



Department
of Health &
Social Care



Department
for Education

**Government Response to the
Consultation on
*Transforming Children and
Young People's Mental Health
Provision: a Green Paper and
Next Steps***

Presented to Parliament
by the Secretary of State for Health and Social Care and Secretary of State for
Education
by Command of Her Majesty

July 2018

Cm 9626



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Contents

Ministerial foreword	3
Executive summary.....	5
Public consultation.....	5
Response to the consultation	6
Implementation of the core proposals	6
Other proposals in the Green Paper	8
Introduction	10
How we consulted on proposals.....	11
Consultation process	11
Who responded?	11
Impact Assessment	11
What you told us about the proposals overall.....	12
Comments about the core proposals	12
The role of schools	12
Roll-out of the proposals: pace, access, flexibility	12
Views of young people	13
Ensuring success	13
Comments about supporting mental health more generally	13
Our response to your overall comments	14
Tackling disadvantage.....	15
Improving mental health support.....	16
Mentally healthy schools, colleges and communities	17
Schools	17
Physical health	17
Online safety	17
Conclusion	17
Consultation results on the core proposals	19
Designated Senior Lead for mental health in schools and colleges	19
Our proposal.....	19
What you told us in the consultation	19
Our response and next steps.....	21

Mental Health Support Teams	22
Our proposal.....	22
What you told us in the consultation	23
Our response and next steps.....	25
Timetable for implementation of the Mental Health Support Teams.....	27
Trialling a four week waiting time for access to NHS services	27
Our proposal.....	27
What you told us in the consultation	27
Our response and next steps.....	28
Testing proposals in trailblazer areas	29
Our proposal.....	29
What you told us in the consultation	29
Our response and next steps.....	30
Consultation results on other proposals	31
Guidance to parents and carers on mental health support.....	31
Our questions	31
What you told us in the consultation	31
Our response and next steps.....	31
Supporting schools to evidence work they do on mental health.....	32
Our questions	32
What you told us in the consultation	32
Our response and next steps.....	32
Progress on other Green Paper announcements.....	33
Schools and colleges.....	33
Mental health awareness training in schools.....	34
Social media and internet harms	34
Evidence on prevention	35
Wider support for the mental health of 16-25 year olds.....	35
Annex: Consultation Demographics	36
References.....	39

Ministerial foreword

Childhood should be the happiest time in a person's life, yet for thousands of children who develop mental illness in childhood or adolescence, the reality can be very different. One in ten (around 850,000) children and young people have a diagnosable mental health condition. These illnesses can have a devastating impact on their physical health, their relationships and their future prospects. The challenge often extends into a person's adult life, with half of all mental health conditions beginning before the age of 14.

We know that people with mental health problems haven't had the same level of support as those with physical illnesses in the past, while young people with other conditions, such as learning difficulties or long-term medical conditions, are more likely to experience mental ill health, as are children in care or those who have suffered abuse or neglect in the past.

As a result, there are layers of unfairness in the challenges that many children with mental health problems face, in turn amplifying the disadvantages and lost potential that these children may experience throughout their lives. And because, as the Prime Minister has said, we want to build a fairer country with a more caring society, we need to do much more to support children and young people with mental health conditions.

To address these inequalities, and to support everyone to fulfil their potential, we are working across government to tackle the root causes, and the factors which have an impact on poor mental health in children and young people. For example, we are taking significant action to support new mothers' mental health; we are working to reduce parental conflict; we are improving support for young people with a learning disability or autism, including those with a mental health condition; and we are supporting the most vulnerable and chaotic families.

The Government is delivering on manifesto commitments, taking focused action to provide the support needed by children and young people. We have already made an additional £1.4 billion available to transform children and young people's mental health services from 2015/16 to 2019/20. We are already spending more than ever before on mental health, and from 2015/16 to 2016/17 we saw a 20% increase on NHS Clinical Commissioning Group spending for children and young people's mental health. After being the first government to introduce waiting times standards for mental health, we are on track to meet, or are exceeding, our standards for children and young people.

We have recently announced a historic funding settlement for the NHS, and have asked the NHS to produce a major new long-term plan in return. As the Prime Minister has made clear, new ten year ambitions on mental health will be at the NHS plan's heart; the initiatives set out in this document support this plan and are important first steps towards our longer term ambitions on mental health.

We also want to build on the range of excellent work that already takes place in schools and colleges. Supporting good mental health goes hand-in-hand with equipping young people with the qualifications, knowledge and resilience they need to live a fulfilling adult life. Good schools and colleges deliver all these things – with teachers working incredibly hard to support their pupils – and this approach is something we want to recognise, support and build upon. Schools and teachers cannot do this on their own.

Our aim is for the proposals we set out in our Green Paper in December 2017 to transform support for children and young people's mental health, linked to and building upon what is already done by schools and colleges. We want to make sure that young people have access to the services they need, whilst teachers and schools – who are often on the front line of recognising and supporting a young person's mental health problems – have access to the training they need. We are grateful to all those who took the time to take part in consultation events or responded to the online consultation. We are particularly grateful to young people for sharing their views.

We set out here how we have taken those views into account, and how we will take forward the Green Paper's proposals. This will ensure that the current, and future, generations of children and young people are fully supported to succeed. Our plans represent an ambitious, transformational programme of work, which will enable thousands of young people to get support more quickly and easily.

This is urgently needed, and we are determined to drive this programme forward as quickly as possible, with the ultimate ambition for national roll-out. It is vitally important that we implement our proposals by testing and learning from the first areas, in a way that is sustainable and works for teachers and health professionals, so that young people get the best service they deserve.



The Rt Hon DAMIAN HINDS MP
Secretary of State for Education



The Rt Hon MATT HANCOCK MP
Secretary of State for Health and Social Care

Executive summary

Children and young people's mental health is a priority area for this Government. This Government has now committed to a five-year budget settlement for the NHS, and mental health will be a flagship part of the historic ten-year plan we will bring forward, setting out major new ambitions for the NHS. Following engagement with staff, patients and stakeholders, the long-term plan will set out broader proposals for mental health services for adults, children and young people, including proposals and priorities for the development of mental health services over the next ten years, and an accompanying health and care workforce strategy.

In 'Transforming children and young people's mental health provision: a Green Paper', published in December 2017, we detailed world-leading ambitions through proposals to create a network of support for children and young people, and their educational settings. We will pilot this new approach immediately, so that we can start to test and evaluate these new models for future roll-out. Gathering this evidence is a crucial step in delivering on the aims set out in the Green Paper, and aligns with the priorities which the Prime Minister has set out for mental health as part of the long-term plan. The three core proposals are:

1. To incentivise and support all schools and colleges to identify and train a Designated Senior Lead for mental health.
2. To fund new Mental Health Support Teams, which will be supervised by NHS children and young people's mental health staff.
3. To pilot a four week waiting time for access to specialist NHS children and young people's mental health services.

We will trial all three elements in new trailblazer areas, identifying the first wave to be operational by the end of 2019. We remain committed to rolling out our new approach to at least a fifth to a quarter of the country by the end of 2022/23. The precise roll-out will be considered further following the development of the NHS long term plan, and will be informed by the evaluation of the initial trailblazers.

Public consultation

We ran a 13 week public consultation and received over 2,700 responses. There was support for the overall aim of the proposals, in particular, better joining up between health and education and providing earlier support in or near schools and colleges. Respondents were pleased to see a greater focus on improving access to NHS services for those who need specialist support.

There were concerns however, about ensuring that implementation should be flexible and not create new requirements that would increase teacher workload and pressures on school funding. There were views, including those of some children and young people, that the roll-out of plans should be faster and cover more of the country. A key theme in the consultation responses was around ensuring that groups with particular barriers to accessing services, or

higher prevalence of mental health problems, would be able to benefit from the proposals. Young people aged 16–25 felt those out of education should still be able to access mental health support, with services designed around their specific needs.

Response to the consultation

The actions proposed in the Green Paper will provide a significant step towards a far more joined up approach to mental health support, not just across health and education but also other services – a multi-agency approach focused on collectively understanding and meeting the needs of children and young people in an area. The proposals we designed add to a much wider programme of activity across government and in the NHS, aimed at transforming support for children and young people's mental health and increasing access to specialist mental health services. Our Green Paper proposals also build on existing work to tackle many of the underlying issues which affect poor mental health, intervene early and prevent mental health problems arising in the first place.

The proposals represent a transformational new way of working, and the creation of a brand new workforce. The new Mental Health Support Teams will also be considered when developing the health and care workforce strategy, and in the context of the NHS long-term plan. Our estimates suggest that at full roll-out, the new Mental Health Support Teams could comprise up to 8,000 new staff. This is comparable in size to the entire current children and young people's mental health services workforce in the NHS, which is around 7,000 full time equivalent staff.¹ It is therefore vitally important that we carefully test out the core proposals.

It is particularly important that the plans are rolled out in a way which is manageable and sustainable for existing staff in schools, colleges and the NHS. We therefore want to use the first trailblazer areas to demonstrate that this approach can be a success and, building on the experience and evidence from the trailblazers, roll-out the approach across the country. We will expect local areas to determine what their workforce needs might be, and the trailblazers will test the right number and mix of staff in the Mental Health Support Teams.

We are committed to ensuring that the Mental Health Support Teams reach those most in need of the support, and are accessible to all, including those not in mainstream education and in independent schools. We want to use the trailblazer programme to test links with looked after children, young offenders and other groups. We agree with consultation respondents that young people should continue to be involved in how we implement the proposals. We expect local areas to consider how to involve children and young people in taking forward the proposals.

Implementation of the core proposals

Designated Senior Leads for mental health in schools and colleges: we have looked at the current training available. We are considering, in light of our teaching and leadership innovation fund process, whether there are sufficient high quality courses and will work with providers of suitable courses to make sufficient places available to offer training to one-fifth of schools from September 2019. There will be provision for further high quality courses to be included in later years of the roll-out where these are developed.

