



House of Commons

Education and Health and Social
Care Committees

The Government's Green Paper on mental health: failing a generation

*First Joint Report of the Education and
Health and Social Care Committees of
Session 2017–19*

*Third Report of the Education Committee
of Session 2017–19*

*Sixth Report of the Health and Social Care
Committee of Session 2017–19*

*Report, together with formal minutes
relating to the report*

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The Education Committee is appointed by the House of Commons to examine the expenditure, administration, and policy of the Department for Education and its associated public bodies.

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The following Members were members of the Committee during the inquiry

[Dr Caroline Johnson MP](#) (*Conservative, Sleaford and North Hykeham*)
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Summary

In May 2017, our predecessor Committees published the report of a joint inquiry into Children and young people's mental health—the role of education. The report emphasised the front line role of schools and colleges in promoting and protecting children and young people's mental health and well-being. It also highlighted the need for education and mental health services to work closely together in order to improve these outcomes.

We welcome the publication of the Department for Education and the Department of Health and Social Care's Green Paper on Transforming Children and Young People's Mental Health Provision.

However, whilst welcoming the direction of travel, we are disappointed that the recommendations of our predecessors' report have not been fully taken into account. The Government's strategy lacks ambition and will provide no help to the majority of those children who desperately need it. The narrow scope does not take several vulnerable groups into account, and the proposals put significant pressure on the teaching workforce without guaranteeing sufficient resources. There is also little or no attention to prevention or early intervention. The suggested speed of delivery will leave hundreds of thousands of children with no improvements in provision for several years and with possibly worsened provision if staff leave to join trailblazer areas elsewhere.

We heard evidence that the Green Paper does not adequately connect to other relevant policies, for example opportunity areas and social mobility, and misses opportunities to address fragmented services. Witnesses raised concerns that the Government was “tinkering” rather than using the opportunity to “truly transform” the system. We want to see more evidence that the changes proposed in the Green Paper will join up services in a way that places children and young people at the heart of the strategy.

Other concerns raised with us included:

- the potential adverse effects of the current exam and testing system on young people's mental health;
- the lack of action on addressing the transition to adult mental health services;
- the lack of commitment to specific action to address the higher level of need in particular demographic groups, including looked-after children, those in the criminal justice system, those who are in alternative provision and/or off-rolled, and those not in education, employment or training (NEETs);
- the impact of social media on young people's mental health;
- the lack of specific action for apprentices and further education;
- whether the proposed trailblazer approach may inadvertently lead to increased inequality in service provision; and
- the lack of detail about the training provided for Designated Senior Leads for Mental Health and the voluntary nature of the role.

We also heard about potential risks to implementation of the Green Paper, including:

- the capacity and capability of the health and education workforce to meet the additional demands of the Green Paper proposals;
- the availability of prevalence data to support service development and monitoring;
- data sharing between health, social care and education services; and
- issues of accountability regarding service provision and funding.

The long timeframes involved in the strategy will leave hundreds of thousands of children and young people unable to benefit from the proposals. Rolling out the plans to only “a fifth to a quarter of the country by 2022/23” is not ambitious enough. We advocate more widespread implementation and iterative learning methods to inform best practice across the piece.

1 Introduction

1. Half of all mental health conditions first occur by the age of 14, and three quarters by the time someone is 24.¹ The most recent available data from ‘Mental health of children and young people in Great Britain, 2004’² find that one in ten children are living with some form of diagnosable mental health condition. Mental health issues often persist into adulthood, leading to individual harm and wider societal costs. Effective prevention and early intervention helps to reduce both and it is essential that the Government ensures that all children and young people who need it have timely access to quality care. We welcome the publication of the Department for Education and the Department of Health and Social Care’s Green Paper on *Transforming Children and Young People’s Mental Health Provision* which outlines proposals to improve the timeliness and quality of care.

