

Department of Health and Social Care Mental health and wellbeing plan: discussion paper and call for evidence

How can we help people to improve their own wellbeing?

It is important that the wellbeing of children and young people is prioritised within this mental health and wellbeing strategy. Wellbeing impacts on many aspects of young people's lives, including their ability to engage with education, their relationships with others and how they find their own way in the world.

It is difficult to accurately measure wellbeing in adolescence. Young people are often likely to report relatively high levels of life satisfaction, at around 80% in 2017 in the UK (ONS, 2018). However, this masks important distinctions within the age group. Young people's life satisfaction declines as they progress through year groups in secondary school (Balding & Regis, 2020), with young people increasingly likely to report worries over their physical appearance and academic pressures. Research from the Children's Society (2021) have revealed that happiness levels among children and young people have declined over time, with 7% of 10-15 year olds in the UK currently reporting to be unhappy with their lives.

Building independence and a sense of self is important for having a positive wellbeing. This can be particularly important for young people who are transitioning through key lifestages, such as between education settings, into employment and potentially into independent living. Young people should feel empowered and given agency during this period. Young people from deprived backgrounds and areas are often less likely to feel they have agency in decisions. All professionals and services working with young people should seek to support them recognising how good mental health and wellbeing affects all areas of young people's lives. Young people should be involved in decisions about their futures and enabled to share their experiences. This may take a range of forms depending on the needs of the young person.

"Sometimes it might be easier or better to be given a choice of ways to express yourself –like being asked if you want to draw or write rather than just talk." – Young person involved in AYPH work

References:

Balding & Regis (2020) *Young people into 2020*. SHEU the schools and students health education unit.

Children's Society (2021) *The Good Childhood Report*. London: The Children's Society.

Office for National Statistics (2018) *ONS Children's Wellbeing measures*.

Do you have any suggestions for how we can improve the population's wellbeing?

We recommend that the Government adopt a child health in all policies approach. This would mean that children and young people's health and wellbeing is considered in the development of all policies.

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

Collaboration and integration of sectors and services is key to improving young people's wellbeing. Young people engage and interact with a range of services. Schools, primary care, parents / carers

and the voluntary and community sector must work together to meet young people's health and wellbeing needs. We recommend increased investment in Local Authority budgets in order to provide communities with adequate funding to meet local need, including restoring the public health grant in real-terms to 2015/16 levels (Health Foundation & King's Fund, 2019).

References:

Health Foundation & King's Fund (2019) Urgent call for £1bn a year to reverse cuts to public health funding. Joint press release from the Health Foundation & The King's Fund [Available at: <https://www.health.org.uk/news-and-comment/news/urgent-call-for-1-billion-a-year-to-reverse-cuts-to-public-health-grant>]

What is the most important thing we need to address in order to reduce the numbers of people who experience mental ill-health?

A recent review has found that the peak onset of mental health conditions is 14.5 years (Solmi et al, 2021). In 2017, 14.4% of 11-16 year olds and 16.9% of 17-19 year olds met the criteria for having a mental disorder. There are considerable variations by gender, with nearly 1 in 4 young women aged 17-19 having a mental disorder (AYPH, 2021). There are around one million children in England with 'lower level' and emerging mental health needs who would benefit from some form of mental health support (Centre for Mental Health, 2022). It is unacceptable that the rates of mental ill-health are so high among young people in the UK.

In order to reduce the numbers of young people with mental health disorders, this mental health and wellbeing strategy must focus on prevention and early intervention in early adolescence. Research has found that there is a return on investment from preventing and treating adolescent mental health disorders, with school-based interventions to prevent anxiety and depression being particularly effective (Stelmach et al., 2022).

We recommend that the strategy builds upon existing services that provide emotional and social support for young people. Youth Access' Youth Information, Advice and Counselling Services (YIACS) provide free, easily accessible and age-appropriate support to young people aged 11-25 with a wide range of issues. These services provide support and a safety net for young people who fall through the gaps of statutory mental health services. Young people who are more likely to experience health inequalities, such as BAME young people, are more likely to use these services than CAMHS (Duncan et al., 2020).

Community based mental health support offers are crucial for young people. We support the calls from various mental health charities to 'Fund the Hubs', to provide co-designed drop-in support services in local communities. These hubs could be accessed on a self-referral basis, making them accessible to a wider group of young people. They are also likely to involve a mixture of clinical staff and youth workers to provide an appropriate range of support and interventions.

