



Department of Health and Social Care and Department for Education  
 Transforming children and young people's mental health provision: a green paper

Response submitted by the Royal College of Paediatrics and Child Health

February 2018

Guidance/Questions	Responses
Core proposals :	
<i>In this section of the consultation we will be asking you about the green paper's core proposals and ways to distribute the training fund.</i>	
Do you think these core proposals have the right balance of emphasis across a) schools and colleges and b) NHS specialist Children and Young People's Mental Health Services?	<p>This question demonstrates a lack of understanding of what the children and young people's mental health services (CYPMHS) system is. It is not just school and specialist CAMHS, as this green paper suggests. Youth clubs, charities, nurseries, GPs, and children's centres are all part of a system which is, as found by</p> <ul style="list-style-type: none"> <li>x Seeing children with a mixture of physical and mental health problems (40% of all paediatric outpatients)</li> <li>x Assessment of children and young people (CYP) presenting in crisis to Emergency Departments.</li> <li>x Assessment and management of children with neurodevelopmental conditions including autism spectrum disorder (ASD) and attention</li> </ul>

	<p>deficit hyperactivity disorder (ADHD)</p> <p>x Statutory roles in managing the needs of Looked After Children, safeguarding and education/ health co-ordination.</p> <p>These roles are contributed to by a multi-professional team including mental health specialists employed by paediatric departments (liaison mental health). These liaison services are unevenly commissioned and there exists no clear mandate for their provision.</p> <p>In our view, any reform that ignores this vital cog in the system is incomplete and will not lead to the transformational change required. Future in Mind recognised that children and young people's mental health services depend on a whole system approach. If schools and colleges are to meet the challenges set in the green paper then this will only be feasible if the rest of the system of support is also functioning well, and continued investment in local and community CYPMHS is therefore imperative.</p>
<p>What do you think is the best way to distribute the training fund to schools and colleges?</p>	<p>Funding allocated to local authorities and multi-academy trusts to administer to schools (1)</p>

	<p>Mental Health is mandatory in all schools to ensure adequate responsibilities can be given to the role. We believe that proper integration of this role into schools would be strengthened by coordination of the funding at a Local Authority level.</p>
Mental Health Support Teams:	
<i>Mental Health Support Teams will be trained staff linked to groups of schools and colleges.</i>	
<i>Trailblazer phase: A trailblazer phase is when we try out different approaches</i>	
<p>Do you know of any examples of areas we can learn from, where they already work in a similar way to the proposal for Mental Health Support Teams?</p>	<p>The way the Mental health support teams are described is very similar to the way that Tier 2 CAMHS is often organised, for instance the Lambeth Early Intervention CAMHS service. There are differences of emphasis as the new teams seem more schools -focused, but as the paper also talks about a wider role in youth offending services, special schools and other settings, the role starts to look very like the current Tier 2 service, albeit more ambitious (and therefore more expensive).</p> <p>The closest equivalent is the Targeted Mental Health in Schools (TaMHS) programme which was wound up in 2010, but there are a lot of people still in the sector with experience of running TaMHS.</p> <p>RCPCH would therefore recommend that the evaluation of the TaMHS programme is considered when setting up the piloting of the Mental Health Support Teams and that the lessons learned from this programme are noted.</p> <p>We recommend that the trailblazer sites offer a diversity of service type and workforce so that the necessary set of functions and competencies of MHSTs can be properly evaluated. However we strongly recommend and advise that Mental health Support Teams are led by CCGs. Commissioning mental health services is a</p>



In addition to the online “&Us” network, we have published a book of “Recipes for Engagement” which take you through how to do engagement using tried and tested activities from the RCPCH “Engagement Café” series. The starters give ideas of ice breakers for CYP groups, the mains are activities to give you the

	<p>families, and reflects what we should be aiming for across all of CAMHS. In acute settings, we are also aware of anecdotal reporting about the value of the strong paediatric mental health team at The Whittington hospital, who review and follow - up all admissions. This service is run differently in the Chelsea and Westminster Emergency Department, where all mental health patients are seen acutely by an on - call CAMHS service.</p> <p>We would therefore advise that the complexities of the different operating structures for referral and access to CYPMHS are fully understood when setting up waiting time pilots, and the potential pressures of these targets on other services are acknowledged and monitored.</p> <p>We would be happy to provide more information about any of these local examples to support this pilot.</p>
<p>Schools and colleges :</p> <p><i>In this section we will be asking about the support that schools provide through policies</i></p>	

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constructive approach. Local Transformation Plans should already have identified these groups and be working to develop local strategies to further identify and meet their needs.

Prevention, protection, care and compassion for all should be delivered through a human rights framework and be based on a partnership between different sectors.

We feel that any child whose life circumstances make them more likely to have mental health difficulties should have these difficulties recognised by the professionals working with them, and have access to advice and support which takes their situation into account. We also feel that safeguards that prevent certain groups (e.g. looked after children in temporary placements, CYP with learning disabilities) from accessing support should be strengthened.

Preventative work for vulnerable children is a laudable aim, but there is a lack of evidence for effective strategies. On the other hand, evidence has shown that national and local policy to reduce vulnerability itself, for instance by reducing child poverty, can have a major population impact.

We would suggest that asking this of children and young people themselves is the

As we are rolling the proposals out, how can we test whether looked after children and previously looked after children can easily access the right support?



paediatrician, who is responsible for monitoring the well-being of children looked after within the district. Although not part of specialist CAMHS, these individuals

<p>with special educational needs or disabilities are able to access support?</p>	<p>trained and mandated to examine access to mental health provision for this group, useful information can be added at minimal cost.</p> <p>We would also suggest evaluation of the established local offer programme for SEND and how this has increased access to services for children with SEN. This is with a view to developing a similar local offer for mental health services to support Mental Health Support Teams in accessing the appropriate local services. This is something the RCPCH would welcome the opportunity to discuss further and support the development of.</p>
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Link to Green Paper: <https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper>