

## **Written evidence submitted by the Local Government Association (CYP0041)**

### **1. About the Local Government Association**

- 1.1. The Local Government Association (LGA) is the national voice of local government. We are a politically led, cross-party membership organisation, representing councils from England and Wales.
- 1.2. Our role is to support, promote and improve local government, and raise national awareness of the work of councils. Our ultimate ambition is to support councils to deliver local solutions to national problems

### **2. Summary**

- 2.1. Councils have a clear role in supporting the emotional wellbeing and mental health of children and young people. Councils are in the unique position of being able to harness all of the services and assets they are responsible for, alongside close working with their partners and communities, to reduce inequalities and effectively target interventions to meet local needs.
- 2.2. The pandemic has had a significant impact on the emotional wellbeing, mental health and resilience of children and young people. It will have also disproportionately affected some people in society, for example, black and minority ethnic young people (BAME) or disadvantaged young people and the pandemic response needs to recognise this.
- 2.3. The 2017 'Transforming children and young people's mental health provision: a green paper's' ambitions could have gone further in addressing the wider determinants of poor mental health and introduced a whole system response to mental health. This is still missing in the system.
- 2.4. Mental Health Support Teams in Schools (MHSTs) are a positive step in the right direction, but the ambitions for the roll-out are too low and will leave large numbers of children and young people without support, especially at a time when they so greatly need it. Greater investment into school-based support is needed.
- 2.5. The government also needs to be clearer on the progress and initial findings of this approach, with greater availability of information about the recruitment of staff and the outcomes it is having on children and young people.
- 2.6. Support for the wider family network is essential as both a protective factor for poor mental health and to improve the recovery of a young person.
- 2.7. To truly address the crisis in the mental health and emotional wellbeing of our children and young people, we need to build on the progress made so far through the Green Paper and develop a systemic approach which prioritises and funds early intervention and brings together a partnership approach, with clear accountability across local partners.

**What progress have the Government made on children and young people's mental health, including but not limited to:**

### **3. The ambitions laid out in the 2017 Green Paper**

- 3.1. We were disappointed that the 2017 Green Paper did not further outline the role that council's play and the contribution they make to the wellbeing of their communities. Mental health and wellbeing is not only about health provision, it is also about all of the support that wraps around children and their families, ranging from social care support to short breaks, parks to housing to arts – and much, much more – all of which are delivered

by councils. Although we are supportive of the increased investment in NHS-led children's mental health services, which included more money for crisis care and school-based support teams, this does not go far enough and we continue to need investment into early intervention and universal services to avoid children and young people being escalated into clinical services with potentially life-long mental health disorders. The work that councils do in supporting mentally healthy childhoods and in providing early and family-based support needs to be integral in any response to emotional wellbeing and mental health.

- 3.2. The concerns we raised in [our response to the Green Paper consultation](#) still remain.
- 3.3. Firstly, concerns regarding the additional layers that are set out in an already complex landscape. The Green Paper and other school-based policies do not address how partner agencies are meant to interact across the continuum of support, and concerns therefore remain that the existing policies do not go far enough to tackle the severity of the challenges in the system.
- 3.4. Secondly, the Green Paper did not take account of the wider determinants of mental health, some parts of society are disproportionately affected by poor mental health. Until we are able to tackle wider social disadvantages, where councils play a key role, we will be unable to sufficiently tackle endemic mental health needs.
- 3.5. Thirdly, the ambitions set out in the Green Paper did not go far enough to tackle the challenges children and young people are experiencing to access care. The proposal to only roll out MHSTs to a fifth to a quarter of the country's children by 2022/23 risks leaving many young people without vital support. The impact of Covid-19 on children's mental health is significant and is likely to have a long-lasting affect with more children needing support, and sooner, where the current clinical system cannot cope. [Recent figures](#) by the Children's Commissioner suggest that there have been some improvements in accessing support, but not as much as would be expected, with an increase of only 4 per cent of children and young people accessing support on last year.
- 3.6. We welcomed the recognition of the value in having a specific role, such as the DSL, to coordinate mental health support for children and young people and act as a link with specialist services. However, we have continually made clear that progress and change will not happen with just one role and there needs to be a wider culture change in schools, led by the DfE, to align all aspects of school life with good wellbeing frameworks. Despite some system-wide improvements in place, the [changes to the Ofsted framework](#) and ensuring that emotional wellbeing is a core component of PSHE, a wider, systemic change has still not been seen.

