



BRIEFING PAPER

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Children and young people's mental health – policy, services, funding and education

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Summary

House of Commons Library briefing on children and young people's mental health policy and services.

One in four people on average experience a mental health problem, with the majority of these beginning in childhood. A report by the Chief Medical Officer in 2014 found that 50 per cent of adult mental health problems start before the age of 15 and 75 per cent before the age of 18.

The Coalition Government committed to improving mental health for children and young people, as part of their commitment to achieving "parity of esteem" between physical and mental health, and to improving the lives of children and young people. The Government's 2011 mental health strategy, [*No Health without Mental Health*](#), pledged to provide early support for mental health problems, and the Deputy Prime Minister's 2014 strategy, [*Closing the Gap: priorities for essential change in mental health*](#), included actions such as improving access to psychological therapies for children and young people. The Department of Health and NHS England established a Children and Young People's *Mental Health and Wellbeing Taskforce* which reported in March 2015 and set out ambitions for improving care over the next five years. The Coalition Government also pledged funding for children and adolescent mental health, detailed in the briefing.

The 2015 Government has announced new funding for mental health, including specific investment in perinatal services and eating disorder services for teenagers. Additionally, the Government has committed to implementing the 2016 Mental Health Taskforce's recommendations, including specific objectives to improve treatment for children and young people by 2020/21. The *Policing and Crime Bill*, currently going through Parliament, legislates to end the practice of children and young people being kept in police cells as a "place of safety" whilst they await mental health assessment or treatment.

There has also been a drive to improve the provision of mental health support in schools. In June 2014, the Department for Education published guidance for schools on identifying and supporting pupils who may have mental health problems. In March 2015, the Department provided schools with practical, evidence-based advice on how to deliver high-quality school based counselling. The Department also funded the PSHE Association to produce guidance on teaching about mental health problems.

There have been calls for teaching on mental health to be introduced as a mandatory subject on the national curriculum – mental health and wellbeing is part of the non-statutory programme of study for Personal, Social, Health and Economic (PSHE) education, produced by the PSHE Association. The Department for Education have confirmed that schools should have flexibility to teach over and above what the national curriculum requires, including on mental health.

This briefing applies to England only.

1. Government policies on children and young people's mental health

1.1 2010-15 Government

The Coalition Government's 2011 Mental Health strategy, [No Health without Mental Health](#)¹ set out the Government's plan to improve mental health outcomes for people of all ages. The foreword stated that:

By promoting good mental health and intervening early, particularly in the crucial childhood and teenage years, we can help to prevent mental illness from developing and mitigate its effects when it does.

The [Implementation Framework](#)² for this strategy, published in July 2012, described how different bodies, such as schools, employers and local authorities, should work together to support people's mental health. It recommended that schools promote children and young people's wellbeing and mental health.

In January 2014, the Government published [Closing the Gap: priorities for essential change in mental health](#).³ This outlined areas for immediate change to improve mental health care, including specific commitments for children and young people:

- There will be improved access to psychological therapies for children and young people across the whole of England, so that early access to treatment is available. The government has invested in a psychological therapies programme for children and young people, and aims for this to be available throughout England by 2018.⁴
- Schools will be supported to identify mental health problems sooner through guidance published from the Department of Health. A new Special Education Needs (SEN) Code of Practice will also provide statutory guidance on identifying and supporting children and young people with mental health problems who have a special education need.⁵

In July 2014, a taskforce, led by the Department of Health and NHS England, examined how to improve child and adolescent mental health care.⁶ The '*Future in Mind*' report (March 2015) set ambitions for

¹ Department of Health, [No Health without Mental Health: A cross-government mental health outcomes strategy for people of all ages](#), February 2011

² Department of Health, [No Health without Mental Health: Implementation Framework](#), July 2012

³ Department of Health, [Closing the Gap: Priorities for essential change in mental health](#), February 2014

⁴ Department of Health, [Closing the Gap: priorities for essential change in mental health, February 2014, page 15](#)

