

Written evidence submitted by YoungMinds (MHS0021)

YoungMinds is the leading children and young people’s mental health charity in the UK, and we put the experiences of children, young people and families at the heart of everything we do. This submission will draw on the insights and lived experiences of the children, young people, parents, carers and professionals that we work with and wider research. This response will focus on progress that has been made against the targets related to children and young people’s mental health services.

Target 1: At least 70,000 additional children and young people each year will receive evidence-based treatment.

The target in the Five Year Forward View for Mental Health Implementation Plan (2016)ⁱ outlined the target above to improve the access for young people with a diagnosable mental health condition to receive treatment from an NHS-funded community service. Since then, the NHS Long Term Planⁱⁱ also committed to invest in expanding access to community-based mental health services to meet the needs of more children and young people, outlining that ‘by 2023/24, at least an additional 345,000 children and young people aged 0-25 will be able to access support via NHS funded mental health services and school or college-based Mental Health Support Teams’. Further to this, in March 2021 the Department for Health and Social Care announced funding for around 22,500 more children and young people to access community mental health services in response to the COVID-19 pandemicⁱⁱⁱ.

According to the most recent data from the NHS Mental Health Dashboard^{iv} (Q4, 2020/21), 39.6% of young people with a diagnosable mental health condition are able to access NHS mental health support. Using the 2014/15 baseline outlined in the FYFVMH Implementation Plan (see below), reaching 35% equated to an increase of 70,000 additional young people accessing support. Therefore, using these metrics, the target has been achieved.

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service.	28%	30%	32%	34%	35%
Number of additional CYP treated over 2014/15 baseline	21,000	35,000	49,000	63,000	70,000

(Source: Five Year Forward View for Mental Health Implementation Plan, 2016)

When considering progress to increase the proportion of young people with a diagnosable mental health disorder that can access support, it is important to consider changes in prevalence data over time. The table above and the data on the NHS Mental Health Dashboard utilises prevalence data from 2004, which was the most up to date prevalence estimates at the time of publication. Since then, there have been three national surveys to determine prevalence of mental disorders in young people, in 2017, 2020 and 2021.

In its explanatory notes, the NHS Mental Health Dashboard highlights that ‘whilst the trajectory is still based on a 2004 prevalence survey that was the best available at the time of publishing the Five Year Forward View, we exceed the target for 2019/20 (34%) even when measured against more recent prevalence rates from a 2017 survey. Against those more recent prevalence rates, services achieved an access rate of 34.7% nationally’. A recent report by the Children’s Commissioner^v suggests that this may represent just one in four when using the most recent prevalence statistics from July 2020^{vi}.

This demand has been exacerbated by the COVID-19 pandemic. Recent data from NHS Digital^{vii} indicates that rates of probable mental disorders have increased since 2017 from one in nine (11.6%) to one in six (17.4%) 6-16 year olds. There has been an increase in disorders in 17 to 19 year olds from one in ten (10.1%) to one in six (17.4%). When comparing data collected during the pandemic in 2020 and 2021 there was no change in rates of probable or possible mental disorders, indicating the sustained impact of the pandemic on the mental health of young people in England. Therefore, whilst there has been significant progress to increase access to NHS support since the target was set, there has also been an increase in demand for NHS mental health support for children and young people.

Since the FYFV for Mental Health, the NHS Long Term Plan outlined a target which stated that over the coming decade, 100% of children and young people who need specialist mental health care can access it. This target is welcome and is much more ambitious than the original target to increase access by 70,000. The ability to meet this target will require action outside of specialist support, for example through an expansion of the support available in schools through Mental Health Support Teams or other initiatives such as early support hubs. However, we would welcome clarity about how this target will be met by the end of this decade and taking into account any subsequent increases in the prevalence of mental health disorders in young people.

Equality of access to mental health support

When assessing progress against targets to improve mental health support for children and young people, it is important to recognise that there is an inequality in access for different groups of young people including Black and minoritised young people, LGBTQ+ young people and young people with disabilities.

