's, to protect young people's right to a private and family life.

In considering the rights of young people, it is imperative to remember that all young people are unique – this links to the White Paper's third guiding principle for 'treating patients as individuals'.

- Out of area placements: We welcome the commitment within the White Paper to reduce out of area placements and for the provision of financial support for parents visiting young people if they are placed out of area.
- Support during transition: During the transition period from healthcare setting into the community, young people should be fully supported. Transitions are a period of risk, when young people's mental health and emotional wellbeing may be vulnerable to shocks. We recommend that young people are referred to high-quality community based mental health support. The process may also include encouraging young people's engagement with education and employment. Young people with mental health illnesses face barriers and challenges in accessing employment and require enhanced support from services.¹⁵ Additionally, we recommend that specific attention is paid to supporting young people who are transitioning between child and adult mental health services that support them within the community. Existing interventions exist to support young people through periods of transition and we recommend these are funded and supported. For example, the Youth Access 'Youth Information, Advice and Counselling Services (YIACS)' model provides a

¹³ Independent Review. 2018. Modernising the Mental Health Act: Final report from the independent review. UK Gov: Department for Health and Social Care.

¹⁴ United Nations. 1990. The United Nations Convention on the Rights of the Child.

¹⁵ Young People's Health Partnership. 2019. Closing the employment gap for young people: A toolkit for those supporting 16-25 year olds experiencing common mental health problems to gain and stay in work. DHSC: Health and Wellbeing Alliance.

network of counselling services across the country, working particularly with young people from marginalised groups that may not be receiving support elsewhere.¹⁶ Future in Mind recommended that the YIACS model should be bolstered and “would be an excellent use of additional investment”.¹⁷ Additionally, the wider youth mental health service are highly supportive of the YIACS model.¹⁸

- Workforce: While we welcome many of the proposals outlined in the White Paper to improve the detention process, we recognise that there will be implications on the workforce providing this care. There are implications for staffing both in terms of increased workload and training requirements. This can only be achieved if appropriate resource and funding is provided to deliver the changes.

Prevention of mental health crises

We recommend that there should be appropriate resources to fund Child and Adolescent Mental Health Services (CAMHS) and other preventative support for young people. Detention under the Mental Health Act is an indication that the young person has reached a crisis point with their mental health. We recommend more attention on ensuring that all children and young people are supported with person-centred care and quality community care, with the aim of preventing the escalation of needs in the first place.

Lack of capacity in YP mental health services and need to recognise role of the VCSE sector explicitly: Unfortunately, we know that current mental health services available to young people are overstretched. Demand for community-based services for young people is growing across the UK. Data from the Education Policy Institute shows that the median wait for CAMHS assessment in England is 34 days, with a 60 day median wait for CAMHS treatment. CAMHS is only one offer of support within children and young people’s mental health services (CYPMHS) - other services are provided by NHS Trusts, Local Authorities, schools and charitable organisations.

We welcome Government commitments to improve young people’s mental health services as presented within the NHS Long Term Plan¹⁹ and supported by a £79 million funding pledge²⁰ - which run alongside the proposals set out in this White Paper. However, we are concerned that this increased investment and resourcing may not be adequate to provide appropriate services that serve the needs of all young people with a diagnosable mental health need.

We recommend increased funding and resource is provided to community services outside of the NHS, as the VCSE sector have faced considerable financial difficulties during the pandemic. We are disappointed that there is no recognition of the VCSE sector within the White Paper. Services within the voluntary and community sector have the potential to plug some of the current gaps that within the NHS system. Research from Youth Access shows that voluntary sector counselling services within

¹⁶ Youth Access. 2021. The YIACS Model. [Available online from: <https://www.youthaccess.org.uk/our-work/yiacs-model>] Accessed on 20/04/21]

¹⁷ Department of Health & NHS England. 2015. *Future in mind: Promoting, protecting and improving our children and young people’s mental health and wellbeing*. Crown Copyright 2015.

¹⁸ Young Minds, Youth Access & The Children’s Society. 2021. Open-access mental health drop-in hubs: Investing in early community mental health support for young people. Briefing Paper.

¹⁹ NHS England. 2019. NHS Long Term Plan.

²⁰ Department of Health and Social Care. 2021. Press release: “£79 million to boost mental health support for children and young people” [Available online at: <https://www.gov.uk/government/news/79-million-to-boost-mental-health-support-for-children-and-young-people>] Accessed on 31/3/21]

their membership serve a higher proportion of young people from BAME & LGBTQ+ communities, and young women, compared to CAMHS or school-based support.²¹

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The Young People's Health Partnership (YPHP)

The Young People's Health Partnership represents the interests of young people and young adults aged 10 – 25. We focus specifically on young people facing health inequalities. We are a partnership of six organisations with VCSE networks across England from the youth and young people's health sectors.

- We support young people to exercise empowered and active voices
- We provide advice on how policies and services can affect young people differently, particularly marginalised groups.
- We increase understanding of good age appropriate care for young people and why it is important
- We focus on young people's wellbeing and increasing understanding of effective prevention work
- We support the youth and young people's health sectors to work in partnership with the health system

Together with AYPH the partnership includes: [Brook](#), [StreetGames](#), [UK Youth](#), [We Are With You](#), and [Youth Access](#). Our network is made up of over 1600 services and members around the UK.

For more information, please contact: info@youngpeopleshealth.org.uk



²¹ Duncan et al. 2018. 'Counselling for young people and young adults in the voluntary and community sector: An overview of the demographic profile of clients and outcomes', *Psychology and Psychotherapy*, 93(1), 36-53.