Mental Health Support Teams: we are open to a range of delivery models for the teams. For example, some teams could be led by groups of schools, others by voluntary and community

sector organisations or further education colleges. We will fund Mental Health Support Teams via Clinical Commissioning Groups (CCGs), and expect schools, colleges and other local partners to have a central role in the application process and in designing and leading delivery.

We will encourage sites in the trailblazer programme to test many of the issues raised in the consultation, such as how the teams can best work with vulnerable children and young people. We agree that the teams should only provide evidence-based interventions and are working with experts to develop an evidence-based curriculum, building on the existing Children's Wellbeing Practitioner courses. We will start recruiting trainees for the teams in autumn 2018. We expect the first Mental Health Support Teams to be operational from the end of 2019 and exact delivery models will vary in local areas. Plans to implement these teams will inform the workforce plan accompanying the long-term plan that the NHS is developing.

Piloting a four week waiting time standard: from 2018, pilot areas will seek to start planning for and then providing access to evidence-based treatment on average within four weeks. We will ensure that this approach informs the NHS's long term plan, including any changes to clinically-defined access standards.

Pilots will take place in some of the trailblazer areas, and are likely to cover a greater area and population than that covered by the Mental Health Support Teams, given the wide range of numbers of schools in different sized CCGs. Pilots will be expected to achieve the four week waiting time ambition for as many children and young people as possible, based on need. As part of the selection process for pilot areas, we will agree with local areas the proportion of children and young people who will be seen within four weeks and their trajectory for achieving this, based on their current performance. The waiting time ambition will apply across all referral routes available in the pilot area, including self-referral, or referrals through GPs. Children in crisis will continue to be seen much quicker, as is currently the case.

Our decision to pilot four week waiting times, rather than simply requiring all services to meet this ambition immediately is to mitigate the risk of unintended consequences, and ensure waiting times are improved in a fair and sustainable way. Through the pilots, and through monitoring the impact of Mental Health Support Teams on referrals and specialist NHS children's mental health services, we aim to establish a clear understanding of the costs, benefits, challenges and indicators of success of introducing a four week wait. This will inform future roll-out of this ambition, and the approach to moving from pilots to implementation across 20-25% of the country by end of 2022/23, as stated in the Green Paper.

Testing the proposals: we will roll-out our new approach, to at least a fifth to a quarter of the country by the end of 2022/23. This new approach will include the Mental Health Support Teams, Designated Senior Leads and in some areas, the four week waiting time standard. We will start with a number of trailblazer areas, which will be supported by robust evaluation to understand what works. The precise roll-out will be informed by learning and outcomes from wave one trailblazers, and will be considered further as the long-term plan for the NHS is developed. In the first wave of trailblazers, we are expecting to have between ten and twenty areas, operational by the end of 2019.

We want to ensure that the first wave of trailblazers cover as wide a range of local characteristics as possible to ensure that we can thoroughly test the delivery model and learn lessons to inform future roll-out. We will fund wave one trailblazers through CCGs and expect the education sector to have a central role in the application process and in designing and leading delivery. To ensure coverage of trailblazers across the country, trailblazers will be selected on a regional basis. NHS England Regional Teams will shortly be in contact with the areas that meet a set of qualifying criteria detailed in this document; those areas which apply will be asked to demonstrate evidence against further criteria. The first set of trailblazers will be announced in autumn 2018.

Other proposals in the Green Paper

In addition to the core proposals, we commit to taking forward all other proposals in the Green Paper. We are taking forward our manifesto commitment that children will learn about mental health through the curriculum. We have recently announced our intention to make health education a compulsory part of the curriculum for the first time, with all schools teaching it by September 2020, and have launched a consultation on the draft regulations and guidance. This will mean that all schools will teach children about the benefits of a healthier lifestyle, what determines their physical health and how to build mental resilience and wellbeing – including how to stay safe on and offline and the importance of healthy relationships. To support this we are looking at how we can best support schools to have access to the best, most innovative teaching materials developed by experts.

We are taking forward action on social media and potential harms to children and young people's mental health through our response to the Internet Safety Strategy Green Paper. We have now published a draft statutory code of practice which provides guidance to social media providers on appropriate reporting mechanisms and moderation processes, to protect users from potential mental health harms, including suicide and self-harm content.

We are also introducing transparency reporting for social media companies. Transparency reports will provide data on the amount of harmful content being reported to platforms in the UK and information on how these reports are dealt with. These reports will help us understand the extent of online harms and how effectively companies are tackling breaches in their terms and conditions. We believe there is further action that social media companies could take in this area and will continue to work with technology companies ahead of publishing a joint Department for Digital, Culture, Media and Sport and Home Office White Paper later this year.

To reduce stigma and promote awareness, we have trained a member of staff in Mental Health First Aid in a third of state secondary schools; by this time next year we will have reached a further 1,000 schools. Finally, following an initial meeting with a cross section of stakeholders in May, the Cabinet Office has been working with the Department of Health and Social Care, the Department for Education and a range of other organisations to consider next steps in this area. We are pleased to support the launch of a new University Mental Health Charter in June 2018, aiming to drive up standards in promoting student and staff mental health and wellbeing. Universities will be awarded a new recognition for meeting improved standards.

In addition, the Department for Education is setting up a team with representatives from across the sector to review the support needed for students in the transition into university, particularly those with or at risk of mental health issues. The Department has also committed to consider development of a workable disclosure agreement for universities that would give them permission to share information on student mental health with parents or a trusted person.

Introduction

Children and young people's mental health is a priority area for this Government. Half of all mental health conditions are established before the age of fourteen² and early intervention could prevent problems escalating and have major societal benefits. We also know that schools can, and do, play a vital role in identifying mental health needs at an early stage, referring young people to specialist support and working with others to support young people experiencing problems.³ We have now committed to a five-year budget settlement for the NHS, and mental health will form a core part of our long-term plan for the NHS. The plans set out here are important first steps on the way to our ten-year ambitions to improve support for mental health.

Our Green Paper, 'Transforming Children and Young People's Mental Health Provision', published in December 2017, detailed ambitious, transformational proposals to provide earlier support for children and young people's mental health, working closely with schools and colleges.⁴ We announced a package of three core proposals; our intention is to support local areas to adopt an ambitious new collaborative approach to support children and young people's mental health, as quickly as possible. The three key elements of the proposed changes are:

1. To incentivise and support all schools and colleges to identify and train a **Designated Senior Lead for Mental Health** with a new offer of training to help leads and staff to deliver whole school approaches to promoting better mental health.
2. To fund new **Mental Health Support Teams**, including supervision by NHS children and young people's mental health staff, to provide specific extra capacity for early intervention and ongoing help.
3. As we roll-out the new Mental Health Support Teams, we will trial a **four week waiting time** for access to specialist NHS children and young people's mental health services. This builds on the expansion of specialist NHS services already underway.

The Green Paper also detailed various supporting commitments, including further research to improve the evidence base, setting up a cross government partnership to look at the needs of 16-25 year olds and improving the online environment in terms of children and young people's mental health. Further detail on how those actions will be taken forward is provided later in this document.

When we published the Green Paper, we announced that the Government would make available £300 million of funding to implement the proposals. Following the public consultation, these commitments still stand.

This document sets out what we heard during the consultation on the Green Paper, our response to the points raised, and how we plan to take forward the proposals set out, including further details of how we will roll-out the proposals in trailblazer areas from 2019.

How we consulted on proposals

Consultation process

This section sets out how we consulted on the Green Paper, who responded and what people thought about the Green Paper overall. The public consultation ran for 13 weeks. It comprised:

- An online consultation, open to anyone of any age.⁵
- A number of face-to-face consultation events with over 130 children and young people (aged 11-25), parents and professionals from a wide range of sectors. These took place in a range of locations across the country.⁶
- Two national stakeholder roundtables and a parliamentarians' roundtable.

We would like to thank everyone who participated in the consultation for their time and thoughtful input. We are also grateful to Youth Access, Young Minds and the National Children's Bureau for organising the face-to-face consultation events with young people, parents and professionals.

Who responded?

We received a good response to the online consultation from individuals and organisations, totalling over 2,700 responses overall. This was made up of 2,567 responses received through the online consultation and 158 emails and letters directly responding to the consultation. Over 300 people attended our engagement events, with representatives from over 90 organisations.

We received 1,774 online responses from individuals. The majority of online individual respondents were women (79% of individual responses), with nearly a fifth of online responses from children and young people under 25 years old. Nearly a tenth of the responses were from ethnic minority groups and a similar proportion of responses were from lesbian, gay, bisexual and transgender people and people with a disability.

We also received 680 online responses from various organisations. These organisations spanned a wide range of sectors including charity and non-government, education, health, local authority, social and academic. More information on the breakdown of respondents is included in the Annex.

Impact Assessment

We published a consultation impact assessment alongside the Green Paper.⁷ This document sets out our analysis of the impact the Green Paper proposals might have, if taken forward, in terms of economic, social and health impacts. We sought views on the impact assessment and asked people to submit any further evidence which would help us accurately assess the impact of the proposals. The evidence received has been incorporated into our final impact assessment, published alongside this document.

What you told us about the proposals overall

This section sets out respondents' broad views on the Green Paper overall, and our response to those views.

Comments about the core proposals

There was welcome support for the Green Paper proposals, in particular for better join up between health and education. Respondents were pleased to see the focus on earlier intervention and prevention, as well as greater attention to improving access to NHS services for those who need specialist support. Many respondents gave examples of areas where a number of the features of the Green Paper proposals are already being implemented. Young people who took part in the focus groups were also broadly in favour of the three core proposals.