Notably, people from Black and minoritised ethnic communities can experience racism in their personal lives, ranging from casual slights to explicit hurtful comments and verbal or physical aggression. Discussing the effect of racial microaggressions on mental and physical health, Hall and Fields note that ‘subtle interpersonal racism refers to daily racial hassles and slights...these experiences likely contribute to stress, increasing allostatic load^{viii} and have a negative effect on overall health and mental health^{ix}. There is a growing body of research to suggest that those exposed to racism may be more likely to experience mental health problems such as psychosis and depression^x.

In terms of first contact with mental health services, Black and minoritised ethnic people are more likely to become known to services via crisis care as opposed to primary care, and are 40% more likely than white people to access services via a criminal justice pathway^{xi}. Research^{xii} shows that

young people from Black and minoritised backgrounds also face additional barriers to getting help, including not feeling listened to or understood by healthcare professionals, and white professionals not understanding their experiences of racism or discrimination.

Different groups of young people also report having different levels of satisfaction with the healthcare they receive. An example is LGBTQ+ and Black and minoritised individuals reporting poor levels of satisfaction with community mental health services compared to heterosexual and white British counterparts.

This is echoed in the insight work we undertook with young people to inform our response to the Women's Health Strategy. One young woman of Asian heritage told us:

“Because I'm not white there are assumptions about how I live and professionals are humans, so hold different biases and assumptions...when I was on the mental health ward taking the pill every day, this nurse was like, ‘why are you taking this? This is family planning.’ She wouldn't have said that if I was white.”

She also relayed that going to the GP can make her feel uncomfortable, as “a) they talk to me in Hindi which I don't understand, because they assume I will understand it, and b) they'll talk about stuff related to religion which would mean I wouldn't feel comfortable bringing up certain issues.”

We welcome the work of NHS England to reduce inequalities in accessing NHS mental health support through the Advancing Mental Health Equalities Strategy^{xiii}, which sets out a plan to address inequalities in mental health provision. This includes building a diverse and representative workforce, improving the collection of data to understand and improve the experience and access to mental health services for people who face inequalities and supporting local health systems to address the mental health inequalities in their areas.

The Patient and Carer Race Equality Framework (PCREF) is currently being developed by NHS England to eliminate unacceptable racial disparity in services and to improve the trust and confidence of Black communities when using mental health services. This standard should be applied to all services that support young people with their mental health including those outside of the NHS system.

Creating a truly whole system approach to mental health support includes acknowledging existing inequalities, and how existing inequalities prevent young people accessing mental health services. Mental health services are not equally accessible to every young person; and diversity in terms of both the support offer and how it is delivered is a crucial part of creating a mental health system built on equity of access.

Referrals and waiting times

The demand for specialist support has also been reflected in referrals to NHS children and young people's mental health services. For example, data from NHS Digital suggests^{xiv} that in 2019/20, 538,564 children were referred to NHS mental health services for help. This represents an increase of 35% since 2018/19, and nearly 60% since 2017/18. Despite this increase in referrals, NHS mental

health services have been able to maintain and improve access rates, which is commendable when considering young people's access to support.

However, while data from NHS Digital suggests that the average waiting time has decreased and is now 43 days (approximately six weeks)^{xv}, there is significant variation across the country, with some areas reporting average times from referral to treatment of over three months. These average waiting times exclude children and young people still waiting at the end of the year and so the true figures may be higher. There continues to be examples of children and young people facing very long delays.

Our work with young people and families shows the detrimental impact that this can have on young people with mental health difficulties. Young people tell us that the wait that they experience can cause their mental health to deteriorate and can leave them without the support that they need for their mental health. The impact of this process was identified in a recent YoungMinds report^{xvi} on the role that GPs play in early support for young people's mental health. A YoungMinds Activist told us that:

"I went to the GP when I was 13, after struggling with severe anxiety surrounding school and beginning to refuse to go. It was daunting, as this was the first time I'd sought professional help for my mental health. Whilst the GP was lovely and kind, I didn't feel like he took me seriously. He said it was likely that I had an anxiety disorder and referred me to CYPMHS. Other than that he said to keep trying to go to school, as there wasn't a lot else that they could do.