⁵ Department of Health, [Closing the Gap: priorities for essential change in mental health, February 2014, page 25](#)

⁶ "[Youth mental health care 'in dark ages'](#)" says minister, BBC, August 2014

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improving care over the next five years, including making better links between schools and specialist services. Key objectives include:

- tackling stigma and improving attitudes to mental illness
- introducing more access and waiting time standards for services
- establishing 'one stop shop' support services in the community
- improving access for children and young people who are particularly vulnerable.⁷

In August 2014, Sam Gyimah, in his capacity as Minister for Childcare, was formally given the role of strengthening Department for Education links with child and adolescent mental health services (CAMHS).⁸

In October 2014, the Government announced the first waiting time standards for mental health services, to bring waiting times for mental health in line with those for physical health and achieve parity. From 1 April 2015 (to be fully implemented by April 2016), the new waiting time standards will be as follows:

- 75% of people referred for talking therapies for treatment of common mental health problems like depression and anxiety will start their treatment within six weeks and 95% will start within 18 weeks
- at least 50% of people going through their first episode of psychosis will get help within two weeks of being referred: the aim is to increase this percentage in future years.⁹

The Government said that their ambition is for access and waiting time standards to be implemented for all mental health services by 2020. With regard to waiting time standards for children and young people, then Minister for Care Services Norman Lamb said:

The vision is for comprehensive standards to be developed over the coming years for all ages, including for children and young people. Where adult IAPT services are commissioned to provide a service to 16 and 17 year olds, the new waiting time standard will apply.¹⁰

In December 2014, the Government also announced five-year funding of £150 million for investment in children and young people's eating disorder services.¹¹ This funding package will allow the development of waiting time standards for the treatment of eating disorders from 2016.¹²

In February 2015, the Secretary of State for Education, Nicky Morgan, announced an investment of £8.5 million for new schemes to provide

⁷ Department of Health and NHS England, [Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing](#), 17 March 2015

⁸ Children and Young People Now, [Gyimah handed role to strengthen children's mental health services](#), 15 August 2014

⁹ Gov.uk, [First ever NHS waiting time standards for mental health announced](#), 8 October 2014

¹⁰ PQ 217112 [on mental health services: children], 10 December 2014

¹¹ Gov.uk, [Deputy PM announces £150m investment to transform treatment for eating disorders](#), 2 December 2014

¹² [HC Deb 3 March 2015 c915](#)

families with mental health support and support early intervention for young people¹³.

In March 2015, the Department for Education announced an investment of £25 million for voluntary and community sector grants for organisations that work with vulnerable children and young people. For the first time, mental health was identified as a separate theme within the grants, and organisations specialising in child mental health care were awarded £4.9 million. This includes £394,067 for Mind to develop a pilot promoting positive mental health and wellbeing in schools, and £439,657 for the Anna Freud Centre to create a comprehensive directory of all mental health services to provide an authoritative source of mental health information for schools.¹⁴

Also in March 2015 the Government published a [blueprint for school counselling services](#), which provides schools with practical, evidence-based advice on how to deliver high-quality school based counselling.¹⁵ At the same time, the PSHE Association published [guidance](#), funded by the Department for Education, on providing age-appropriate teaching about mental health problems. The Association will also be publishing a set of lesson plans spanning key stage 1 to key stage 4 which will be available for schools to use by September 2015.

In the March 2015 Budget, the Chancellor of the Exchequer announced £1.25 billion of additional investment in mental health. £1 billion will be provided over the next five years to start new access standards for children and adolescent services, which the Government anticipate will see 110,000 more children cared for over the next Parliament. The Government have also committed to investing £118 million by 2018-19 to complete the roll-out of the Children and Young People's IAPT programme, to ensure talking therapies are available throughout England. Alongside this, £75 million will be provided between 2015 and 2020 to provide perinatal and antenatal mental health support for women. The Department for Education will also invest £1.5 million to pilot joint training for designated leads in CAMHS services and schools to improve access to mental health services for children and young people.¹⁶ In August 2015, it was announced that £75 million will also be allocated to support CCGs to work with local partners to develop local transformation plans, which will overhaul mental health services for children and young people in their areas.¹⁷