Many young people have complained of the "one-size-fits-all" approach to mental health services in the UK, which do not cater for the wide range of need and may be inaccessible to all young people. The National Children's Bureau have researched the benefits of personalised care approaches, which have had positive impacts in terms of reducing isolation and loneliness among young people (NCB, 2021).

Youth services also provide safe spaces for young people where they can access emotional and social support. Cuts to local authority budgets since 2010/11 have led to a loss of 750 youth services (YMCA, 2020).

We recommend that there is ringfenced investment to support services that provide support for young people's mental health, wellbeing and their wider lives. Providing timely and accessible support is likely to prevent the onset of mental health problems later in life.

"I went in A&E because I cut myself because I heard it was a way that you could get your emotions out. That didn't work. It might work for some people but didn't work for me, it just hurt." – Young person involved in AYPH work

References:

- AYPH (2021) Key Data. London: Association for Young People's Health [Available at: <https://ayph-youthhealthdata.org.uk/key-data/mental-health/overall-prevalence-of-mental-disorder/>]
- Centre for Mental Health (2022) *Tackling mental health disparities*. London: Centre for Mental Health.
- Duncan, C., Rayment, B. & Kenrick, J. et al. (2020) 'Counselling for young people and young adults in the voluntary and community sector: An overview of the demographic profile of clients and outcomes', *Psychol Psychother*, 93(1), pp.36-53.
- NCB (2021) *Making a Difference to Young People's Lives Through Personalised Care: Mental Health Inequalities and Social Deprivation*. London: National Children's Bureau.
- Solmi, M., Radua, J., Olivola, M. et al. (2021) 'Age at onset of mental disorders worldwide: large-scale meta-analysis of 192 epidemiological studies', *Mol Psychiatry*.
- Stelmach, R., Kocher, E.L., Kataria, I. et al. (2022) 'The global return on investment from preventing and treating adolescent mental disorders and suicide: a modelling study', *BMJ Global Health*, 7.
- YMCA (2020) *Out of Service: A report examining local authority expenditure on youth services in England & Wales*. London: YMCA.
- Youth Access (2022) YIACS model. London: Youth Access [Available at: <https://www.youthaccess.org.uk/our-work/yiacs-model>]

What is the most important thing we need to address in order to prevent suicide?

Suicide is the leading cause of death for young people. It is entirely preventable. Data show that rates of suicide among 15-19 year olds are currently the highest they have been in the previous 20 years (ONS, 2020). Research from the University of Manchester has found that common reasons for suicide in adolescence are: alcohol / drug use, physical health, academic pressures and bereavement (Manchester University, 2017). While we support the Government's approach to develop a separate strategy for suicide reduction, it must be recognised that efforts to improve young people's mental health and wellbeing across the board (as per this strategy) will also help in preventing suicides among young people.

"Even if you're not actively suicidal or self harming you can still have not so great mental health." – Young person involved in AYPH work

The consultation document refers to a 24/7, 7 days a week mental health crisis service for England, available to all ages. Supporting young people with their mental health needs may require specific training and resources. We recommend age-appropriate crisis support services staffed by professionals with the appropriate skills, training and safeguarding knowledge to support young people.

References:

- Manchester University & HQIP (2017) *National Confidential Inquiry into Suicide and Homicide by People with Mental Illness*. Manchester: University of Manchester.
- Office for National Statistics (2020) *Suicides in England and Wales: 2020 registrations*.

Where would you prefer to get early support for your mental health if you were struggling?

In order for prevention of mental health disorders among young people, early support must be available across a range of settings. Wherever young people choose access support, they should be supported. Responsibility for early intervention should not be placed with one support service, professional group or community group. The preference of where to access support will vary from young person to young person.

Young people have told us about the time it can take for them to share their mental health concerns with professionals or others. This can be a daunting process and young people must feel comfortable and safe in knowing they will be supported following their disclosure. Young people's experiences of services will impact on whether they are likely to engage with future support, it is therefore important to ensure that young people have positive experiences.

"When young people actually ask for help with mental health issues or gender issues, it's probably something they've been thinking about and considering deeply for a long time, so they know their own mind and need to be taken seriously." – Young person involved in AYPH work

"The huge increase in mental health in young people and how crucial it is to help these people. I wish they also knew how scary some people find it to go to the doctor and how much encouragement can be needed." – Young person involved in AYPH work

"I went to the doctor's for one thing, but all they wanted to talk about was that I was Trans... that literally had nothing to do with why I was there." – Young person involved in AYPH work

What more can the NHS do to help people struggling with their mental health to access support early?