After my appointment with the GP, my mum had an initial assessment with CYPMHS who decided I was not a high enough priority. Aside from referring me to CYPMHS, there was no extra support offered in the way of a phone call check-in or a follow-up appointment. I haven't been back to the GP since, even though there have been many times where professional support would have been beneficial."

In order to reduce the pressure on NHS mental health services, we would urge the Government to invest in early forms of mental health support. As previous research shows, half of all mental health problems manifest by the age of 14, and 75% by the age of 24^{xvii}. These difficulties can have an impact across a person's life course on educational outcomes^{xviii}, employment^{xx}, an ability to maintain relationships^{xxii}, likelihood of engaging in risky behaviours^{xxiii}, and life expectancy^{xxiv}. A failure to provide high-quality mental health interventions before age 25 creates significant risks for long term social and health outcomes.

One approach that has been taken to accommodate for this in the UK and internationally is early support hubs for young people's mental health. Early support hubs services offer easy-to-access, drop-in support on a self-referral basis for young people who do not meet the threshold for children and young people's mental health services or with emerging mental health needs, up to age 25. They can be delivered through the NHS, in partnership with local authorities, or through the voluntary sector depending on local need and existing infrastructure. A mix of clinical staff, counsellors, youth workers and volunteers can provide a range of support on issues related to wellbeing, while additional services can be co-located under one roof; offering wrap-around support across, for example, psychological therapies, employment advice, youth services and sexual health.

Building on the existing evidence base for these services in the UK and internationally, the hubs would reduce pressures on the NHS and improve young people's life chances by providing a community space to access flexible support for emotional wellbeing. This would sit alongside advice about sexual health and access to education or employment.

Previous evidence from the UK, Australia, Denmark and Ireland demonstrates that early support hubs can reduce psychological distress amongst young people^{xxv xxvi}; attract young people that are less likely to engage with NHS mental health support^{xxvii} and save costs to a range of services across the health system and more widely^{xxviii}. Additionally, the services should link to existing digital resources and services where available, to build an element of digital support into their design. This would improve access and increase flexibility for young people who feel that they have benefited from online support during the pandemic.

Research conducted on a form of early support hubs mental health services in the UK called YIACS^{xxix} has shown that the services are more able to engage with 'older' young people, as well as higher proportions of LGBTQ+, young Black and minoritised young people^{xxx}. This is important when considering that these communities are proportionally more likely to be impacted by mental health conditions, but less likely to engage with NHS mental health services^{xxxi}.

There has been real strides to improve access to, and the quality and experience of, NHS services through Future in Mind, the Five Year Forward View for Mental Health, the Green Paper on Children and Young People's Mental Health and the proposals in the NHS Long-Term Plan in recent years. As has been discussed, the data suggests that the target to ensure that 70,000 additional children and young people each year will receive evidence-based treatment has been met. Despite this, young people still face many barriers to accessing NHS mental health support which must be addressed.

Therefore, we are calling for the Government to roll out early support hubs to every area across England. In providing a comprehensive early community support offer to complement available school-based and clinical support, adopting the early support hub model will provide significant benefits for young people, both those with and without existing mental health needs, while also relieving pressure on the current mental health system.

Target 2: improve waiting times for access to treatment for eating disorders

The Five Year Forward View for Mental Health implementation plan outlined the target that 95% of children and young people with eating disorders accessing treatment within 1 week for urgent cases and 4 weeks for routine cases. , eating disorders are complex disorders and there is no singular reason why someone may develop an eating disorder. They may develop as the result of genetic, psychological, environmental, social and biological factors^{xxxii}. Eating disorders are serious mental illnesses that often develop in adolescence, with studies estimating that 75% of anorexia nervosa and bulimia nervosa cases and 50% of binge eating disorder and eating disorder not otherwise specified (EDNOS) cases onset before the age of 22^{xxxiii xxxiv}.