NHS England has published how tranches of funding will be spent on children and young people's mental health services:

<http://www.england.nhs.uk/2015/08/03/cyp-mh-prog-launch>

With the Health and Social Care Information Centre, the Department of Health is commissioning the first national survey of children and young

¹³ Gov.uk, [Nicky Morgan speaks at Early Intervention Foundation conference](#), 12 February 2015

¹⁴ Gov.uk, [£25 million injection to help 'life-changing' children's services](#), 25 March 2015

¹⁵ [PO 1025 \[on Mental Health Services: Young People\]](#), 8 June 2015

¹⁶ HM Treasury, [Budget 2015](#), March 2015, pages 59-60

¹⁷ Gov.uk, [Better mental health for the young: where, when and how to target funding](#), 12 August 2015

people's mental health since 2004.¹⁸ Final publication is expected in 2018. The findings of the survey will help identify where best to target improvements.¹⁹

1.2 2015 Government

The Prime Minister's speech on life chances

On 11 January 2016, during a speech on improving life chances, the Prime Minister announced investment to enhance mental health services across the country, including specific funding for perinatal mental health and for teenagers with eating disorders:

£290 million to help new and expectant mums who have poor mental health

One in 5 new mothers develop a mental health problem around the time of the birth of their child and some 30,000 more women need specialist services. If untreated this can turn into a lifelong illness, proven to increase the likelihood of poor outcomes to the mother or new baby.

That is why the government is today announcing a £290 million investment in the years to 2020 which will mean that at least 30,000 more women each year will have access to specialist mental healthcare before and after having their baby. For example, through perinatal classes, new community perinatal teams and more beds in mother and baby units, mums with serious mental health problems can get the best support and keep their babies with them.

[...]

Faster care and expanded services for teenagers with eating disorders

We know that eating disorders are most likely to affect those aged between 14 and 25 and, if they go untreated for more than 3 to 5 years, the chances of recovery are greatly reduced, while incidents of self-harm increase. We also know that anorexia kills more than any other mental health illness.

As investment in new services expands access to care, teenagers suffering from eating disorders like anorexia will get help much more quickly, and from 2017/2018 a new waiting time measure will track the increasing number of patients being seen within a month of being referred, or within a week for urgent cases.²⁰

The Mental Health Taskforce

[*The Five Year Forward View for Mental Health: A report from the independent Mental Health Taskforce to the NHS in England*](#) was published in February 2016. The Taskforce was launched by NHS England and was independently chaired by Paul Farmer, Chief Executive of Mind.

The Mental Health Taskforce made a series of recommendations for improving outcomes in mental health by 2020/21. This includes specific

¹⁸ Gov.uk, [Improving children and young people's mental health](#), 22 October 2015

¹⁹ [PO HL2034 \[on mental illness: children\], 16 September 2015](#)

²⁰ Gov.uk, [Prime Minister pledges a revolution in mental health treatment](#), 11 January 2016

objectives for children and young people, including the recommendation that by 2020/21, at least 70,000 more children and young people should have access to high-quality mental health care when they need it. The taskforce also called for the recommendations of the 2015 children and young people's taskforce report - *Future in Mind* - to be implemented in full.

The Government has said it welcomes the report's recommendations, and will work with NHS England and other partners to establish a plan for implementing its recommendations.²¹ The Minister for Community and Social Care, Alistair Burt, said:

By the end of this Parliament we will make the Taskforce's recommendations a reality.²²

The *Government's Mandate to the NHS 2016-17* also contains a directive for the NHS to implement agreed actions from the Mental Health Taskforce.²³

The Taskforce also called for an additional investment of £1 billion by 2020/21 to implement change in the priority areas identified by their report. In response, the Government pledged that an extra £1 billion will be invested in mental health care by 2021 and a million more people will get mental health support.²⁴

The Department of Health's press release outlines its commitments to the report's recommendations:

An extra £1 billion will be invested in mental health care by 2021 and a million more people will get mental health support.