The NHS plays an important role in improving access to mental health support for young people. The increase in prevalence of mental health conditions among children and young people has not been met with an increase in available support services, meaning many young people struggle to access care and support. CAMHS are overwhelmed and young people report increasingly lengthy waiting lists for services. Only 19 in 1,000 children and young people under 18 were on the community mental health services caseload in England in 2019 (NHS Benchmarking, 2020). This suggests that only a very small proportion of those with difficulties are referred and accepted for treatment. Voluntary and community sectors often provide mental health services where there are gaps in CAMHS provision. Health professionals have also told us about the frustrating process of referring young people into CAMHS services, with several young people in a near-constant process of re-referral. We recommend that there should be a "no wrong door" approach to CAMHS referrals.

"Very often there's no help available until the problem has become totally unmanageable. There isn't help for me to be able to manage things myself and stop health and mental health crises." – Young person involved in AYPH work

"They were going to refer me to CAMHS but because where I was in this grey patch where I wasn't 16, I wasn't 18, they were like, 'There's no point in setting stuff up for her because in a couple of sessions she could have a counsellor anyway because she'll turn 18.' And then [local service] wouldn't take me on because I wasn't 18 yet." – Young person involved in AYPH work

As we have discussed elsewhere, prevention and early intervention to support young people is key. A huge part of this is enabling accessible care when young people need it. Care Centre 33 have developed the 'someone to talk to' initiative which offers more flexible, long-term support without needing to meet specific eligibility criteria to access. Removing these access barriers has been particularly beneficial for young people experiencing inequalities. Young people involved have reported significant improvements to their mental health. One young person explains "*there wasn't any waiting list. I didn't have to be referred and hear back and go through a questionnaire and be told you're too ill or not ill enough*" (Snell & McHayle, 2022).

Young people may face other barriers when seeking to access support for their mental health. Health services are often not youth friendly, meaning that young people may experience inaccessible opening hours or professionals may not communicate clearly and directly with young people. There may also be racial and cultural barriers that young people experience in accessing care. Some young people do not have others to act as advocates in their healthcare, or they may be seeking support independently for their mental health. This may mean that certain young people are unaware of how to access mental health support in the first place. These barriers must be overcome to ensure early access to mental health support among young people.

"As a Muslim I really wanted to see a female doctor, but I didn't know I could ask for one, so I saw a male doctor and just lied about why I was there." – Young person involved in AYPH work

"I had no idea I could go to my GP when I was struggling with my mental health." – Young person involved in AYPH work

Alongside supporting children and young people themselves, the NHS should also support the parents and carers of young people with mental health problems. Parents and carers are often in distress themselves and struggle to be heard by the mental health system, there is a lack of support for parents and carers within CAMHS services despite this representing an opportune moment to provide early access to support for parents and carers. Improving support for parents could help to address young people's mental health problems earlier and improve young people's outcomes (Hagell & Kenrick, 2021). We recommend developing a partnership element of CAMHS, improving the information provided on CAMHS websites, supporting the development of voluntary sector parent support services (such as Rollercoaster Family Support) and giving parents / carers more of a voice.

References:

Hagell, A. & Kenrick, J. (2021) *Rethinking how we support the parents and carers of young people with mental health problems: policy and practice issues and emerging solutions*. London: Association for Young People's Health.

NHS Benchmarking (2020) *Child and Adolescent Mental Health Services*.

Snell, J. & McHayle, Z. (2022) *Someone to talk to: Evaluating a young people's enhanced mental health service at Centre 33*. London: Centre for Mental Health.

How can we ensure that people with wider health problems get appropriate mental health support at an early stage if they are struggling?

Young people with long-term physical health conditions are more likely to require mental health support compared to young people with no physical health conditions. It is important that these groups of young people are able to access timely support. Young people have told us that they would like to receive holistic care and support, meaning health services treat them as a whole

person rather than working in silos. Many young people have overlapping and complex needs, which requires engagement from a range of statutory services.

At AYPH, we have worked with young people with a range of health conditions who have consistently reiterated the importance of mental health support. Recently we have worked with young people and their families living with excess weight to plan services and clinics to meet their needs. Young people ranked mental health as the most important thing they needed support with. They spoke about the relationship between mental health and binge eating, exercise and bullying.