The role of schools

In general, there was support for a greater role for schools and colleges. Some respondents mentioned community and other settings as also being important; not all young people would want to access mental health support through schools. Some responses were pushing for greater requirements to secure delivery of Designated Senior Leads and engagement with Mental Health Support Teams.

However, there were concerns to ensure that implementation should be flexible and not create new requirements that would increase teacher workload and pressures on school funding. Some respondents wanted trailblazer areas to consider workload implications.

Young people felt strongly that training would be beneficial for all staff in schools and not only the Designated Senior Lead. Several respondents made the point that there are substantial differences between schools and colleges, both in terms of size and geography, with some colleges taking students from several local authority areas; and that these differences would need to be considered in the implementation plans.

Roll-out of the proposals: pace, access, flexibility

Some respondents, including some young people, thought the roll-out plans should be implemented more quickly and cover more of the country. Given the pace of roll-out described in the Green Paper, there were concerns that some young people would have to wait a long time to benefit from the proposals. On the other hand, others expressed concerns about the capacity of the NHS to respond to the proposals and felt a more cautious, stepped approach would be better, welcoming the plan to test the Green Paper's announcements in a trailblazer programme.

Views of young people

Young people, aged 16-25, were concerned that those out of education should still be able to access mental health support. They also raised the importance of designing services around the specific and distinct needs of young people. They were keen that the lack of awareness about mental health issues amongst parents, teachers and students was tackled through events and incorporating mental health education into the curriculum. They were also keen to understand the effectiveness of interventions and counselling services and wanted outcomes to be measured.

Ensuring success

A number of respondents commented on the importance of monitoring and collecting high quality data in order to evaluate the proposals in the Green Paper and show their effectiveness. Respondents were keen that educational attainment should not be the only way to measure success but to consider outcomes such as social interaction, self-esteem, mental health and wellbeing change over time, school attendance and school staff wellbeing.

Young people were keen to continue being involved in implementing the proposals and to help co-design solutions.

Comments about supporting mental health more generally

Many respondents took the opportunity to make wider comments about supporting mental health. Some, including children and young people, emphasised that for the Green Paper to have a lasting impact it needs to go hand in hand with activity to address the underlying causes of poor mental health. Some respondents wanted the Green Paper's scope to be broader and address issues such as the mental health of students in higher education or support for early years, including the importance of promoting good attachment. Some respondents wanted a long-term approach to improving the mental health of young people, and better support for mental health as young people make other significant changes in their lives, such as moving into tertiary education. They wanted a greater focus on transition periods in children and young people's lives. Some respondents thought that the proposals did not give enough importance to improving resilience and wellbeing and how schools and colleges might be supported in this role.

Our response to your overall comments

We are grateful for the considered views on the Green Paper's core proposals. We respond fully to these views in the sections on the Designated Senior Lead, Mental Health Support Teams and four week waiting time standard; and the trailblazer programme.

We have heard the concerns that the roll-out of proposals set out in the Green Paper is too slow. Our proposals are genuinely transformational and represent a completely new way of working, involving the creation of a significant and brand new workforce. It is vital that these ambitious plans are thoroughly tested before being fully rolled-out and there is a need to balance swift roll-out with testing the model properly and getting it right.

The actions proposed in the Green Paper will provide a significant step towards a far more joined up approach to mental health support, not just across health and education but also other services – a multi-agency approach focused on collectively understanding and meeting the needs of children and young people in an area.

They represent a transformational new way of working, and the creation of a brand new workforce. Our estimates suggest that at full roll-out, the brand new Mental Health Support Teams comprise up to 8,000 new staff. This is comparable in size to the entire current children and young people's mental health service workforce in the NHS, which is around 7,000 full time equivalent staff.⁸ It is therefore vitally important that we carefully test out the core proposals. It is particularly important that the plans are rolled out in a way which is manageable and sustainable for existing staff in schools, colleges and the NHS. We therefore want to use the first trailblazer areas to demonstrate that this approach can be a success and, building on the experience and evidence from the trailblazers, roll-out the approach across the country. We will expect local areas to determine what their workforce needs might be, and the trailblazers will test the right number and mix of staff in the Mental Health Support Teams.

Many respondents raised questions about how teams might work in practice and said that the thousands of new staff that would be put in place need to be properly trained. Responses also highlighted the importance of forming long-lasting partnerships and building on those which already exist. It is particularly important that the plans are rolled out in a way which is manageable and sustainable for existing staff in schools, colleges and the NHS, and that we recruit the right people into the Mental Health Support Teams. Our roll-out plan for training more staff year on year is similar in scale to the roll-out of the adult "Improving Access to Psychological Therapies (IAPT)" programme; our plans, at full roll-out, involve 8,000 full-time equivalent staff, and IAPT comprises almost 7,000 staff. Our proposals also have multiple complexities including joining together different sectors, and the need to carefully integrate the existing structures of support for children and young people in local areas. It is essential that the new Mental Health Support Teams, and the funding that goes

with them, are developed carefully so as to work alongside existing good practice and services, rather than disrupting or replacing them. This will take time to do properly and we want to use the first trailblazers to demonstrate that this approach can be a success, and to build on the experience and evidence to roll-out the approach across the country.

We agree that young people should continue to be involved and expect local areas to consider how to involve children and young people in taking forward the proposals. Respondents who answered our questions about this pointed to existing engagement structures, such as school councils, youth councils, youth parliament, PSHE lessons and young commissioners as popular ways to hear the views of young people. The ability for areas to engage with children and young people will be one of the considerations for the selection of our trailblazer sites. We will also consider how we can continue hearing from children and young people at a national level on the implementation of the Green Paper proposals.

On the importance of children's early years in securing good mental health, as stated in the Green Paper, we know that early years brain development is a key factor for a child's future, with evidence suggesting links between brain development and a range of outcomes, including mental and physical health.⁹ We commit to considering further analysis in areas which may include:

- supporting healthcare professionals to understand the importance of healthy, low stress pregnancies and healthy childhoods; and
- increasing the capability of midwives to support women with perinatal mental health issues.

On comments about supporting children and young people's mental health more generally: we acknowledged in the Green Paper that the proposals we designed add to a wider programme of activity, around increasing access to specialist mental health services, and tackling many of the underlying issues which affect poor mental health. The section below sets out:

- how we are tackling disadvantage which adversely affects children and young people's mental health;
- how we are increasing NHS mental health support;
- how we are working to create mentally healthy schools, colleges and communities; and
- how we will extend our understanding of the effectiveness of prevention and early intervention actions.

Tackling disadvantage

On disadvantage and inequalities more widely, which often lead to poor mental health, we are committed to taking action. We also acknowledge the importance of early years and promoting positive attachment, as a way of promoting good mental health in children and young people, a point made by some respondents to the consultation. These are just a few of the ways in which we are doing this:

- As there is a link between parental mental health and child mental health, we have invested £365 million (over 2015/16 to 2020/21) to support perinatal mental health.¹⁰

This will enable 30,000 more women affected by perinatal mental ill health to access appropriate, high quality specialist mental health care.

- As parental conflict is a known link to mental ill health and poorer child outcomes¹¹, the Department of Work and Pensions has launched a new programme to invest up to £39 million to reduce parental conflict through evidence-based intervention.¹²
- Our “Transforming Care” programme¹³ includes a significant focus on children and young people with a learning disability and/or autism, and behaviours which challenge, and / or with a mental health condition, as part of the overall approach to ensuring that people with learning disability of all ages are able to live in the community and get the right support to avoid crisis.
- In recognition of how poor mental health can be exacerbated by, and contribute to, other disadvantages, the government has invested in the Troubled Families Programme. Backed by £920 million from 2015 to 2020, the programme's keyworkers will work intensively with up to 400,000 disadvantaged families, working with the whole family to overcome their multiple and complex problems – such as family conflict, truancy and worklessness, rather than focusing on a single family member or problem.
- The “Healthy Child” programme¹⁴ is implementing a wide range of policies to improve child health including the transformation of children's mental health and maternity services. As local authorities are best placed to target children's services to meet the needs of their local population, they will receive over £16 billion between 2015/16 and 2020/21 to spend on public health.¹⁵ This is in addition to NHS spend.
- Improvements to adult mental health provision are vital to prevent mental ill health developing in children. Spending on mental health is planned to increase to a record £11.86 billion in 2017/18 and will include improving access to liaison psychiatry in every A&E department and putting crisis resolution and home treatment teams on a 24/7 footing.

Improving mental health support

For those children and young people who develop a mental health problem, we are committed to increasing the support available as quickly as possible. We set out in the Green Paper the huge existing programme of work underway to transform children's mental health services in the NHS, based on the ambitions set out in both ‘Future in Mind’ and ‘The Five Year Forward View for Mental Health’. This includes an additional £1.4 billion which we are making available to transform children and young people's mental health services; an ambition for an additional 70,000 children a year to access high quality specialist mental health services by 2020/21; and putting in place the first waiting time standards for children and young people's mental health (for eating disorders and first episode of psychosis).^{16,17}

We have now committed to a five-year budget settlement for the NHS, and the NHS will be producing a new long-term plan, with mental health as a key priority. The Green Paper's proposals build on the existing transformation programme flowing from the ‘Five Year Forward View for Mental Health’ and ‘Future in Mind’. They form an important way in which we are already looking to the future, and an excellent base for the long-term plan for the NHS to build on.

Mentally healthy schools, colleges and communities

Schools

The Department for Education is working with local authority commissioners on the Schools Link Programme, which aims to support better communication between schools and children and young people's mental health services. The Department for Education is also updating guidance to support schools to deliver whole school approaches to mental health, and taking action on teachers' workload. We are also reviewing the way schools are held to account, aiming to remove unnecessary pressure from teachers, which can have an impact on pupils.