#### **4. Provision of mental health support in schools.**

- 4.1. As noted above, the Government's approach to rolling out MHSTs to a fifth to a quarter of local areas by 2022/23 still leaves a high proportion of children and young people without support at a time when they so desperately need it, especially given the impact of Covid-19. We need greater investment into this and more quickly.
- 4.2. We are generally supportive of greater levels of support in classrooms; however, ongoing concerns remain as schools find themselves supporting children with higher levels of emotional and mental health needs than was anticipated in the initial set up of MHSTs. With long waiting times for clinical Child and Adolescent Mental Health Services (CAMHS), it remains unclear where schools will turn to access support. [We have long called for](#) the provision of counsellors in every school with a wealth of evidence showcasing where these could make a difference. With the impact of Covid-19, it is increasingly important that every school has designated resource to support children and young people.
- 4.3. There are also some children and young people who will struggle to access school based

mental health support such as home-schooled children. Indeed, often poor mental health results in a young person becoming [home schooled](#) and it is possible that these young people are not accessing the support they need, emphasising the importance of systemic change.

- 4.4. There is some limited information about the roll-out of mental health support teams with information about the areas that have been successful in the pilot. However, widely available information about the progress and impact of mental health support teams as we move through the roll-out is required, as well as a clear understanding of the impact that Covid-19 has had on the programme is required.

## 5. Addressing capacity and training issues in the mental health workforce

- 5.1. Despite some recent improvements, there continue to be well documented [staff shortages in child psychology and psychiatry](#), including education psychologists and CAMHS practitioners, as well as associated professional disciplines such as children's social work. When staff shortages become acute, it is even more difficult to retain existing staff because workloads and pressure rise, thereby creating a vicious circle.
- 5.2. However, issues of staff capacity and wellbeing [do not only manifest among mental health professionals](#). There are also shortages and workload pressures on professionals in the key universal services – schools, school nursing and health visiting – which hamper their ability to play a greater role in the support of children and young people's mental health, both in terms of the direct time to support individual young people or the indirect time to undertake the professional development needed to develop enhanced skills in these areas.
- 5.3. Local authorities that have made positive progress towards supporting children and young people have built on long term partnerships between clinical services and universal services, such as schools, and have used this partnership to train or consult with staff. Local areas have seen that the development of the children's workforce to promote and support good mental health was most effective when professionals from different disciplines and backgrounds trained alongside each other. [This created](#) a shared language and joined-up conceptual framework.
- 5.4. The full spectrum of mental health services needs to be recognised, from prevention and mental wellbeing, to crisis intervention, treatment and recovery, designed around the needs of the person, their families and carers. Alongside this, it is essential to note the importance of effective training and what works within that local area to build up a comprehensive support package around young people.

## 6. Improving access to mental health services

- 6.1. Understanding a clear picture of access to mental health services is challenging with no definitive national dataset which covers referrals, access to support and outcomes for mental health at different levels of need. The data which is regularly collected nationally typically only relates to CAMHS or very specialist admissions, with no visibility afforded to the significant activity in supporting children and young people with lower levels of need.
- 6.2. [The data that we do have available](#) to us, as noted above, suggests that progress is not being made at the pace that would be expected with only 1 in 4 children who needed mental health services last year managing to access them.
- 6.3. Despite recent investment, the overall funding picture for children and young people's mental health services remains low, with many CCGs spending less than 1 per cent of their budget on children's mental health services. [Only 6.7 per cent of mental health spending](#) goes towards CAMHS, despite increasing demand and the fact that 50 per cent of all mental health problems are established by the age of 14.

6.4. Investment in CAMHS has not been used consistently and weaknesses in the accountability system leaves partners unable to trace the impact of investments in some places. The capacity in the system has not kept pace with rising demand. The result is too many children and young people with significant mental health difficulties failing to meet the threshold for treatment or intervention and those who do meet the threshold too often experiencing very long waiting times for treatment.

6.5. The LGA has long called for greater investment in the services that help children have mentally healthy childhoods and reduce the pressure on the services that treat mental illness in children. Supporting children early on to reduce the need for clinical interventions means more can receive help when they need it, rather than waiting until they are unwell. There needs to be a shift away from treating children once they are diagnosed with a mental illness towards helping them and their families cope with challenges before they escalate. Local authorities have a vital role in helping children have mentally healthy childhoods. With long-term investment in essential early intervention and prevention services, councils can help children avoid reaching crisis point in the first place and prevent demand for other public services further down the line, including adult mental health and adult social care services.

**7. What wider changes are needed in the system as a whole, and to what extent it should be reformed in favour of a model that focuses on early intervention in children and young people's mental health to prevent more severe illness developing.**

7.1. Councils have a key role in supporting children and young people's mental health and wellbeing. This includes a range of statutory and non-statutory functions. This includes:

7.1.1. designing, commissioning and delivering early intervention, preventative, early help and universal services including commissioning health visitors and school nurses

7.1.2. delivering emotional wellbeing, public health and children's services

7.1.3. being the strategic lead for education

7.1.4. statutory responsibility for all vulnerable children including looked after children (LAC), children involved with youth justice and children with SEND.