As the eating disorder charity Beat outlines^{xxxv}, as with all mental health concerns, receiving early treatment is crucial for someone with an eating disorder. Despite this, people with eating disorders

have historically faced barriers to early intervention, among them a lack of public awareness about early signs and symptoms, misconceptions among GPs, and limited funding for treatment.

Data on the Mental Health Dashboard from Q4 of 2020/21 suggests that currently 70.5% of young people with eating disorder requiring an urgent referral for eating disorders are seen within one week, and 72.7% of routine referrals are seen within four weeks. Prior to the COVID-19 pandemic, these figures were higher. For example, looking at the same quarter in 2019/20, 80.5% of urgent referrals were seen within one week and 84.4% of routine referrals were seen within four weeks.

The aforementioned recent data from NHS Digital (2021) that estimated probable mental health disorders also aimed to identify rates of problems with eating among young people. In 2021, 13.0% of children aged 11 to 16 years scored above the threshold for the Eating Disorders Development and Well-Being Assessment (DAWBA) module. This does not mean that the child or young person had an eating disorder but indicates an increased likelihood of problems with eating.

The data also suggested that there has been an increase in the proportion of children and young people scoring above the threshold increased 2017 and 2021 across age groups, from 6.7% to 13.0% in 11 to 16 year olds and from 44.6% to 58.2% in 17 to 19 year olds.

This increase in eating problems has been reflected within referrals to eating disorders, with data suggesting a fourfold increase in the number of children and young people waiting for urgent care and a 129% increase in the number of young people waiting for routine treatment^{xxxvi}. Therefore, the COVID-19 pandemic has had a significant impact on the success of the targets outlines in the Five Year Forward View.

In response to this, as part of the £79 million funding for children and young people’s mental health^{xxxvii}, it was announced that 2,000 more children and young people to access eating disorder services. This and the progress to improve access to eating disorder services is very welcomed. However, it is also important to note the variability in areas across England when looking at the targets, as highlighted in the table below.

Region	Percentage of CYP with eating disorders seen within 1 week (urgent)	Percentage of CYP with eating disorders seen within 4 weeks routine (routine)
North West	68.1%	89.2%
NE and Yorkshire	61.3%	72.6%
Midlands	71.9%	77.6%
East of England	70.6%	77.4%
London	73.3%	67.5%
South West England	56.6%	59.6%
South East England	82.4%	67.4%

(Source: Mental Health Dashboard, Q4 2020/21)

The variability in meeting the target has been evident for a number of years. We are aware that NHS England are taking steps to work with local areas to decrease waiting times for urgent and routine referrals for eating disorder services. Addressing the variation across the country should be considered an important element to drive progress in this area.

If you have any questions about the information in this submission please contact Emily Dobson, Policy and Parliamentary Manager, by emailing emily.dobson@youngminds.org.uk