Physical health

The Green Paper highlighted how important physical activity is for good mental health and wellbeing. The cross-government sport strategy, 'Sporting Future', sets mental wellbeing as one of its five key outcomes and places huge importance on physical activity for young people's mental wellbeing and individual, social and community development.¹⁸ Sport England is investing over £9 million of government and National Lottery funding in sport and physical activity projects which include a focus on mental health outcomes.

Our 'Childhood Obesity: a plan for action, chapter 2' publication supports an increase in physical activity in schools, including further research into why the least active pupils become less active in secondary school and promoting a national ambition for every primary school to adopt an active mile initiative.¹⁹

Online safety

Keeping children and young people safe online is also an important way to protect their mental health. The Government's 'Internet Safety Strategy Green Paper', published in October 2017, considers the impact of social media and internet use on children's mental health. On 20 May 2018 we published our response to the 'Internet Safety Strategy Green Paper', detailing Government's ambition to tackle harmful behaviour and content online. This response also set out an ambition to do more on age verification and committing to bringing forward a White Paper by the end of 2018.²⁰ The White Paper will set out plans for upcoming legislation that will cover the full range of online harms, including both harmful and illegal content. Potential areas where the Government will legislate include the social media code of practice, transparency reporting and online advertising. The White Paper will allow us to draw together existing work on safety as well as considering new, further policies aimed at improving children and young people's mental health, including screen time.

Conclusion

The actions proposed in the Green Paper will provide a significant step towards a new joined up approach to mental health support, and must be complementary to existing initiatives. This transformational and ambitious approach is inspired by great local examples across the country of health and education services working together. We must not duplicate work or work in silos. We want the new capacity provided by Mental Health Support Teams to be the focus for collaboration not just across health and education but also other services – a multi-agency approach focused on collectively understanding and meeting the needs of children

and young people in an area. As we roll-out the proposals through the trailblazers, we will have the opportunity to test how they link to other initiatives, such as the Department for Education's social mobility-focused "opportunity areas". This is a complex task, building on an already complex landscape, and while we are working to ambitious deadlines, implementation of the Green Paper proposals will take time to do properly.

Consultation results on the core proposals

This section sets out what people told us about the core proposals in the Green Paper. The core proposals are: a Designated Senior Lead for mental health in schools and colleges; new Mental Health Support Teams; and trialling a four week waiting time standard, testing all three proposals through a trailblazer programme. This section also sets out our response to those views, and how we will be taking the core proposals forward.

Designated Senior Lead for mental health in schools and colleges

Our proposal

We will incentivise and support all schools and colleges to identify and train a Designated Senior Lead for mental health to oversee the approach to mental health and wellbeing.

What you told us in the consultation

Welcome for the role and concern for flexibility

Respondents, including children and young people, were broadly in favour of the proposal for a Designated Senior Lead for mental health, welcoming the opportunity to create a less stigmatised and more positive mental health environment in school and colleges. Many respondents felt the proposal was an opportunity to drive forward a whole school approach and build resilience and wellbeing, as well as providing support for mental ill health. They were keen to ensure sufficient flexibility in the role, so it could be adapted depending on the school or college, acknowledging that colleges operate under a different framework from schools in relation to curriculum and behaviour policies.

Whether the role should be mandatory

Some respondents suggested that the lead role be made mandatory and be regulated; similarly other respondents recommended that there should be a governance process in place to ensure there was accountability at school or college level. Other respondents however expressed concerns that making the proposals mandatory might lead to new accountability criteria similar to Ofsted inspection and were keen that schools and colleges should not be given specific additional accountability burden through this process. Children and young people also felt that since it was not suggested that the lead should be a mandatory role, many of their peers could lose out if their school or college chose not to appoint a lead.

The role of education staff and the role of the lead

Many respondents expressed the view that education staff should not have a role in the diagnosis of mental health problems or the delivery of any treatments or therapeutic support but that the role should be strategic. Many were also keen to see all teachers and staff in schools and colleges have a basic level of mental health awareness. Understanding the issues affecting children and young people's emotional wellbeing, such as the impact of trauma, was thought to be a vital requirement of the role as well as the ability to engage with parents recognising the whole family context. Respondents also emphasised the importance of the lead to have good interpersonal, communication skills and networking abilities to share experience. Children and young people felt that a significant role for the lead would be to provide clarity around the purpose of different services and interventions as well as clarifying the process for seeking help. They also expressed the view that the role of the lead was vital in ensuring all professionals involved in a young person's care, within the school and externally, were linked up and communicating well.

Some respondents, including children and young people, expressed concern over the additional pressure and strain the role could entail if not supported by sufficient priority and time to do the job. A number of respondents emphasised the importance of appropriate supervision and training for the lead and that the lead should be in a senior leadership role in order to receive support from colleagues at all levels.

The Green Paper consultation also invited views on the training fund allocated for the Designated Senior Leads and how best to distribute the fund to schools and colleges.

Respondents welcomed the proposal to offer training to the Designated Senior Leads but called for the training to be high quality, sufficiently long-term and rigorous, and to look at the full range of options about who can effectively deliver this type of training. Many respondents provided useful suggestions for what the training should cover, and wanted to see this training as part of longer term professional development, not just a one-day course.

Respondents were keen for the training funding to reflect fully the costs involved, including covering backfill costs. Some respondents wanted non-state schools to be able to access the training, even if they had to fund it themselves. Respondents were requested to rank four funding distribution options in order of preference and the option to fund training places that would be made available locally for schools to book into was ranked first. Two further themes emerged related to (i) channelling funding and the (ii) types of training. In terms of channelling funding, respondents were divided on whether funding should be allocated based on pupil numbers or whether it should be based on need. Others favoured a central funding pot which school could apply for; ring fencing funding was very popular with respondents, with many expressing concerns about the funding being absorbed into school budgets and subsequently misused. In terms of the types of training, respondents were keen that the training fund be used to fund accredited, bespoke courses provided by universities.

Our response and next steps

Welcome for the role

We agree with respondents who emphasised that the role of the Designated Senior Lead in schools or colleges should not be that of a mental health professional. We also agree that education staff should not diagnose mental health conditions or be required to deliver mental health interventions. We agree that the focus of the lead should be strategic, putting whole school/college approaches in place, ensuring a coordinated approach. This would encompass the roles that existing practice suggests leads cover:

- Oversight of the whole school/college approach to mental health and wellbeing, including how it is reflected in the design of behaviour policies, curriculum and pastoral support, how staff are supported with their own mental wellbeing and how pupils and parents are engaged;
- Supporting the identification of at risk children and children exhibiting signs of mental ill health;
- Knowledge of the local mental health services and working with clear links into children and young people's mental health services to refer children and young people into NHS services where it is appropriate to do so;
- Coordination of the mental health needs of young people within the school or college and oversight of the delivery of interventions where these are being delivered in the educational setting;
- Support to staff in contact with children with mental health needs to help raise awareness, and give all staff the confidence to work with young people; and
- Overseeing the outcomes of interventions on children and young people's education and wellbeing.

Whether the role should be mandatory and concern for flexibility

We remain of the view that a Designated Senior Lead role should not be mandatory. As we have heard in the consultation, it is essential that schools and colleges are able to have the flexibility to deliver the role so that it fits with their existing staffing responsibilities and approach to supporting mental health and wellbeing. Schools already have a clear duty to take action to safeguard pupils where they have concerns that a mental health issue might lead to harm. They also have a responsibility under the Special Educational Needs and Disability Code of Practice to identify and provide support for pupils who have special educational needs, including needs resulting from social, emotional and mental health needs. These requirements are covered by the mandatory roles of the safeguarding lead and the special educational needs co-ordinator (SENCO) respectively. The role of the Designated Senior Lead will be to establish a whole school approach to mental health to ensure that those responsibilities are carried out in the context of a wider approach that also incorporates preventative activity and promotion of good mental wellbeing and resilience amongst students and staff.

It is clear that schools and colleges are committed to supporting pupil wellbeing, with over half of schools telling us that they already have a lead role in place. The provision of free training, as well as the provision of Mental Health Support Teams and improved access to specialist services through the four week waiting time pilot, provides an incentive for schools to identify a lead to help them to benefit fully from the additional support.

Training for the role of the Designated Senior Lead

We agree with respondents who suggested that, in order to support leads to carry out the role set out above, training for the role should be substantial and appropriately long-term. It should provide both knowledge and a basis for reflective practice. We will ensure that training for leads is based on evidence and good practice. The training will make clear how the role can be beneficial to the school, and how responsibilities can be delivered in effective and manageable ways that are adaptable to different types and sizes of schools and colleges. The aim is to support a lead in every school and college so we want to ensure that the training is available to each institution, rather than funding in proportion to the number of pupils.

Next steps

We intend to press on with offering training for a lead in every school by 2025. Following the outcome of the Teaching and Leadership Innovation Fund bidding process we are making an assessment of whether there will be sufficient high quality courses that can be delivered to schools. We are also considering how training for leads can fit with the development of clearer career pathways for teachers and National Professional Qualifications. A number of consultees have raised the potential for such qualifications to cover mental health and it would also help to underpin the status of the Designated Senior Lead role. If necessary, we will commission additional provision. We will then work with providers of suitable courses on a mechanism to make sufficient places available to offer training to one-fifth of schools from September 2019. There will be allowance for further high quality courses to be included in later years of the roll-out where these are developed.

We will also roll-out our 'Mental Health Services and Schools Link Pilot'; a programme the Department of Education and NHS England have already commenced, which is joining up schools, colleges and NHS mental health services for children and young people.²¹ This will help areas that are not part of the initial Green Paper trailblazer roll-out to build links between schools and NHS services, in preparation for the wider roll-out of Mental Health Support Teams.

Mental Health Support Teams

Our proposal

We will create brand new local Mental Health Support Teams to address the needs of children and young people, delivering interventions in or close to schools and colleges for those with mild to moderate mental health issues. The teams will also help children and

young people with more severe needs access the right support, working with schools and colleges to provide a link to specialist NHS services.