7.2. The pandemic has had a significant impact on children and young people's wellbeing. The pandemic has exacerbated existing mental health problems, particularly for children living in families with lower incomes and whose parents may be experiencing financial difficulties. There has been a 35 per cent annual increase in referrals to children's mental health services in the past year, while [according to the Prince's Trust 2021 Youth Index](#), one in four of 16 to 25-year-olds say they have felt unable to cope due to the pandemic.

7.3. Even before the pandemic, there were signs that emotional wellbeing needs were increasing. An NHS study found that clinically significant mental health conditions among children has risen by 50 per cent in the past three years, while the [latest NHS Digital Survey](#) shows that mental health problems for children aged five to 16 have increased to one in six (16 per cent) from one in nine (11 per cent) in 2017.

- 7.4. Poor mental health also impacts some children and young people disproportionately, and some young people are less likely to be able to access support. For example, children and young people with a learning disability are [three times more likely than average](#) to have a mental health problem, however, only just over a quarter of children who experience both a learning disability and a mental health problem have had any contact with mental health services. [More than four in five](#) trans young people have self-harmed and more than two in five trans young people have attempted to take their own life, but often trans young people find it more difficult to access support. Children from the poorest 20 per cent of households are [four times as likely](#) to have serious mental health difficulties by the age of 11 as those from the wealthiest 20 per cent. Children and young people from minority ethnic backgrounds are [more likely to access support](#) from informal support routes, such as youth workers, than access clinical services, in part, it is believed, due to the stigma in accessing mental health services but comprehensive ethnicity data about access to services is not available.
- 7.5. Currently, the system does not support an early intervention approach. There is a lack of data about children and young people accessing lower-level mental health support, or the outcomes they achieve. The responsibilities for providing and overseeing earlier intervention in mental health are unclear. The understanding of what good looks like in terms of universal provision for mental health has not been defined and the system is incentivised to strive for targets that relate to access to specialist support and not long-term outcomes.
- 7.6. The Government must provide recurrent funding to invest in effective and evidence based mental health and wellbeing services. The current system does not go far enough to provide the support that children and young people need. This should include dedicated investment for children and young people in preventative mental wellbeing and resilience work at scale to support mentally healthy childhoods and to provide targeted mental wellness support in the event of any future outbreaks. It is also essential that there is sufficient support across the life course for children and young people. The early years sector is reporting an increase in mental health needs being presented by younger children and we need to ensure that families are supported. £700 million of public health funding reductions should be reversed to ensure councils can invest in preventative, universal, early help services, such as health visitors and school nurses.
- 7.7. Greater investment alone will not make the difference that is needed to support children and young people. Funding needs to be spent wisely. This includes strengthening the governance over how funding is spent and recognising the expertise of health and wellbeing boards locally. As laid out in the NHS Long Term Plan, a more joined up approach between local government and CCGs is essential. A consistent outcomes focused dataset and clearer expectations around strategic cooperation would help local areas ensure a more effective response. The reform of the NHS and move towards Integrated Care Systems should be used to embed and support this joined up approach. The LGA's report [Building Resilience](#) identifies nine key enablers in establishing an effective partnership approach to supporting children's mental health and wellbeing. These enablers support a nuanced and dynamic way of working in which professionals from a range of disciplines and sectors might collaborate in the delivery of support from the universal all the way up to the most complex.