The announcement follows the publication of a [report by the Mental Health Taskforce](#), chaired by Paul Farmer, Chief Executive of Mind. The taskforce has reviewed mental health care and has set out its vision for preventative, holistic mental health care and making sure that care is always available for people experiencing a crisis.

The recommendations to be delivered by 2021 include:

- an end to the practice of sending people out of their local area for acute inpatient care
- providing mental health care to 70,000 more children and young people
- supporting 30,000 more new and expectant mothers through maternal mental health services
- new funding to ensure all acute hospitals have mental health services in emergency departments for people of all ages
- increasing access to talking therapies to reach 25% of those who need this support
- a commitment to reducing suicides by 10%

²¹ [HC Deb 23 February 2016 c153-4](#)

²² [PO 28310 \[on Mental Health Services: Finance\], 29 February 2016](#)

²³ Department of Health, [The Government's mandate to NHS England for 2016-17](#), page 18

²⁴ Department of Health, [New investment in mental health services](#), 16 February 2016

Responding to the report, Health Secretary Jeremy Hunt said:

“We have made monumental strides in the way we treat mental illness in this country — but we must go even further.

“Our shared vision of a 7 day mental health service means people will get the care they need, when they need it, and will help prevent mental illness in the first place.

One in 4 people will experience a mental health problem and the cost of mental ill health to the economy, the NHS and society as a whole is £105 billion a year.

This announcement will accelerate the progress that has already been made, including:

- increasing the money put into mental health every year since 2010, giving the NHS a record £11.7 billion last year
- introducing the first ever access and waiting time standards for mental health, meaning people will get the care they need when they need it
- investing £1.4 billion to transform young people’s mental health services

Alistair Burt, minister for mental health, said:

“Today’s report gives a fantastic boost to changes in mental health services, with more care available close to people’s homes. I particularly welcome the fact that young people and new and expectant mums will get the mental health care they need. For our part, we are investing more than ever before in mental health and will make sure the NHS delivers on this plan.²⁵

Policing and Crime Bill

The [Policing and Crime Bill 2015-16](#) – currently going through Parliament - includes measures to reduce instances where people experiencing a mental health crisis are held in a police cell as a “place of safety” whilst waiting an assessment.²⁶

Section 136 of the *Mental Health Act 1983* provides that the police may remove from a public place to a place of safety someone whom they believe is suffering from a mental disorder, in the interests of that person or for the protection of other persons. Section 135 applies when a person is in private premises, such as their own home. The *Mental Health Act 1983* defines what locations can be used as a “place of safety”, including hospitals and police stations. People may currently be detained in a place of safety for up to 72 hours.

The *Policing and Crime Bill* amends the *Mental Health Act* to introduce restrictions on places that may be used as places of safety. The Bill bans the use of police cells as a place of safety for under 18s and gives the Secretary of State powers to introduce regulations to restrict the circumstances in which police cells may be used as a place of safety for adults.

The Bill also decreases from 72 to 24 hours the length of time a person can be detained in a place of safety whilst waiting for an assessment.

²⁵ Department of Health, [New investment in mental health services](#), 16 February 2016

²⁶ Gov.uk, [Home Secretary's Police Federation 2015 speech](#), 20 May 2015

This may only be increased by 12 hours with the authorisation of a medical practitioner and, if the place of safety is a police station, with the approval of a police officer of the rank of superintendent or above.

Further information is available in [Policing and Crime Bill: Explanatory notes](#).