What you told us in the consultation

Respondents, including children and young people, largely welcomed the proposals to increase the capacity of children and young people's mental health services through creation of Mental Health Support Teams. Some concern was expressed by some professionals about setting up a new workforce, as it was felt that many already experienced and trained could make an effective contribution.

The composition of Mental Health Support Teams

Many respondents stated that teams should have the right mix of experience and skills and that appropriate training and supervision would be essential; respondents were keen to have more clarity on these issues. Some respondents thought that the teams should be multi-disciplinary with a mix of junior and senior roles, to address concerns that having only health care professionals could lead to inappropriate 'medicalisation' of issues.

Similarly, many children and young people thought it was essential to have a mix of expertise and experience in the teams offering a range of interventions, including clinical assessment and peer led-activities. Many respondents were keen that the contribution of existing professionals was maximised and that the proposed teams collaborated with the broad range of organisations and services that work with children and young people. It was also noted that the proposed teams should not divert resources away from existing efforts to improve access to therapeutic support for children and young people.

Some respondents felt it important that the teams have experience of working with children and young people, and should understand issues impacting their emotional wellbeing such as exam pressures and social care needs.

What the Mental Health Support Teams do and how they integrate with other services.

Many respondents recommended that the Mental Health Support Teams only provide evidence-based interventions, and should be measured and evaluated on the same outcomes in different geographical areas. Some respondents made the point that it will be vital to ensure clear lines of accountability for the teams, with a clear understanding of roles within the teams.

As with the responses received for the Designated Senior Lead, respondents, including children and young people, were keen for the teams to undertake prevention work with children and young people. Many respondents welcomed the idea of groups of schools and colleges working together. Children and young people thought the teams would be particularly helpful to guide those who were not aware of how or where to access mental health support. Many children and young people also stated that the teams would improve links between schools, children and young people's mental health services and GPs. More importantly, respondents felt the improved links should ensure smooth transitions between services, with good communication and data sharing, although young people highlighted the

need to ensure appropriate confidentiality arrangements relating to support received from the teams.

Funding route and links to existing work

The Green Paper consultation invited views on the different organisations that could take the lead receiving funding to set up Mental Health Support Teams as well as the range of professionals the teams should link up with. We invited people to submit examples of areas where similar work is already underway and respondents provided a variety of examples:

Most respondents preferred either groups of schools and colleges (25% of respondents placed this in first place) or charities/non governmental organisations (24% of respondents) to take the lead on setting up the teams. 21% of respondents placed CCGs in first place for taking the lead. There was a strong message from respondents that the teams should work with a wide range of professionals and services. The top link chosen was to educational psychologists (19% of respondents), school-based counsellors (18%) and local authority services (17%).

Location of Mental Health Support Teams

Whilst many welcomed the idea that the teams should be located within schools, some were concerned that this could mean that school staff might be expected to take on the co-ordination roles associated with multi-agency working, which could add considerable burden.

Some children and young people thought the teams could be closely linked to young people's lives and would therefore feel more relatable than the mental health services currently available. It was felt the proposed teams could also develop closer relationships with families, helping parents to support their children, which many young people found to be very important. Other children and young people however, reported that some of their peers would not be willing or able to access support in school due to bullying, stigma, confidentiality concerns, or simply because they were not attending school. It was suggested that a certain degree of flexibility remain for children and young people to choose where they receive support to ensure that the teams could be accessed by children and young people in a range of circumstances and backgrounds. Concerns were also raised about access to the teams for home-educated children and those not attending state or mainstream education.

Children and young people who have barriers to accessing support

We invited views in the consultation on how looked after children or previously looked after children, children in need who are not in care and those with special educational needs or disabilities are able to access the right support. We also invited views on how the Mental Health Support Teams could better support these groups.

One theme evident in many responses was the need for provision and access to be equally accessible for all children. Suggestions on how to provide better support for these groups included reducing stigma around mental health, early targeted intervention and a triage system to provide urgent support to those most in need. Respondents said Mental Health Support Teams should be aware of the particular issues that may impact on the mental health of vulnerable groups, such as trauma or difficulties relating to social isolation for those with sensory impairments. Respondents suggested increasing the options available for

support in different settings, including more home visits and outreach work. Concerns were also raised about access to the teams for home-educated children and those not attending state or mainstream education.

We also carefully considered the 65 responses from children and young people under the age of 25, who have used mental health services, and were LGBT+, from a black or minority ethnic background, and/or have a disability. Echoing the views of all respondents above, this group emphasised the importance of creating a welcoming environment for all children and young people to discuss their mental health as well as the importance of providing appropriate training to the Mental Health Support Teams (so they are able to identify and support children and young people with specific needs). This group of respondents also highlighted the need for bespoke mental health services which are adapted to children and young people with specific conditions. Respondents suggested improving the awareness of services amongst children and young people more generally and more specifically, to provide more support outside of term time.

Our response and next steps

Our plans to establish Mental Health Support Teams reflect much of the feedback we have received. They will also support progress towards addressing some of the findings of the Care Quality Commission's (CQC) review of children and young people's mental health services, particularly around providing timely access to appropriate care, including providing services which are closer to young people, and earlier intervention.²² The Mental Health Support Teams will form part of our health and care workforce strategy which will be published later in 2018.

The composition of Mental Health Support Teams

Good practice exists, but there are no ready-made answers about the overall make-up of teams and how they should operate, and we are clear that we do not want to impose a model that doesn't take account of the existing local context. It will therefore be important to design national roll-out on the basis of the experience from the trailblazer programme. It is essential that the teams build on and increase the support already in place, for example high quality counselling services in schools and colleges, instead of replacing it. It will be important to test different approaches, depending on local need as we know that the current level of support will vary from area to area. This approach will include considering existing prevention programmes and support services provided in or near schools and colleges, including through voluntary and community sector organisations. We agree that the teams should comprise a mix of more junior and more senior staff; the funding available to support the teams will also support the cost of supervision from qualified staff in NHS children's mental health services.

Additional resources are being made to enhance the workforce. In year one, this is sufficient to provide more than 300 new staff, over and above existing commitments at a mixture of supervisor and practitioner grades. This is in addition to the therapists required for the four week waiting time pilot sites and will be on top of the current workforce and existing commitments made in the 'Five Year Forward View for Mental Health.' This is a significant task to deliver, and will take time to do well.

What the Mental Health Support Teams do and how they integrate with other services.

We are open to a range of delivery models for the teams. For example, some teams could be led by groups of schools, others by voluntary and community sector organisations or further education colleges. We have chosen to fund Mental Health Support Teams via CCGs. There are a number of advantages to this approach, including the ability to use established NHS regional and local assurance processes during implementation. Mental Health Support Teams will provide a 'core offer' of evidence based mental health support, but CCGs will have flexibility to design teams according to local need and existing provision. Whilst CCGs will be the funding route for the first set of trailblazers, we expect schools and colleges, along with Local Authorities and other local bodies to work in partnership with CCGs in the application process and in designing and leading delivery. These partnerships will have the flexibility to design the teams according to local need and existing provision.

We will seek to use the trailblazer programme as the opportunity to test many of the issues raised in the consultation, such as how the teams can best work with vulnerable children and young people, work with those not in state maintained or mainstream education, and link with the range of professionals already working with young people (including educational psychologists, staff in primary care, General Practitioners, youth workers, social workers, staff in children's services, early help teams, school nurses, health visitors, school counsellors, youth offending teams, and voluntary and community sector organisations). The CQC, in their review noted above, identified the complex landscape of mental health support for children and young people; we expect the new teams to work across organisational boundaries and closely with colleagues in other services. The CQC identified the need for a "shared understanding" between different services; the design of the teams should in particular enable better joint working between health and education services, as well as working with other services as described.²³

We agree that the teams should only provide evidence-based interventions, the impact of which can be measured and evaluated. We are working with Health Education England and NHS England, together with leading clinical experts, to develop an evidence-based curriculum for training the new teams' staff. This will include building on the existing Children's Wellbeing Practitioner programme which is already being provided. The teams will need to work effectively within the school and college environment, and to understand issues impacting children and young people's mental health within this context. Their training will recognise the need to help parents to support children and young people's mental health, as well as the value of peer based activities.

Children and young people who have barriers to accessing support, and the location of the Mental Health Support Teams

We are committed to ensuring that the Mental Health Support Teams reach those most in need of the support, and are accessible to all, including pupils in the independent sector. We especially want the teams to be able to work with children in need and vulnerable children who might have more limited contact with mainstream schools and colleges and will encourage trailblazers to test this. This might include alternative provision or special school pupils in contact with the criminal justice system and some children and young people who

have experienced the care system. Children and young people from the Armed Forces community can also face challenges to their mental health due to issues such as frequent mobility both within the UK and overseas, operational deployment and family separation. Those who might be affected include children of military personnel and young people dependent on military personnel. The new support teams will be well-placed to identify mental health needs of these children and young people and provide support.

We will also be using the teams to test recommendations made around improving mental health support for looked after and previously looked after children. These recommendations were made by an expert working group we commissioned, and were set out in a report.²⁴ To test these recommendations we will link up Green Paper trailblazer programme areas with pilot areas that will be testing improved mental health assessment approaches for looked after children later in 2018. We will also look to test how teams can act as a focus for joint working and links to specialist mental health support for looked after children, to address some of the issues highlighted by the report. Examples of good practice highlighted by the consultation suggest that settings which provide education and support to children with more complex needs, such as Pupil Referral Units, often have more experience of making links to mental health services. They can help co-ordinate support for mainstream education settings. We would therefore expect them to play a key role in a number of trailblazers.