2. The Government’s Green Paper outlines a ‘three pillar’ strategy: a Designated Senior Lead for Mental Health in every school and college, new Mental Health Support Teams linked to groups of schools and colleges, and trials of a four-week waiting time for access to Child and Adolescent Mental Health Services (CAMHS). It also provides information about the ongoing work to improve mental health provision, and several supplementary proposals. Two of the three pillars will be tested and evaluated in different trailblazer areas; the Green Paper suggests that the trailblazer approach will reach between a fifth to a quarter of the country by 2022/23.³

3. This inquiry builds upon work done by the Education and Health Committees in previous Parliaments, including the joint inquiry into *Children and young people’s mental health—the role of education*.⁴

4. We are disappointed that the findings and recommendations of our predecessors’ report have not been taken fully into account. Our inquiry also follows up the Education Committee’s inquiry into the *Mental health and well-being of looked-after children*⁵ and the Health Committee’s inquiry into *Children’s and adolescent mental health and CAMHS*.⁶

5. It is not our intention to replicate the information provided through the consultation process for the Green Paper. Instead, this report builds on the work of our predecessor Committees and draws together evidence from a wide range of stakeholders, including children and young people, to provide an overview of the scope and implementation of the Green Paper’s proposals. We also scrutinise the foundations and development of the Green Paper.

6. In our inquiry, we heard evidence from Ministers from the Department for Education and the Department of Health and Social Care. We also heard from key stakeholders, including representatives from NHS England and Health Education England, the Children’s Commissioner for England, the Children and Young People’s Mental Health Coalition,

1 World Health Organisation, [Mental Health Action Plan 2013–2020](#), 2013, para 69

2 Office for National Statistics, [Mental health of children and young people in Great Britain, 2004](#), 31 August 2005

3 Department of Health and Department for Education, [Transforming children and young people’s mental health provision: a Green Paper](#), December 2017, para 64

4 Health and Education Committees, First Joint Report of the Education and Health Committees of Session 2016–17, [Children and young people’s mental health - the role of education](#), HC 849;

5 Education Committee, Fourth Report of Session 2015–16, [Mental health and well-being of looked-after children](#), HC 481

6 Health Committee, Third Report of Session 2014–15, [Children’s and adolescents’ mental health and CAMHS](#), HC 342

and the National Association of Head Teachers. We invited written evidence from certain key stakeholders and received over 40 submissions. We also hosted an informal discussion forum in Parliament, facilitated by Place2Be, with pupils and teachers from George Green's School as well as young people from the Totnes Community Development Society. We are very grateful to all those who have contributed to our inquiry.

7. We welcome the publication of the Government's Green Paper. However, we consider that it lacks any ambition and fails to consider how to prevent child and adolescent mental ill health in the first place. The narrow scope does not take several vulnerable groups into account, the proposals put more pressure on the teaching workforce without sufficient resources, and the timetable for implementation ignores hundreds of thousands of children over the next twelve years. We are also concerned that the funding for the Green Paper's proposals is not guaranteed and contingent on an unspecified level of success.

The state of children and young people's mental health provision

8. Since October 2017, the Care Quality Commission (CQC) has published a series of reports on the current state of the quality and accessibility of mental health services for children and young people. The phase one report indicated that "too many children and young people have a poor experience of care and some are simply unable to access timely and appropriate support"⁷ and that "children and young people's mental health is marked by variation" in terms of the needs of children in different circumstances or ages, across the quality of services, and in how different parts of the fragmented system are organised.⁸ The precise prevalence of mental health conditions in children and young people is estimated, since the latest prevalence survey took place in 2004 and looked at ages 5 to 15, but findings from that survey indicated that 10% of children are affected by mental health problems.⁹ There is considerable variation of prevalence across different groups of children and young people, with significantly higher prevalence seen in looked-after children, care leavers, those in the criminal justice system, LGBT children and young people, those with disabilities, and those from economically disadvantaged families.¹⁰

9. The CQC published its phase two report into children and young people's mental health services in March 2018, which drew on fieldwork carried out across ten health and wellbeing board areas in England. They reported finding "examples of good or innovative practice" in each of the areas that they visited, but that this occurred "despite how services are structured, commissioned and overseen, not because of it".¹¹ The report makes several recommendations to local and national organisations involved in ensuring the delivery of mental health services, across both the health and education sectors. The CQC plan to follow up on the progress made against these recommendations in 2019/2020.