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- ⁱ <https://www.england.nhs.uk/publication/implementing-the-fyfv-for-mental-health/>
- ⁱⁱ <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>
- ⁱⁱⁱ <https://www.gov.uk/government/news/79-million-to-boost-mental-health-support-for-children-and-young-people>
- ^{iv} <https://www.england.nhs.uk/publication/nhs-mental-health-dashboard/>
- ^v <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2021/01/cco-the-state-of-childrens-mental-health-services-2020-21-tech-report.pdf>
- ^{vi} <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>
- ^{vii} <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2021-follow-up-to-the-2017-survey>
- ^{viii} <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5342632/>
- ^{ix} Williams D.R. (2018) Stress and the Mental Health of Populations of Color: Advancing Our Understanding of Race-related Stressors. *Journal of Health and Social Behavior*, 59(4), 466-485.
- ^x Bhui K., Nazroo J., Francis J. et al. (2018) *The impact of racism on mental health*. Available at: <https://synergicollaborativecentre.co.uk/wp-content/uploads/2017/11/The-impact-of-racism-on-mental-health-briefing-paper-1.pdf>
- ^{xi} <https://raceequalityfoundation.org.uk/wp-content/uploads/2020/03/mental-health-report-v5-2.pdf>
- ^{xii} <https://www.mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnic-bame-communities>
- ^{xiii} <https://www.england.nhs.uk/wp-content/uploads/2020/10/00159-advancing-mental-health-equalities-strategy.pdf>
- ^{xiv} <https://digital.nhs.uk/data-and-information/supplementary-information/2020/waiting-times-for-children-and-young-peoples-mental-health-services-2019---2020-additional-statistics>
- ^{xv} <https://digital.nhs.uk/data-and-information/supplementary-information/2020/waiting-times-for-children-and-young-peoples-mental-health-services-2019---2020-additional-statistics>
- ^{xvi} <https://www.youngminds.org.uk/media/2c5bklvz/final-the-role-of-gps-in-early-support-for-young-peoples-mental-health.pdf>
- ^{xvii} Kessler RC et al. (2005). 'Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication'.
- ^{xviii} Green H, McGinnity A, Meltzer H et al (2005) Mental health of children and young people in Great Britain, 2004. London: Office of National Statistics
- ^{xix} Esch P, Bocquet V, Pull C et al (2014) The downward spiral of mental disorder and educational attainment: a systematic review on early school leaving. *BMC Psychiatry* 14:237
- ^{xx} Ormel J, Oerlemans AM, Raven D et al (2017) Functional outcomes of child and adolescent mental disorders. Current disorder most important but psychiatric history matters as well. *Psychological Medicine* 47:1271-1282
- ^{xxi} Fergusson DM, Boden JM, Horwood J (2007) Recurrence of major depression in adolescence and early adulthood, and later mental health, educational and economic outcomes. *British Journal of Psychiatry* 191:353-342
- ^{xxii} Copeland WE, Wolke D, Shanahan L et al (2015) Adult functional outcomes of common childhood psychiatric problems: a prospective, longitudinal study. *JAMA Psychiatry* 72:892-899
- ^{xxiii} Nearly half of 17-19 year olds with a diagnosable mental health disorder has self-harmed or attempted suicide at some point. NHS Digital (2018) 'Mental Health of Children and Young People in England, 2017' Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children->

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xxiv Hayes JF, Marston L, Walters K et al (2017) Mortality gap for people with bipolar disorder and schizophrenia: UK-based cohort study 2000-2014. *British Journal of Psychiatry* 211(3):175-181

xxv <https://headspace.org.au/assets/Uploads/Evaluation-of-headspace-program.pdf>

xxvi <http://archive.headstrong.ie/wp-content/uploads/2014/01/Final-version-IJPM-Paper.pdf>

xxvii <https://onlinelibrary.wiley.com/doi/full/10.1111/papt.12206>

xxviii The Legal Problems and Mental Health Needs of Youth Advice Service Users: The Case for Advice, Balmer, N.J., and Pleasence, P., Youth Access, 2012.

xxix Youth Information Advice and Counselling Services. For more information see:

<https://www.youthaccess.org.uk/our-work/yiacs-model>

xxx <https://onlinelibrary.wiley.com/doi/full/10.1111/papt.12206>

xxxi <https://www.mind.org.uk/news-campaigns/legal-news/legal-newsletter-june-2019/discrimination-in-mental-health-services/>

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xxxv <https://www.beateatingdisorders.org.uk/crucial-role-gps>

xxxvi <https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2021/03/01/hidden-epidemic-of-eating-disorders-because-of-covid-19-new-research-finds>

xxxvii <https://www.gov.uk/government/news/79-million-to-boost-mental-health-support-for-children-and-young-people>

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