"I really don't know – my mental health is quite bad at the moment – I've got a lot of help, but it's just the help that you need with all the stuff you bottle up..." – Young person involved in AYPH work

References:

Rigby, E. & Hagell, A. (2022) *The experiences of young people and their families living with excess weight: Key messages from engagement and research*. London: Association for Young People's Health.

What needs to happen to ensure the best care and treatment is more widely available within the NHS?

In order to ensure the best care and treatment for young people's mental health in the NHS, young people need access to confidential support. Young people want their voices to be heard and their experiences taken account of. This is crucial for ensuring young people's needs are met and that they engage with the support services provided, particularly for young people experiencing health inequalities. As discussed elsewhere, it is important for mental health services to be accessible and to provide holistic care and support.

"I wish they knew about gender identity and transgender issues, and supported us rather than saying it is too difficult or they don't agree." – Young person involved in AYPH work

"Young people may be scared to talk due to being underage or under pressure so they need private and confidential doctors." – Young person involved in AYPH work

"It depends on the young person's personality but it can be hard to talk about the real issues, doctors should be patient." – Young person involved in AYPH work

What is the NHS currently doing well and should continue to support people with their mental health?

Young people's mental health should be continue to be supported by the DHSC and NHS England. We welcome recent funding commitments for children and young people's mental health services, which should be maintained. The commitments to improve young people's mental health within the NHS Long Term Plan should also be delivered in full. We also recommend that NHS services comply with NICE guidelines for children and young people's mental health (NICE, 2022). There are examples of good practice that should be continued.

"I have had one good A and E experience where having explained to the triage nurse I was autistic she found me somewhere quiet to sit and wait to see a doctor, explained what would happen and got me put to the top of the system after the main emergencies as the hospital environment was overwhelming. She also spoke to me directly and asked exactly what she wanted to know (her daughter was also autistic so she had a greater understanding of the challenges of A and E)." – Young person involved in AYPH work

We support the continued roll out of mental health support teams in schools, as an early intervention support measure for young people. However, we are concerned that the initial evaluation of the programme found that the mental health interventions were less effective for young people from deprived backgrounds as there is a risk that this preventative approach could increase health inequalities (Ellins et al., 2021). We recommend that there is more evaluation and data reporting of how effective the delivery of mental health support in schools is.

We also welcome efforts in the NHS to improve young people's access to social prescribing, which can provide emotional and social support for young people in the community. Most social prescribing offers are adult focused and we recommend more resource for children and young people.

There have been a number of lessons from Covid-19 relating to how young people access healthcare services, including about digital health services. Young people have told us that they value face-to-face appointments, especially relating to mental health consultations. This was a particularly strong opinion of young people experiencing inequalities who may face digital access barriers, but also young people who do not have safe and quiet spaces within their home to conduct sensitive healthcare appointments.

References:

Ellis, J., Singh, K. & Al-haboubi, M. et al. (2021) *Early evaluation of the children and young people's mental health trailblazer programme: Interim report*. Birmingham: University of Birmingham.
NICE (2022) Children and young people's mental health: How NICE resources can support local priorities [Available at: <https://stpsupport.nice.org.uk/cyp-mental-health/index.html>]
YPHSIG, AYPH, RCGP & RCPCH (2020) Digital by default or digital divide? Virtual healthcare consultations with young people 10-25 years.

What do we (as a society) need to do or change in order to improve the lives of people living with mental health conditions?

At AYPH we have developed a conceptual model for outlining the causes of differing physical and mental health outcomes (McKeown & Hagell, 2021). Health inequalities are caused by economic inequalities in society, which influence the wider environment in which young people live and in turn impacts on the ability of young people to be healthy. Mental health outcomes are no different. In order to improve the lives of young people living with mental health conditions, there must be concerted action to reduce poverty and inequalities in society.

We need to improve young people's lives and give them hope for the future. Young people are currently living through uncertain times, which impacts upon their mental health and wellbeing. Young people faced unprecedented upheavals to their education and social lives during the Covid-19 pandemic. Young people are increasingly anxious about their futures. There is anxiety surrounding environmental and climate change concerns. Research by the Royal College of Physician's Health Inequalities Alliance found that 48% of 18-24 year olds said that the current cost of living crisis was having a fairly negative or very negative impact on their health. Similarly, the Health Foundation have found that there is uncertainty among young people about future society and their role in it: "*it's difficult to think about the future right now.*" (Leavey et al., 2020). The consultation document itself refers to societal changes that have had disproportionately harmful impacts on the mental health of children and young people, including unrealistic body image standards, experiences of bullying and discrimination, and online gambling.