Concerns about the use of police cells were raised under the previous Government. In its inquiry on CAMHS, the Health Committee expressed particular concern about the practice of young people being detained under Section 136 of the *Mental Health Act 1983* in police cells, which often arises from a lack of appropriate health-based places of safety and inpatient beds.²⁷ The *Crisis Care Concordat*, published in February 2014, also set a commitment to end the practice of children going into police cells.²⁸

In February 2015, the Home Affairs Committee published its report on [Policing and mental health](#). The Committee recommended that the specific reference to a police station should be removed from the definition of “places of safety” in Section 135 and 136 of the *Mental Health Act 1983*.²⁹ The Committee also advocated an absolute ban on detaining children in police cells as a place of safety,³⁰ and reported that some areas of the country do not currently have any health-based places of safety for people under 16.³¹

²⁷ Health Select Committee, [Children's and adolescents' mental health and CAMHS](#), HC 342 2014-15, page 5

²⁸ [HC Deb 2 February 2015 c27](#)

²⁹ Home Affairs Committee, [Policing and mental health](#), 6 February 2015, HC 202 2014-15, para 15

³⁰ Home Affairs Committee, [Policing and mental health](#), 6 February 2015, HC 202 2014-15, para 34

³¹ Home Affairs Committee, [Policing and mental health](#), 6 February 2015, HC 202 2014-15, para 33

2. Mental health services for children and young people

2.1 Child and adolescent mental health services (CAMHS)

Child and adolescent mental health services (CAMHS) are provided through a network of services, which include universal, targeted and specialist services, organised in four tiers;

- Universal services such as early years services and primary care (Tier 1 CAMHS)
- Targeted services such as youth offending teams, primary mental health workers, and school and youth counselling (including social care and education) (Tier 2 CAMHS)
- Specialist community CAMHS (Tier 3 CAMHS)
- Highly specialist services such as inpatient services and very specialised outpatient services (Tier 4 CAMHS).³²

In July 2014, NHS England published a report on Tier 4 CAMHS services. NHS England took on responsibility for the national commissioning of Tier 4 services in April 2013, and the report assessed the current provision of services and areas for improvement since national commissioning began. The report found that distribution of Tier 4 services is not even across the country; in some areas of the country inadequate provision of inpatient services means that children and young people are admitted to services a long way from home. The report also found evidence of people being admitted inappropriately to CAMHS inpatient services, because of a lack of lower-level community provision.³³

In response to its findings, NHS England committed to the following urgent actions to improve Tier 4 CAMHS provision:

Increase general CAMHS specialised beds for young patients – there will be up to 50 new beds around the country with further beds moved according to need;

Recruit 10 to 20 new case managers working across the country responsible for ensuring that young people receive appropriate levels of care;

Improve the way people move in and out of specialised care; with consistent criteria for admission and discharge, based on best practice³⁴

During a debate on child and adolescent mental health services in February 2015, the then Minister for Care Services Norman Lamb gave an update on implementing these recommendations:

³² The [Department of Health](#) website (archived pages) provides a brief overview of children and adolescent mental health services (CAMHS). The [Youngminds](#) website also provides advice for children and young people and parents about CAMHS.

³³ NHS England, [NHS England takes action to improve access to specialised mental health services for children and young people](#), 10 July 2014

³⁴ NHS England, [NHS England takes action to improve access to specialised mental health services for children and young people](#), 10 July 2014

In 2014, NHS England reviewed in-patient tier 4 CAMHS and found that the number of NHS-funded beds had increased from 844 in 1999 to 1,128 in 2006. That has now risen to more than 1,400 beds, the highest this has ever been. These data are now being collected nationally for the first time, but despite the overall increase, NHS England also found relative shortages in the south-west and areas such as Yorkshire and Humber.