Not all pupils out of mainstream settings are vulnerable, but they might still need access to support. For instance, apprentices and other 16-18 year olds in work-based educational training may only have limited contact with colleges. We will also look to explore whether some areas in the trailblazer programme can test how these young people can best take advantage of Mental Health Support Teams when needed.

Timetable for implementation of the Mental Health Support Teams

We will start recruiting trainees for the teams in autumn 2018, who will begin their programme of learning in early 2019. We expect the first Mental Health Support Teams to be operational from the end of 2019 with delivery models varying in different areas.

Trialling a four week waiting time for access to NHS services

Our proposal

We will pilot a four week waiting time for NHS services for those children and young people who need specialist help.

What you told us in the consultation

Many respondents welcomed the intent to improve access by reducing waiting times, although views were mixed. Respondents voiced concerns over the potential for unintended consequences of implementing a waiting time standard such as a higher demand for NHS services that are already under pressure, rushed assessments and the risk of services raising their thresholds to meet a new waiting time standard. Geographical variation was a point raised by many respondents, expressing concern that there would be poorer access to

services outside of trailblazer areas. Some respondents suggested that a current assessment of need across the country would be helpful in keeping any waiting time standards realistic and ensuring the quality of service provision remained high.

Young people were keen for more clarity on the proposal as it was unclear how assessments would be conducted, how levels of need would be identified and whether the standard referred to receiving treatment or receiving an assessment. Young people voiced concerns that the waiting time standard was too long (especially for those in crisis) and that the introduction of the standard may not actually result in young people getting support more quickly.

Our response and next steps

It is clear that any waiting time ambition must lead to improvements in access to NHS specialist mental health support, and not create perverse incentives to hit the target. This is particularly important as we are part way through a major transformation of NHS mental health services for children and young people. As stated above, the new ten year plan for the NHS will move us towards clinically defined access standards that are as ambitious as those in physical health. Our waiting time pilots in children's mental health services will contribute towards our understanding of how to deliver this broader goal to drive national improvements in mental health.

From 2018, the four week waiting time pilot areas will seek to plan for and then provide access to evidence-based treatment on average within four weeks. Pilots will take place in a number of CCGs that are hosting trailblazers, but are likely to cover a greater area and population than that covered by the Mental Health Support Teams, given the large range of numbers of schools in different sized CCGs. Pilots will be expected to achieve the four week waiting time ambition for as many children and young people who need treatment as possible. As part of the selection process for pilot areas, we will agree with local areas the proportion of children who will be seen within four weeks and their trajectory for achieving this, based on their current performance. The waiting time ambition will apply across all referral routes available in the pilot area, including self-referral, or referrals through GPs.

Sites will learn from, and build upon the existing standards for early intervention in psychosis and eating disorders. The four week ambition is not intended to apply to young people in crisis, who will continue to be seen much more rapidly than four weeks, as is currently the case.

Our decision to pilot four week waiting times, rather than simply requiring services to meet this ambition immediately is to mitigate the risk of unintended consequences, and ensure waiting times are improved in a fair and sustainable way. The pilot sites will have access to resources to invest in staff or infrastructure to achieve this. As the Green Paper stated, sufficient additional resources are available to recruit around 200 additional therapists on top of the 1,700 additional therapists we have already committed to in the 'Five Year Forward View for Mental Health'.

We will record data on how quickly children and young people access services, how quickly they start treatment, and what outcomes are achieved. We will also monitor the impact of the new Mental Health Support Teams on referrals into NHS services. We will monitor activity to

ensure the pilot areas do not raise thresholds or reduce access in order to meet the target, and that nearby areas do not suffer adverse effects as a result of the pilot. We will also encourage pilots to develop and test innovative approaches to ensuring fast access to quality care. They will also be required to demonstrate a sustainable approach, which can be continued beyond the period of the pilots.

To be part of the pilot, areas will therefore need to demonstrate robust data collection and flow of information to the Mental Health Services Dataset. We will also consider areas' current access and waiting time performance to ensure an appropriate level of ambition and to provide meaningful findings to determine future roll-out.

Through the pilots, and through monitoring the impact of Mental Health Support Teams on referrals and specialist NHS children's mental health services, we aim to understand the costs, benefits, challenges and indicators of success of introducing a four week wait. This will inform future roll-out, and the approach to moving from pilots to implementation across 20-25% of the country by the end of 2022/23, as stated in the Green Paper.

Testing proposals in trailblazer areas

Our proposal

We will test the proposals through a series of trailblazer areas, to at least a fifth to a quarter of the country by the end of 2022/23.

What you told us in the consultation

Respondents felt that there was a need for a clear framework for implementation across trailblazer sites. Many respondents said it was essential for the trailblazer programme to be robustly evaluated and that practice and interim lessons learnt should be shared with others.

In response to how trailblazer sites should be chosen, there was general support for having a good geographic and demographic spread and to consider local areas with public health challenges such as domestic violence, drug and alcohol abuse or social isolation. Respondents suggested we consider the geography of other government initiatives when selecting trailblazer areas. Respondents were keen to see different types of schools being included in the trailblazer programme such as academies, faith schools and those with a mix of Ofsted judgements.

Respondents felt that it was important for trailblazer areas to cover a range of areas from those with strong innovative practice as well as areas where support is fragmented. "Deprived areas" were chosen most often as the preferred factor to take into account when choosing trailblazer areas (39% of respondents said this was their first choice of factor). "Levels of health inequality" (28% of respondents) and "areas where children and young people in the same school or college come under different CCGs" (14% of respondents) were the second and third most popular options. Focus group participants also wanted to ensure a mix of urban and rural areas.

In terms of how to measure the trailblazers, not surprisingly, respondents felt that the impact on children and young people's mental health was the most important factor (21% of

respondents), followed by young people's knowledge and understanding of mental health issues, support and self-care (14%), and then the effectiveness of interventions delivered by the Mental Health Support Teams (14%) and a range of measures and indicators were also proposed by some focus group participants.

Our response and next steps

We will be testing out how the three core proposals work when delivered together through trailblazer areas. We remain committed to rolling out our new approach to at least a fifth to a quarter of the country by the end of 2022/23. The precise roll-out will be considered further in light of the NHS long-term plan and the evaluation of the initial trailblazers

In the first wave of trailblazers, we are expecting to recruit between ten and 20 areas to be fully operational by the end of 2019. We want to ensure that the first wave of trailblazers cover as wide a range of local characteristics as possible to ensure that we can thoroughly test the delivery model and learn lessons to inform future roll-out. The first trailblazer areas are expected to cover a mixture of rural and urban areas, different types of school and college provision, and areas with social deprivation, inequalities, or other local needs. To ensure coverage of trailblazers across the country, trailblazers will be selected on a regional basis, ensuring they are sufficiently close to the new training which will be provided. NHS England regional teams will shortly be in contact with the areas that meet a set of qualifying criteria for year one. The qualifying criteria are based upon meeting expected levels of investment in mental health and demonstrate progress in increasing access to mental health services for children and young people in line with national and local targets. The rationale for this approach is to ensure that areas are able to take on the challenges of this programme quickly, with the capability to test different models; build effective relationships with schools, colleges and NHS providers; and demonstrate that the additional support helps children and young people.

The communication to eligible areas from the NHS regions will include further information about the programme and the expression of interest process. Areas will be asked to provide evidence that they meet a number of criteria but most importantly that they have a good knowledge of the mental health needs of their children and young people and strong leadership from both health and education on driving improvement of mental health services. Full details of the selection process and the criteria will be available through the NHS regional teams. The first set of trailblazers will be announced in autumn 2018.

Consultation results on other proposals

In addition to seeking views on the core proposals in the Green Paper, we also sought views on some broader issues. This section sets out what you told us, and what our response is.

Guidance to parents and carers on mental health support

Our questions

In the consultation we asked whether policies that schools and colleges publish on behaviour, safeguarding and special educational needs and disability give parents enough information on the mental health support that schools offer to children and young people.

What you told us in the consultation

Most respondents (60%) felt that the policies that schools and colleges publish about behaviour, safeguarding and special educational needs and disability give parents only some of the information they need and some other respondents (21%) felt they received very little of the information they needed.

Our response and next steps

We have commissioned research, which will report later this year, to help improve our understanding of how the information and policies that schools are required to publish reflect activity to support pupils' mental health and wellbeing, as well as reflecting their approaches to developing respectful school communities. The findings will inform decisions about how we can support schools to use existing requirements on them to strengthen their work in these areas.

We have also established a steering group of experts, chaired by the Department for Education's independent behaviour advisor Tom Bennett. This group is assisting us in the development of the scope and content of revised Mental Health and Behaviour guidance which will be published later in the year. This will include information on how schools can identify those pupils whose behaviour may be a result of underlying mental health difficulties, and how they should adapt the approaches outlined in their relevant policies to support these pupils.

Supporting schools to evidence work they do on mental health

Our questions

We asked in the consultation for views on how schools and colleges can measure the impact of what they do to support children and young people's mental wellbeing.

What you told us in the consultation

Many respondents suggested using existing indicators such as school attendance, attainment, exclusion, bullying and self-harm rates, referrals to specialist mental health support, and the views of parents and carers to measure the impact of support. Other respondents suggested obtaining further information to measure the impact, using questionnaires, focus groups and engagement through various forms of social media. Several specific frameworks to measure impact were mentioned.

Our response and next steps

As part of the implementation, we will seek to identify and baseline the existing support already on offer to children and young people, and use this to ensure the Green Paper proposals add to, rather than replace what is already there. We have convened an expert group, including colleagues from Ofsted, to discuss how best to support schools and colleges to measure the impact of what they do, taking account of their individual needs and circumstances. This is likely to include signposting to existing frameworks and examples of good practice, as highlighted in the consultation responses.

Progress on other Green Paper announcements

In the Green Paper, we announced measures to complement and support the core proposals described above. We remain committed to taking these actions forward, including the various commitments to conduct further research in a number of areas which will support the evidence base in areas related to children's mental health. This section gives further information about how they are being taken forward.