- 7.8. Wider community-based services will support children and young people's mental health and support them to build resilience, for example, youth services. [Access to sport and other non-academic experiences](#) will also support children and young people to be engaged members of their community, improving involvement in education and bolstering their resilience. This includes the importance of play and outdoor leisure activities. Councils have a clear role in providing strategic oversight and co-ordination of different partners to support schools, children and young people, as well as using their expertise to facilitate conversations locally and bring schools nurses, educational psychologists and other professionals who support and early intervention professionals approach. However, councils have to make extremely difficult decisions about how to allocate increasingly scarce resources, and youth services have seen their funding reduced as councils are forced to prioritise urgent help for children at immediate risk of harm. This has had a [particularly strong impact](#) on the availability of open access, universal services, with provision increasingly targeted at those in greatest need.
- 7.9. Support for the whole family network is essential. There will likely be an impact on the wider family where a young person is suffering from poor mental health. A supportive family network can be both a protective factor and one that can support a child to recover. We need to ensure that children, young people, parents, siblings, carers (including carers of adults and older people) are included in any support and that the circumstances of the whole household are considered. The tendency to organise council leadership portfolios and services by age, such as children's services and adult services, can be a barrier to a family/household-based approach. The LGA is currently completing a piece of research into councils that are effectively implementing a whole family approach.
- 7.10. Recent announcements about the investment in mental health services through the £500 million of funding in the spending review are welcome, however, the majority of that funding is being allocated through CCGs. The funding offers a great opportunity to think creatively about how we can support children and young people and ensure that preventative mental health services are embedded into our recovery programme, avoiding a sole focus on clinical support. Councils are in the unique position of being able to harness all of the services and assets they are responsible for, alongside close working with their partners and communities, to reduce inequalities and effectively target interventions to meet local needs. Of course, to maintain this vital preventative work it is essential that local government services, and the voluntary and community sector, are properly funded now and in the future. We want to work closely with the NHS to ensure that funding gets used well in local areas and supports a preventative offer.
- 7.11. Whilst the pandemic has undoubtedly had a significant impact on the emotional wellbeing and mental health of children and young people, it has also given the opportunity for progress to be made in a range of different areas, most importantly digital. [There is some information](#) that this can also be more accessible for children and young people from black and ethnic minority backgrounds who are often less likely to access clinical support.

## **8. How the Government can learn from examples of best practice, including from other countries?**

- 8.1 The LGA has undertaken a range of work looking into good practice and how local authorities are leading in this area. These reports are available on our website:

[8.1.1. Bright Futures: children's mental health case studies](#)

8.1.2. [Improving children and young people's mental health and wellbeing. Findings from the LGA's peer learning programme](#)

8.1.3. [Building resilience: how local partnerships are supporting children and young people's mental health and emotional wellbeing](#)

8.1.4. [LGA case studies - mental health](#)

## **9. What measures are needed to tackle increasing rates of self-harming and suicide among children and young people?**

9.1. Every suicide is a tragedy and it is worrying that there has been a long-term increase in the suicide rate amongst under 25s. The latest Office for National Statistics [analysis](#) shows that 2018 saw the highest suicide rate in 14 years, with the greatest long-term increase seen in young people aged 10-24 and men aged 45-64. While it is too early to know about the impact of the pandemic on suicide rates and suicidal behaviour, it is important to note that the pandemic has exacerbated risk factors for children and young people, such as feelings of loneliness and isolation. Young people's wellbeing is also affected by adverse changes to other family or household members, such as job loss or housing difficulties.

9.2. Self-harm is a sign of serious mental distress. [According to the Samaritans](#), while most people who self-harm will not go on to take their own life, studies have found it is a strong risk factor for suicide. [Research suggests](#) that 1 in 4 young women and 1 in 10 young men have self-harmed at some point in their life. Self-harm rates have also risen fastest among young people since 2000. Even before the pandemic, [only 38 per cent of people who self-harmed](#) received medical and/or psychological support. [Early research shows](#) that while the rates of self-harm have remained fairly stable during the pandemic, there has been a significant fall in the number of people seeking help from their GP or presenting to hospital after self-harm raising, although the data is limited. This may mean that young people are seeking help elsewhere, but it is also a concern that young people may be putting off seeking help until they reach crisis point.

9.3. Suicide and self-harm prevention are public health priorities for local government. Every council has a multi-agency suicide and self-harm prevention plan in place, working closely with the voluntary and community sector, schools, railway operators, hospitals and the police to prevent self-harm and suicide and help those affected by it.

9.4. [An August 2019 Samaritans and University of Exeter report](#) on local suicide prevention found that children and young people were included in 92 per cent of local authority plans, and where it was not covered this was because children and young people's mental health was dealt with in a separate plan. The research showed that councils and partners are leading a range of actions to prevent suicide and self-harm amongst children and young people, including development of and promoting awareness raising tools for schools and other professionals working with young people; supporting peer to peer support; bullying prevention, cyberbullying and online safety; adopting whole-school or whole-setting approaches such as "suicide-safer schools" or the "wheel of wellbeing"; and commissioning new clinical services especially for children and young people who do not meet the CAMHS threshold.

9.5. As noted above, public health funding has fallen over time. As suicide prevention is a core priority for local public health teams, this needs to be protected to ensure a continued focus on accessibility of suicide prevention and self-harm support and services, especially for most at risk children and young people.

9.6. Protective factors, such as effective early intervention and prevention, will reduce issues which might otherwise lead to self-harm and/or suicidal behaviour. It is even more important in responding to new demand that has built up over the pandemic that we

invest in early intervention and prevention services, including voluntary and community services, that can support children and young people with emerging mental health needs to stop them escalating.

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