In response, the Government provided £7 million of additional funding, allowing NHS England to provide 50 additional CAMHS specialised tier 4 beds for young patients in the areas with the least provision—46 of these beds have now opened. NHS England has also introduced new processes for referring to and discharging from services, to make better use of existing capacity. A key objective of these actions is to help prevent children and young people from being referred for treatment long distances from home, except in the most specialised cases.³⁵

In September 2014 the Chief Medical Officer, Professor Dame Sally Davies, published a report on [Public Mental Health Priorities: Investing in the Evidence](#). The report highlighted that the majority of adult mental health problems begin in childhood. The Chief Medical Officer also explained that underinvestment in children and young people’s mental health services does not make sense economically, as early treatment helps prevent costly problems later in life, including unemployment, crime and substance misuse.³⁶

2.2 Health Committee inquiry 2014 - CAMHS

In February 2014, the House of Commons Health Select Committee launched an inquiry into children’s and adolescent mental health services (CAMHS). The Committee stated that it had decided to undertake the inquiry in light of concerns about “the extent to which children and adolescents are affected by mental health problems and difficulties with gaining access to appropriate treatment”.³⁷

The inquiry took evidence on:

- The current state of child and adolescent mental health services, including service provision, access and funding
- Trends in children’s and adolescent mental health, including the impact of bullying and of digital culture
- Preventative action and public mental health

The then Minister for Care Services, Norman Lamb, gave evidence to an inquiry session in July 2014. He stressed the Government’s commitment to improving CAMHS services and raised concerns about funding:

Is it really rational that 6% of the mental health budget is applied to children and young people when we know that a very significant proportion of mental health problems start in the teenage years? ...I think there is overall a funding issue and I will,

³⁵ [HC Deb 2 February 2015 c25](#)

³⁶ Annual Report of the Chief Medical Officer 2013 [Public Mental Health Priorities: Investing in the Evidence](#), September 2014

³⁷ Health Select Committee, [Terms of Reference: Children's and adolescent mental health and CAMHS](#), 14 February 2014

for as long as I have this job, fight for a better deal for mental health.³⁸

The Committee published its report in November 2014. They concluded that “there are serious and deeply ingrained problems with the commissioning and provision of children’s and adolescents’ mental health services”. The Committee reported key concerns around access to inpatient services; increased waiting times; high referrals thresholds; and many CCGs reporting that they have frozen or cut their budgets:

Providers have reported increased waiting times for CAMHS services and increased referral thresholds, coupled with, in some cases, challenges in maintaining service quality. In the view of many providers, this is the result of rising demand in the context of reductions in funding. Not all services reported difficulties—some state that they have managed to maintain standards of access and quality—but overall there is unacceptable variation

[...]

Young people and their parents have described “battles” to get access to CAMHS services, with only the most severely affected young people getting appointments; they also described the devastating impact that long waits for treatment can have. Even amongst those providers implementing quality and efficiency improvement programmes there was concern that improvements were being stalled or even reversed because of increasing demand and reduced funding.³⁹

The Government’s response to the Committee’s report was published in February 2015. The Government stated that they accept the Committee’s view that more needs to be done to drive improvements in standards for children and young people’s mental health services.⁴⁰

The Government highlighted that many of the Committee’s recommendations were being considered by the taskforce on children and young people’s mental health. This includes work on areas such as increasing collaborative commissioning; ways of incentivising investment in early intervention and community services and improving data on children and young people’s mental health services.

2.3 Education Committee inquiry 2016 - Mental health and well-being of looked after children

In April 2016, the Education Committee published a report on the mental health and well-being of looked after children.

The Committee found that looked-after children face significant challenges in getting access to mental health support. The report states that child and adolescent mental health services are turning away young

³⁸ Health Select Committee, [Children's and adolescents' mental health and CAMHS](#), 15 July 2014, HC 342 2014-15, Q387

³⁹ Health Select Committee, [Children's and adolescents' mental health and CAMHS](#), HC 342 2014-15, page 5

⁴⁰ Health Committee, [Children's and adolescents' mental health and CAMHS: Government Response to the Committee's Third Report of Session 2014-15](#), 10 February 2015, HC 1036, para 78

people in care because they have not met diagnostic thresholds for treatment or because the children are without a stable placement. The Committee said that this is contrary to statutory guidance - [*Promoting the health and well-being of looked-after children*](#) (March 2015) - which states that looked-after children should never be refused a service on the grounds of their placement being short-term or unplanned.

The report recommended that looked-after children are given priority access to mental health assessments by specialist practitioners, with subsequent treatment based on clinical need.