We recommend that this mental health and wellbeing plan recognises the impact of poverty and the social determinants of health in causing mental health problems and outlines actions accordingly to reverse worrying trends in increasing child poverty rates. We recommend that the Government develop a cross-government strategy to reduce health inequalities.

References:

Leavey, C., Eastaugh, A. & Kane, M. (2020) *Generation Covid-19: Building the case to protect young people's future health*. London: The Health Foundation.

McKeown, R. & Hagell, A. (2021) *Clarifying what we mean by young people's health inequalities*. London: Association for Young People's Health.

What things have the biggest influence on your mental health and influence your quality of life?

At AYPH we have developed a conceptual model for outlining the causes of differing physical and mental health outcomes (McKeown & Hagell, 2021). Health inequalities are caused by economic inequalities in society, which influence the wider environment in which young people live and in turn impacts on the ability of young people to be healthy. Mental health outcomes are no different. In order to improve the lives of young people living with mental health conditions, there must be concerted action to reduce poverty and inequalities in society.

All of the above have an impact on the mental health of children and young people and should not be tackled in isolation.

References:

McKeown, R. & Hagell, A. (2021) *Clarifying what we mean by young people's health inequalities*. London: Association for Young People's Health.

What do you think are the most important issues that a new, 10-year national mental health plan needs to address?

Prevention & early intervention and service access

The new 10-year national mental health and wellbeing plan must prioritise children and young people's mental health. 75% of mental health conditions are established by the age of 25, stressing the importance of prevention and early intervention in the adolescent period. The Centre for Mental Health have estimated that 1.5 million under 18s will need extra help with their mental health as a direct result of Covid-19. But concerns were growing prior to the pandemic about increasing numbers of young people requiring mental health support.

The plan must focus on mental health inequalities experienced by young people. We know that certain groups of young people are more likely to experience poorer mental health outcomes compared to others. Young people from deprived backgrounds are more likely have a diagnosed mental health condition. Certain groups of young people are also more likely to experience mental health problems:

- Eight in ten LGBT young people experience one mental health problem (LGBT Health, 2018)
- Care experienced young people are four times more likely to have a mental health disorder compared to young people living with their birth families (Sanders 2020)
- Young people with health conditions are four times more likely to experience anxiety, low mood and psychological distress compared to their healthy peers (British Psychological Society, 2015)
- One in five university students has a diagnosed mental health problem (Mind, 2018)

There are also gendered differences in mental health outcomes. Recognising these inequalities requires provision of tailored support services and interventions to different groups and individuals.

We support many of the proposals outlined within this consultation document. It is important to reflect that the vision outlined is far from the reality faced by many young people living with mental health problems in the UK today. It is a priority that the mental health and wellbeing plan is underpinned by adequate resourcing in order to implement the vision outlined here, alongside a trained and staffed workforce to implement the commitments.

References:

British Psychological Society (2015) *Children and young people with physical health needs*. BPS: Division of Clinical Psychology.

LGBT Health (2018) *LGBT Populations and Mental Health Inequality*. LGBT Health, Scottish Trans, Equality Network, LGBT Youth Scotland & Stonewall.

Mind (2018) *Student life*. London: Mind.

Sanders, R. (2020) *Care experienced children and young people's mental health*. ESSS Outline.

What 'values' or 'principles' should underpin the plan as a whole?

The mental health and wellbeing plan should be underpinned by the voices and experiences of children and young people. Young people's recommendations for change need to be at the heart of the strategy and young people should be involved in the next stage of translating the vision into policy and practice. We have included quotes from young people throughout our consultation response, though we recommend DHSC consult directly with young people with lived experience of mental health problems. There should be recommendations and examples of good practice that are specific to young people within each of the six sections of the mental health and wellbeing plan.

How can we improve data collection and sharing to help plan, implement and monitor improvements to mental health and wellbeing?

We recommend improvements to the data collection and reporting of young people's mental health problems. Robust and systemic data on children and young people's mental health is needed to inform policy and practice. We welcome the collection of prevalence data within the NHS Digital Mental health of children and young people survey. We recommend that this survey is conducted at regular intervals, every three years, in order to have an accurate representative of the scale of young people's mental health. Data should also be more readily available by health inequalities, such as by deprivation breakdown and on the experiences of specific groups of young people.

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