Schools and colleges

For schools and colleges, the proposals in the Green Paper will support the role that they already play. While the proposals will provide vital additional support, schools and colleges can continue to take steps now. As set out in the Green Paper, we know that many schools already have leads and are working towards having whole school approaches in place. We are making progress with the measures outlined in the Green Paper to support schools and colleges with practice.

Children will learn about mental health through the curriculum

We have recently announced our intention to make health education a compulsory part of the curriculum for the first time and have launched a consultation on the draft regulations and guidance. This follows on from the call for evidence (separate to the Green Paper consultation) on the scope and content of Relationships Education in primary schools and Relationships and Sex Education (RSE) in secondary schools, and on the status of Personal, Social, Health and Economic Education (PSHE), which received around 23,000 responses (including 2,400 from young people).

This is a significant step designed to ensure young people are taught core content on physical health and mental wellbeing. It will provide them with the information they need to make good decisions about their own health and wellbeing, recognise issues in themselves and others and, when issues arise, seek support as early as possible from appropriate sources. Mental resilience and wellbeing will form a key element of this new subject, as well as ensuring that pupils understand that good physical health contributes to good mental wellbeing, and vice versa. The consultation closes in November 2018, after which we will lay regulations in Parliament and publish guidance, allowing schools to begin teaching the new subjects from September 2019. They will be required to do so from September 2020. To support this we are looking at how we can best support schools to have access to the best, most innovative teaching materials developed by experts.

Mental health awareness training in schools

We remain committed to providing mental health awareness training to every secondary school by 2019 and every primary school by 2022. In the first year, we invested £200,000 in the training, and have achieved the first milestone of training a member of staff in a third of secondary schools (1,000). By this time next year we will have reached a further 1,000 schools. We are scoping delivery of our commitment to rolling out mental health awareness training to primary schools which we hope to begin soon.

Social media and internet harms

To address the potential harmful effects of social media and internet use, as well as recognising the positives, we included the following commitments in the Green Paper. These support the government's 'Internet Safety Strategy Green Paper', which was published in October 2017. In May 2018, we published our response to the Internet Safety Strategy Green Paper, which commits to bringing forward a White Paper on Online Harms by the end of 2018.²⁵ The White Paper will set out plans for upcoming legislation that will cover the full range of online harms, including both harmful and illegal content. Potential areas where the Government will legislate include the social media code of practice, transparency reporting and online advertising. The White Paper will allow us to draw together existing work on safety as well as considering new policies aimed at improving children and young people's mental health, including around screen time.

- *Transforming Children and Young People's Mental Health Services Green Paper proposal: We will convene a working group of social media and digital sector companies to explore what more they can do to help us keep children and young people safe online.*

We held three working group meetings with companies, through which we received feedback and thoughts on the challenges around age verification, screen time and cyberbullying/harmful content. We welcome the companies' engagement within this forum, including the letters companies wrote to the Secretary of State for Health and Social Care following the working group meetings. However, while some companies are taking steps towards addressing some of these important issues, we are clear that there is further action they could take in this area. We will therefore continue to work with the Department for Digital, Culture, Media and Sport to explore a range of options to take this forward, including the potential for legislation and other government action where needed, as part of our Internet Safety White Paper.

- *Green Paper proposal: The Chief Medical Officer will produce a report on the impact that technology has on children and young people's mental health.*

To better understand the evidence around the relationship between social media use and mental health of young people up to the age of 25, the Chief Medical Officer has started a systematic review. The review will examine all relevant international research and will inform a report in the area that will be published next year.

Evidence on prevention

As described in the Green Paper, Public Health England will take further action on prevention and early intervention by leading the establishment of a Special Interest Group bringing together academics, practitioners and professionals. This Group will identify the key prevention evidence and its relevance to practice. The findings will feed into the prevention work that is supported in schools by the Designated Senior Lead for mental health and that takes place through the broader work carried out by the new Mental Health Support Teams. The Group will also highlight the evidence gaps and make recommendations for these to be addressed through further research.

Wider support for the mental health of 16-25 year olds

Young people are disproportionately affected by mental health problems at a pivotal time of transition into adult roles and systems.^{26,27} The Green Paper set out the Government's intention to create a new partnership focused on the mental health of 16-25 year olds. Young people's mental health is a cross cutting issue which impacts on the work of multiple government departments and arm's length bodies, as well as businesses, charities, educational organisations and others.

Following an initial meeting with a cross section of stakeholders in May, the Cabinet Office has been working with the Department of Health and Social Care, the Department for Education and a range of other organisations to consider next steps in this area. We are pleased to support the launch of a new University Mental Health Charter in June 2018, aiming to drive up standards in promoting student and staff mental health and wellbeing. Universities will be awarded a new recognition for meeting improved standards.

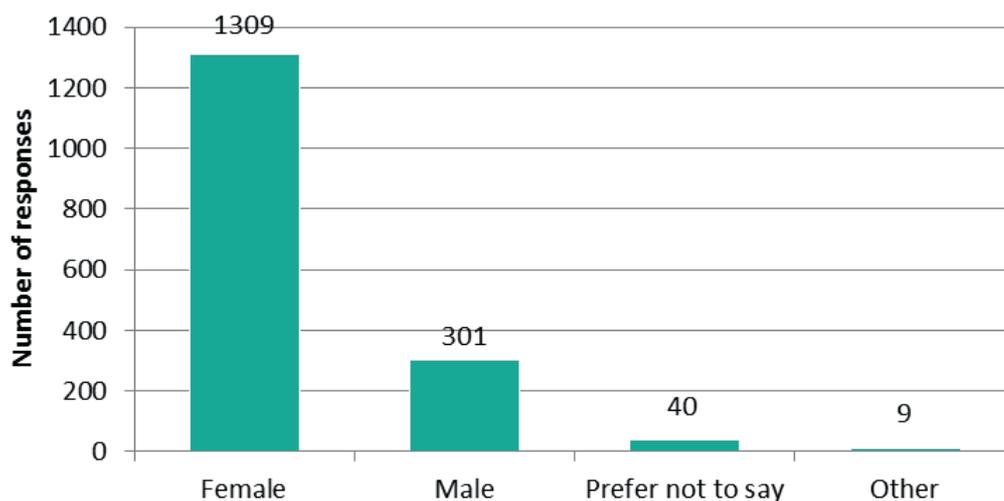
In addition, the Department for Education is setting up a team with representatives from across the sector to review the support needed for students in the transition into university, particularly those with or at risk of mental health issues. The Department has also committed to seek to develop a workable disclosure agreement for universities giving them permission to share information on student mental health with parents or a trusted person.

Annex: Consultation Demographics

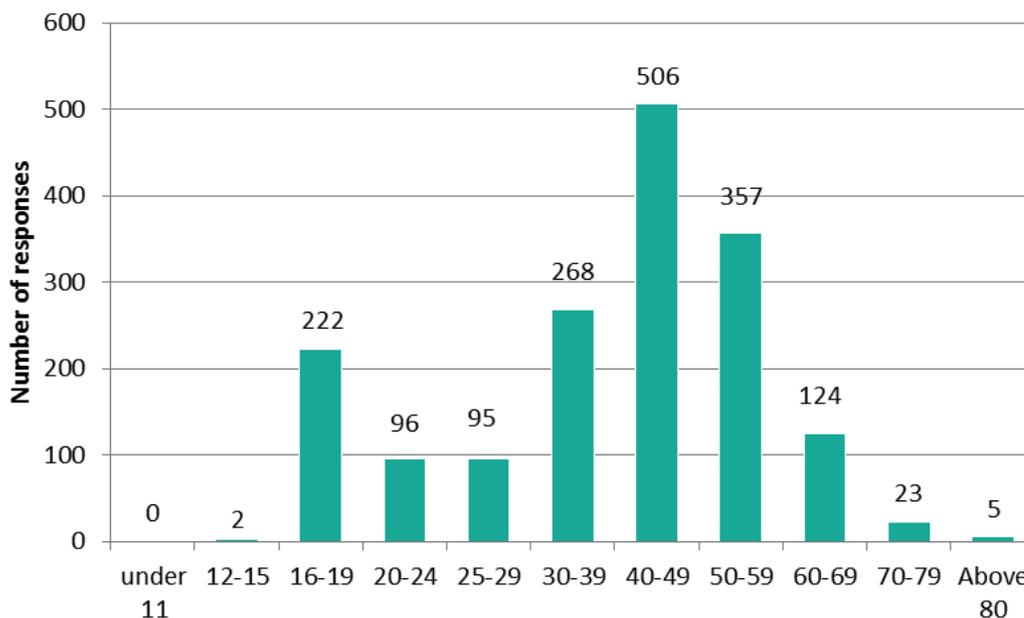
1. We received 2,567 responses to the online Green Paper consultation document, of which 1,774 responses (70%) were received from individuals, 680 responses (26%) were received on behalf of organisations and 113 responses (4%) were unspecified.