7 Care Quality Commission, [Review of children and young people's mental health services: Phase one report](#), October 2017, page 5

8 Care Quality Commission, [Review of children and young people's mental health services: Phase one report](#), October 2017, page 4

9 Office for National Statistics, [Mental health of children and young people in Great Britain, 2004](#), 31 August 2005

10 Care Quality Commission, [Review of children and young people's mental health services: Phase one report](#), October 2017, page 7; Centre for Mental Health ([SGP0018](#))

11 Care Quality Commission, [Are we listening? Review of children and young people's mental health services](#), March 2018, pages 4–5

10. There are many areas across the country with highly effective and integrated service provision, yet there are also areas with “poor quality care where the different organisations that support young people are not joined up”.¹²

11. The Royal College of Psychiatrists notes that “correctly identifying a mental health problem and its severity is not an easy task.”¹³ Even if a mental health problem has been identified, not every child or young person will be able to access support. According to Public Health England only 25% of children who need treatment receive it.¹⁴ For those who meet the high threshold for access to care, they can be faced with a wait for an average of 12 weeks from referral to treatment, with longest waits of up to 100 weeks.¹⁵ NHS Providers told us in written evidence that

Children and young people are waiting longer to access services, or escalating into a greater severity of crisis before they are referred. This displaces demand to the later, more intensive and costly end of child and adolescent mental health services.¹⁶

12. In addition, services which provide mental health support to children and young people have experienced cuts in recent years and are faced with significant workforce issues. 62% of school leaders have reported difficulties in recruiting and retaining teachers, psychiatry has the “slowest growth in new recruits and the highest drop-out rate of any clinical specialty”, there has been a reduction of counsellors and educational child psychologists in our schools, and mental health nurses are reportedly among professions where providers find the greatest difficulty in recruitment.¹⁷

12 Department of Health and Department for Education, [Transforming children and young people's mental health provision: a Green Paper](#), December 2017, para 17

13 The Royal College of Psychiatrists (SGP0017) para 3.4

14 Public Health England, [The mental health of children and young people in England](#), December 2016, page 6

15 Department of Health and Department for Education, [Transforming children and young people's mental health provision: a Green Paper](#), December 2017, para 17

16 NHS Providers (SGP0040)

17 Care Quality Commission, [Review of children and young people's mental health services: Phase one report](#), October 2017, page 23

2 Development of the Green Paper

Evidence based review

13. The Green Paper states that the Government used the findings of a “systematic review of the evidence relating to the mental health of children and young people”—conducted by Professor Tim Kendall, Professor Peter Fonagy, Professor Steve Pulling and University College London—to inform its proposals.¹⁸ This review has not yet been published. Professor Tim Kendall, Mental Health National Clinical Director for NHS England and NHS Improvement, told us that the Departments provided the remit and instructions for the evidence review: “the scope was given to us, so the evidence we then excavated was appropriate to that scope”.¹⁹ It is a source of disappointment that rather than provide a “systematic review of the evidence”, the Departments limited the scope of the Green Paper from the outset, which may have resulted in vital evidence being missed.²⁰

14. Jackie Doyle-Price MP, the Parliamentary Under-Secretary of State for Mental Health and Inequalities, told us that the sole focus of the Green Paper was “the partnership between the Department [of Health and Social Care] and schools”.²¹ However, the Green Paper does not outline this restricted focus; it includes several supplementary proposals outside that remit, and makes the point that Mental Health Support Teams “would not be limited to those children in mainstream education”.²² For that reason, the scope of this report goes beyond the partnership between the Department of Health and Social Care and schools.

15. **We believe that the Government limited the scope of the Green Paper too early by restricting the terms of the evidence review. Scrutiny of the Green Paper has been made more difficult because we did not have access to the evidence review on which it was based.**

16. *We recommend that the Government publish the evidence review alongside the response to this report.*

Lack of joined up thinking with social mobility strategy

17. We are concerned that in developing the Green Paper, the Government has missed opportunities to join up with other relevant initiatives. There are several strategies which should connect to each other, yet do not. For example, the Department for Education’s social mobility report *Unlocking Talent, Fulfilling Potential* was published ten days after the Green Paper, yet only mentions mental health and the Green Paper once.²³ The Green Paper refers to certain vulnerable groups with greater prevalence of mental health issues,

18 Department of Health and Department for Education, [Transforming children and young people’s mental health provision: a Green Paper](#), December 2017, para 21