For the full report, see House of Commons Education Committee, [*Mental health and well-being of looked-after children*](#), Fourth Report of Session 2015–16, HC 481.

3. Mental health in schools

Interventions in schools

The Department for Education has produced guidance to support schools' promotion of good mental health.

In March 2014, the Department of Health funded a website called "MindEd" to help professionals who work with children and young people to recognise the early signs of mental health problems. In response to a PQ in May 2014, the then Minister for Care Services said:

The Department funded the MindEd website which will help anyone working with children, including all school staff, to spot the signs of mental health problems in children and help them get the support they need. Spotting the signs of mental health problems early in children and young people is essential to prevent problems from escalating and continuing into adulthood.⁴¹

In June 2014, in consultation with head teachers, the Department of Health published non-statutory guidance on [Mental Health and Behaviour in Schools](#).⁴² This advises schools on identifying and supporting pupils whose behaviour suggests they may have unmet mental health needs. The guidance provides information on:

- how and when to refer to CAMHS
- practical advice to support children with emotional and behavioural difficulties
- strengthening pupil resilience
- tools to identify pupils who are likely to need extra support
- where and how to access community support

In March 2015 the Government published a [blueprint for school counselling services](#), which provides schools with practical, evidence-based advice on how to deliver high-quality school based counselling.⁴³

The Department for Education also funded the PSHE Association to produce [guidance](#) on providing age-appropriate teaching about mental health problems, which will be supplemented by detailed lesson plans for Key Stages 1-4.

In December 2015, the Education Secretary, Nicky Morgan, announced pilot areas across the country to improve mental health services for children in schools. The *Mental Health Services and Schools Link Pilots* test a named single point of contact in 255 schools and in 22 pilot areas, to enable more joined-up working between schools and health services. The pilots will receive £3 million of government funding, jointly funded by the Department for Education and NHS England.⁴⁴

⁴¹ [HC Deb 6 May 2014 c137W](#)

⁴² Department for Education, [Mental health and behaviour in schools](#), June 2014

⁴³ [PQ 1025 \[on Mental Health Services: Young People\], 8 June 2015](#)

⁴⁴ Department for Education, [Hundreds of schools benefit from £3m mental health investment](#), 3 December 2015

In April 2016, Education and Childcare Minister, Sam Gyimah, provided further information on how the pilots are working locally. He also noted that a full evaluation of the pilots will be available in autumn 2016.⁴⁵

The Department also recently commissioned an extensive survey of what schools and colleges offer for mental health and character education. The survey will seek qualitative evidence on the activities that schools and colleges find effective in improving mental health and developing desirable character traits.⁴⁶ It is expected that the field work will begin in the summer term 2016.

It has been reported that the Department for Education have said future assessments of mental health services would be a key part of Ofsted routine inspections, meaning that a school will not get a top rating without good provision.⁴⁷

The national curriculum

There have been calls for teaching on mental health to be introduced as a mandatory subject on the national curriculum – mental health and wellbeing is part of the non-statutory programme of study for PSHE education, produced by the PSHE Association.

The Department for Education have confirmed that schools should have flexibility to teach over and above what the national curriculum requires, including on mental health:

The new national curriculum, introduced in September 2014, does not attempt to represent the sum total of everything that should be taught in schools. It only prescribes the essential knowledge that should be taught, leaving schools greater flexibility to teach over and above what the national curriculum requires and to decide how to teach the essential content that is prescribed. It is also places greater trust in teachers to cover topics important for their community, including mental health.