Individual responses

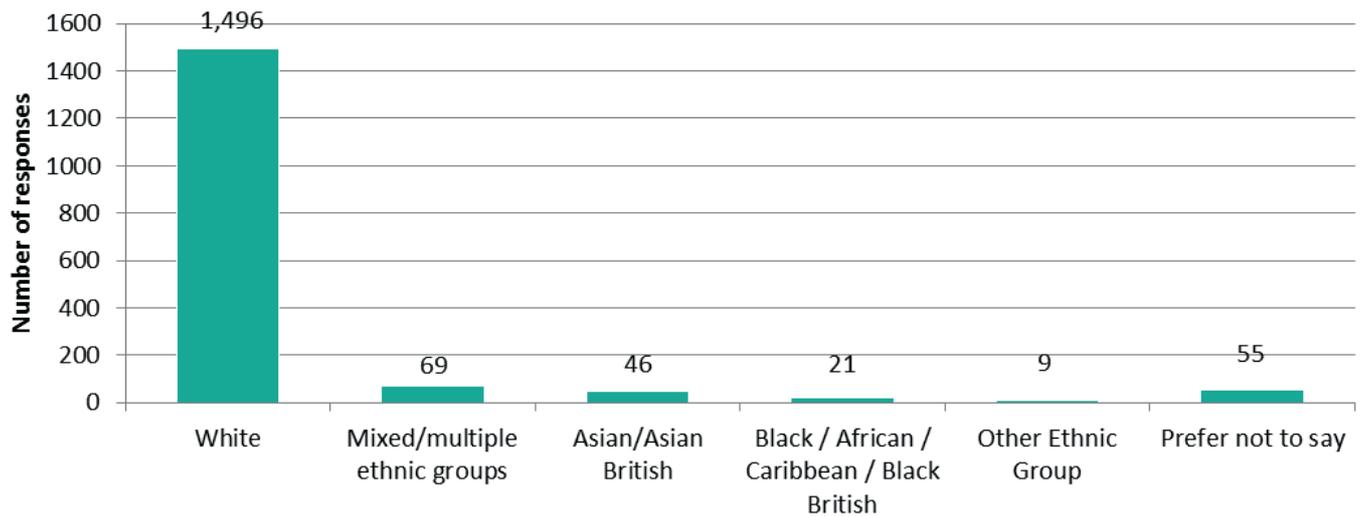
2. Of the 1,774 individual responses, 1,309 responses were received from females (79%), 301 responses were received from males (18%), 40 responses preferred not to say, 9 responses specified other and a further 114 did not specify gender.



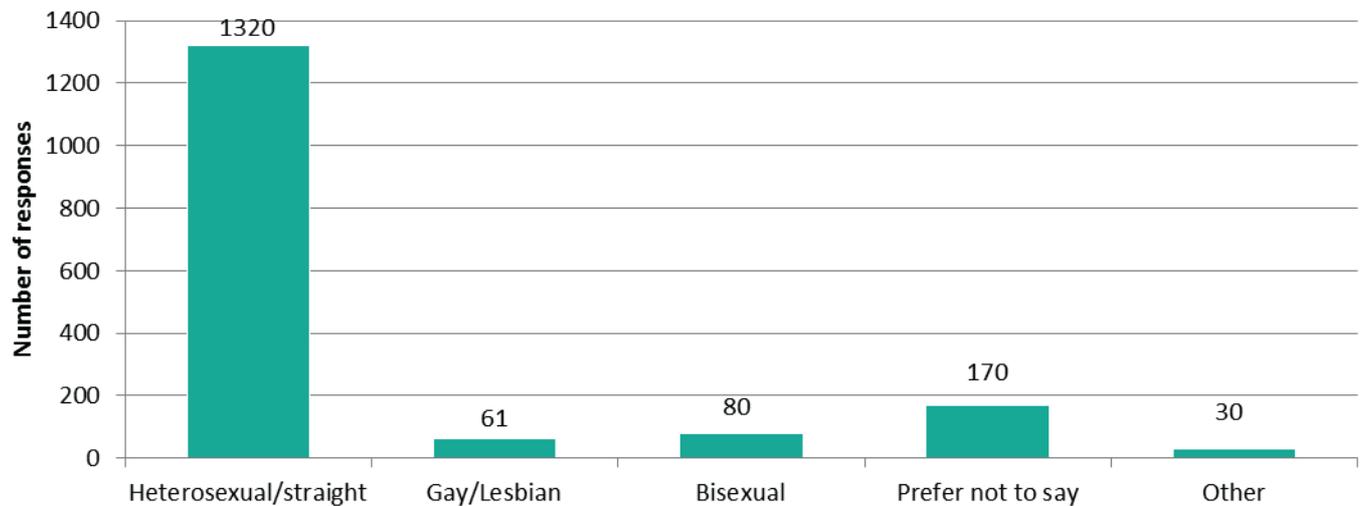
3. Of the 1,774 responses, 506 of individual responses were received from individuals aged between 40-49 (29%), 320 of responses were received by children and young people (aged under 25) (18%) and 152 responses were from people aged over 60 (9%). 76 respondents did not specify age.



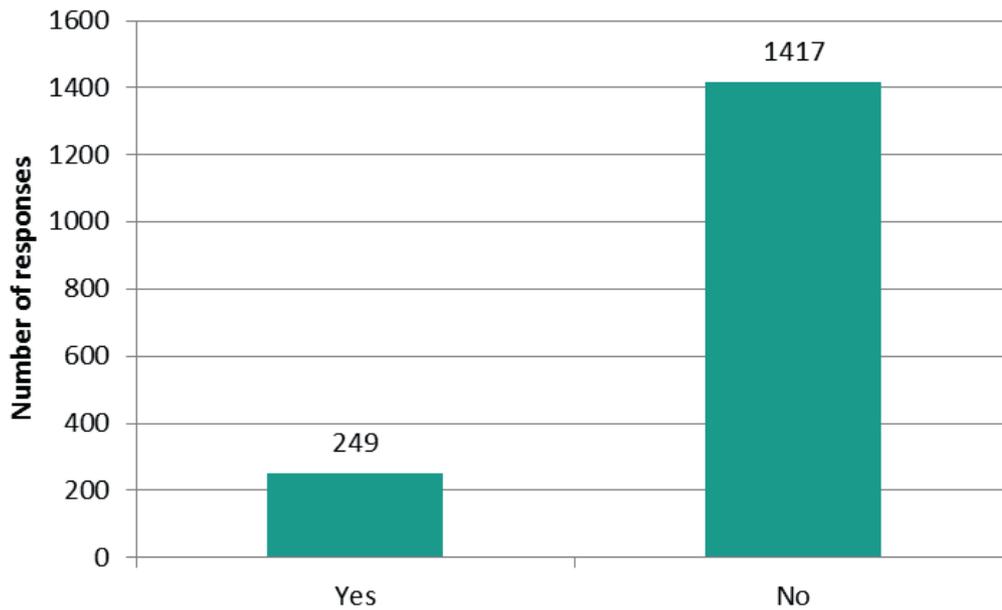
4. Of the 1,774 individual responses, 1,496 were white (84%), 69 were from a mixed background (4%), 46 were Asian British (3%), 21 were black British (1%), 9 specified other (0.5%) and a further 114 did not specify.



5. Of the 1,774 responses, 1,320 identified as heterosexual (74%), 80 as bisexual (5%), 61 as gay / lesbian (3%), 30 as other (2%), 170 preferred not to say and a further 113 did not specify.

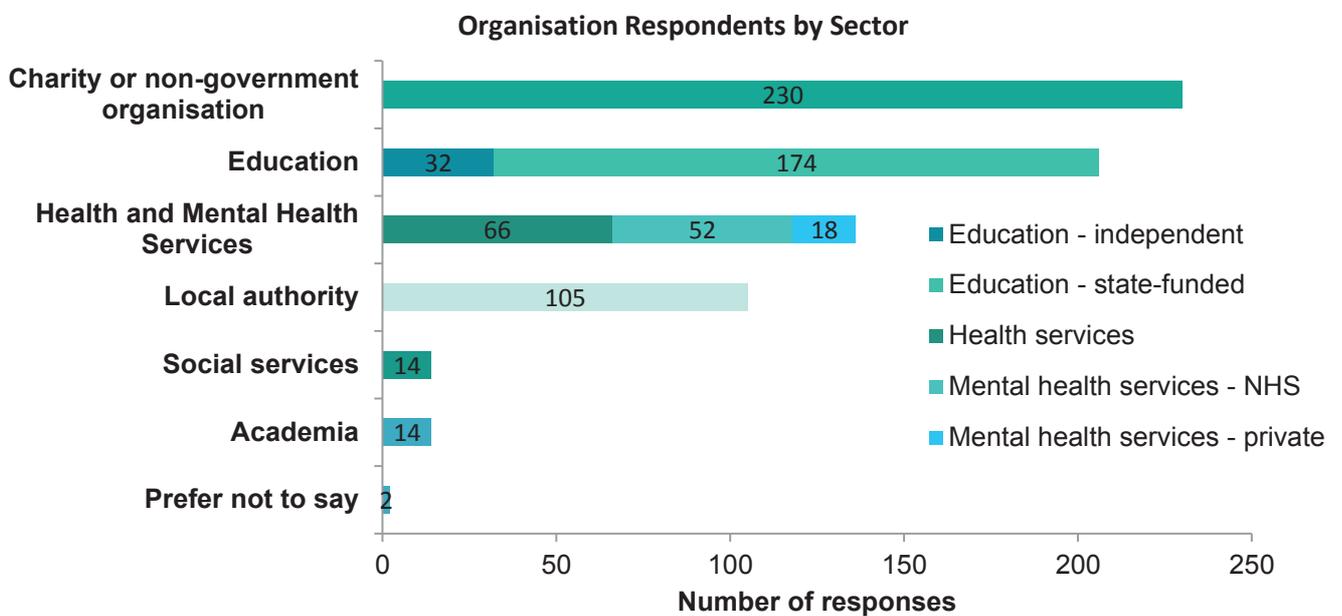


6. Of the 1,774 responses, 1,417 respondents did not have a disability (80%), 249 respondents did (14%) and 108 respondents did not specify.



Organisations

7. Of the 680 online responses received from organisations, 34% were from the Charity sector or were non-government organisations, 29% were from the Education Sector, 19% from the Health Sector, 15% from the Local Authority Sector and under 3% from both the Social Service and Academia Sectors.



8. In addition to the online responses, we received 158 written responses. 7 of which were from individual respondents, the remaining 151 were on behalf of organisations.

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