19 Q90

20 Q77–82

21 Q166

22 Department of Health and Department for Education, [Transforming children and young people’s mental health provision: a Green Paper](#), December 2017, para 78

23 Department for Education, [Unlocking Talent, Fulfilling Potential: A plan for improving social mobility through education](#), December 2017, page 9

but does not refer to social mobility. We heard from witnesses about the correlation between social disadvantage and mental health; the Centre for Mental Health told us in written evidence:

The green paper also makes little recognition of the wide inequalities in children's mental health. At age 11, children from the poorest 20% of households are four times more likely to have a serious mental health difficulty as those in the wealthiest 20% (Morrison Gutman et al 2015).²⁴

18. The Minister of State for School Standards, Rt Hon Nick Gibb MP, told us that the social mobility strategy and Green Paper are “two separate things”, but Jackie Doyle-Price said that “a silo culture in Government is the enemy of good policy making”.²⁵ For the Green Paper's proposals to be effective, there will need to be coordination across Departments and services. However, we see from the development of the Green Paper a lack of coordination between the Departments, and a lack of join up with other relevant initiatives which could have beneficial impacts. In particular, we know that there are key factors which are more likely to give rise to child mental health problems such as deprivation/poverty, chaotic family circumstance, behaviour problems and school exclusion, parental mental health especially perinatal mental health, Adverse Childhood Experiences, being in care and so on. Yet there is little or no mention of these issues in the Green Paper and virtually no proposals for targeting and joining up services to address them early.

19. *Mental health sits within a complex landscape, and with this policy area as with many others, there must be effective coordination with other initiatives from across Government when building a new strategy.*

Building a new strategy

20. Witnesses have told us that a “seismic shift” is needed in children's mental health provision.²⁶ No matter what changes are proposed for children and young people's mental health provision, we want to ensure that the needs of the children in question are at the centre. James Kendrick, Chief Executive of Youth Access, told the Health Committee in November 2017:

The absolutely key principle should be that services are built around the needs of children and young people, not the needs of the system. That is the seismic shift, which was mentioned before, that is needed.²⁷

21. Stakeholders raised concerns that the Green Paper's three pillars are additional proposals made on top of existing complex and often fragmented health and education systems. The education system has seen significant change, to qualifications at both primary and secondary level and a push for academisation across the whole country. The health sector has also seen the introduction of local transformation plans, and NHS vanguards developing new care models. Some stakeholders raised concerns that Government was

24 Centre for Mental Health ([SGP0018](#))

25 Q147; Q199

26 Q41; British Psychological Society ([SGP0027](#))

27 Health Committee, oral evidence taken on 21st November 2017, [Child and adolescent mental health services: access and funding, HC 522, Q64](#)

“tinkering” rather than using the opportunity to “truly transform” the system, and that there is currently “a patchwork of disjointed services, of varying access and quality across the system”.²⁸

22. In phase 2 of its review of children and young people’s mental health services, the CQC sought to achieve a better understanding of the patient experience by looking at how individual children moved through the system, and emphasised the importance of having a “person-centred” approach to provision.²⁹

23. However, we heard concerns in oral evidence that children and young people had not been placed at the heart of the Green Paper strategy. Dr Pooky Knightsmith, Vice Chair of the Children and Young People’s Mental Health Coalition, said “we would want to see more cohesive working between health, education and social care all working together, ideally with the child at the heart of it”.³⁰ Rowan Munson, former member of the 2015 Youth Select Committee, said that

We need to be asking where the first point of contact is, how we get that right, what works for you, very simply, and developing that so that we do have young people at the heart rather than the system.³¹

24. **The Green Paper does not adequately connect to other relevant policies and we are concerned that it misses opportunities to address fragmented and, in places, poor services.**

25. *When the Government publishes its response to the consultation on the Green Paper, we want to see more evidence that the changes it proposes will join up services in a way which places children and young people at their heart. The Government’s response must also address and recognise the constant change and fragmentation of both the education and health systems.*

26. *The Government should also place a greater emphasis on, and provide a strategy for, prevention, early intervention and dealing with some of the root causes of child mental health problems.*