Mental health and wellbeing is part of the non-statutory programme of study for Personal, Social, Health and Economic (PSHE) education, produced by the PSHE Association. To help schools deliver this, we funded the PSHE Association to produce guidance and lesson plans to support age-appropriate teaching about mental health. Further support for teachers and other professionals who work with children and young people is available through the Government funded MindEd site.⁴⁸

The impact of mental health problems on educational attainment

In September 2014, the Parliamentary Under Secretary of State for Children and Families set out the impact of mental health problems on children's educational attainment:

Chris Ruane: To ask the Secretary of State for Education, pursuant to the Answer from the Minister of State for Care and Support of 4 June 2014, Official Report, column 102W, on mental illness, what assessment she has made of the impact of these

⁴⁵ Department for Education, [Mental health pilots: where next?](#), 28 April 2016

⁴⁶ [PQ 23972 \[on Schools: Mental Health Services\], 2 February 2016](#)

⁴⁷ The Times, [Ofsted inspection for mental health services at schools](#), 16 May 2016

⁴⁸ [PQ HL4898 \[on Mental Health: Primary Education\], 25 January 2016](#)

psychiatric conditions on academic attainment levels at GCSE, A levels, Degree and Post Graduate Degree level.

Edward Timpson: The last official assessment of the levels of psychiatric conditions in young people was published in 2004 by the Office of National Statistics, the 'Mental health of children and young people in Great Britain' [1].

This found that across the general school population 24% of pupils were assessed as being behind in their schooling, with 9% assessed as being two or more years behind.

For those with clinically diagnosed mental health conditions the percentages were:

1. Conduct disorders – 59% of children with conduct disorders were behind in their intellectual development, with 36% being two or more years behind
2. Emotional disorders – 44% of children with an emotional disorder were behind in their intellectual development, with 23% being two or more years behind
3. Hyperkinetic disorders – 65% of children with hyperkinetic disorders were behind in their intellectual development, with 18% being three or more years behind
4. Autistic spectrum disorders – 72% of children with autistic spectrum disorders were behind in their intellectual development, with 39% being two or more years behind
5. Multiple disorders – 63% of children with multiple disorders were behind in their intellectual development, with 40% being two or more years behind.⁴⁹

[1] www.hscic.gov.uk/pubs/mentalhealth04

4. Stigma and discrimination

One of the six key objectives of the Government's 2011 *Mental Health Strategy* was that fewer people will experience stigma and discrimination and that public understanding of mental health will improve.

A [survey](#) published in September 2014 by the anti-stigma campaign Time to Change found that many young people with mental health problems miss out on education⁵⁰. The survey revealed that nearly one in four students (24 per cent) did not attend school, college or university because they were concerned what other students would say and 15 per cent of people experienced bullying as a result of mental health problems. It also found that nearly a third (31 per cent) of those had been subject to discriminatory language, including being called "crazy" and "attention seeking". Nearly half of respondents (48 per cent) chose not to tell people about their mental health problems, instead saying they were absent due to physical illness. In response to the findings, the then Minister for Care Services, Norman Lamb, said:

..I'm pleased that Time to Change is working with schools to address this. We're already working with the Department for Education to help teachers and others in contact with children to spot the signs of mental health problems, and I've recently launched a Taskforce to look at how we can make sure every child with mental health problems gets the support they need.⁵¹

In August 2015, the Department for Education recruited the first ever mental health champion for schools to help raise awareness and reduce the stigma around young people's mental health.⁵²

In October 2015, the Department of Health announced that a new national anti-stigma campaign for teenagers and parents will launch in November 2015. The Department of Health will be working with Time to Change on a social marketing campaign specifically targeted on the places where young people spend their time online. This will take place alongside in-school activity to boost the support available in schools, and targeted marketing and information for parents.⁵³ At the same time, the Department of Health launched a new section of NHS Choices which specifically focuses on youth mental health.⁵⁴

For further information, see the Library Key Issues article on [Mental Health Stigma](#) (pages 48-9).

⁵⁰ Time to Change, [Students missing out on education because of mental illness](#) (last access 30 September 2014)

⁵¹ Time to Change, [Students missing out on education because of mental illness](#) (last access 30 September 2014)

⁵² Gov.uk, [First ever mental health champion for schools unveiled](#), 30 August 2015

⁵³ Gov.uk, [Improving children and young people's mental health care](#), 22 October 2015

⁵⁴ NHS Choices, [Young People and Mental Health](#)

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