28 British Association of Social Workers ([SGP0037](#)); NHS Providers ([SGP0040](#))

29 Care Quality Commission, [Are we listening? Review of children and young people’s mental health services](#), March 2018

30 Q16

31 Q42

3 Prevention and contributing factors

27. Building on the reports of our predecessor Committees, we recognise that there is a clear difference between protecting and promoting well-being, and diagnosing and treating mental illness. There is a need for both whole school programmes, such as those delivered in Personal, Social, Health and Economic education (PSHE) lessons, alongside early intervention and treatment from CAMHS and health professionals. Schools have a clear role in the promotion of well-being amongst their students and as part of this inquiry we heard of excellent practice through organisations such as Place2Be. Dr Zoe Brownlie, Clinical Psychologist and lead for Healthy Minds, Sheffield, told us in written evidence:

We very much support that a whole school approach to emotional well-being and mental health will bring about the most impact and that schools have a tremendous opportunity to provide emotionally healthy experiences for children as well as teach about emotional health and well-being and de-stigmatised mental health.³²

28. For some students support for their well-being is not enough, and specialist targeted intervention both in school and through CAMHS is needed. CAMHS are delivered by a range of organisations including NHS mental health and community trusts, local authorities and the private and voluntary sectors. The services they offer range from counselling to in-patient care.

Factors affecting children's mental health

29. The role of prevention appears to be a missing link in building better support for children and young people, especially in the early years. We heard throughout our inquiry about specific factors which can have adverse effects on young people's mental health, including exam pressure and social media.

Exam pressure and curriculum narrowing

30. In our discussion forum with young people, participants told us that high-stakes exams were a considerable source of pressure and that they were concerned about adverse effects on their mental health and well-being.³³ Other stakeholders held similar views: the Bethlem Maudsley Hospital School told us that "schools now operate with high expectations of exam success that can counter a wish to support the individual pupil in mental health recovery".³⁴ We raised this issue with Nick Gibb who said that "we do not want children to be under pressure with exams".³⁵ He also told us that although education reforms now mean that "the curriculum is more rigorous" and young people are assessed on one final exam, "nothing we have done makes it worse".³⁶ However, we are not persuaded that the adverse effects of the current exam system on young people's mental health at both primary and secondary level have been adequately considered and are struck by the contrast between the views of young people and those of the Minister. Some of the young people we met were also very clear that their lack of curriculum choice

32 Dr Zoe Brownlie ([SGP0024](#)) para 3.7

33 Appendix 1

34 Bethlem Maudsley Hospital School ([SGP0023](#))

35 Q160

36 Q178; Q183

in school added to their stress and that they had no creative or technical outlets to express themselves. They cited that the relentless focus on EBacc subjects did not suit all of them and led to low self-esteem and unhappiness.

31. *We recommend that the Government should gather independent evidence concerning the impact of exam pressure on young people's mental health, and what steps might be considered to build resilience to cope with it. This consultation should take into account the views of children and young people, teachers and school leaders, and health care professionals. It should consider the past 10 years, given the varied changes in examination policy in both primary and secondary schools.*

32. *We also recommend that the Government commission independent research, with young people at its heart, on whether the narrowing of the curriculum from Key Stage 1 to Key Stage 4 is also having an impact on mental health. This research should be considered when considering further restrictions to the accountability of schools in relation to curriculum offer.*

School exclusion and alternative provision

33. Evidence suggests that young people excluded from school or in alternative provision are much more likely to have a social, emotional and mental health need than children not in alternative provision.³⁷ Yet the Green Paper does not address this issue.

34. *We recommend that the Department for Education's review into exclusions focuses on the increase in pupils being excluded with mental health needs and how the mental health needs of excluded pupils are being met. The Government's response to the Green Paper should ensure that Pupil Referral Units have sufficient resources and capacity to meet the particular needs of the pupils who attend.*

Social media

35. The clear message that we heard in our inquiry was that we do not yet know the full impact of social media on children and young people's mental health. Young people during our discussion forum shared both positive and negative impacts of social media on their mental health. They indicated awareness of dangers and methods of protecting their well-being. Dr Pooky Knightsmith warned that we can "miss out the positives" of social media, and that "more needs to be done to understand it, but it should be certainly something that young people, their teachers and their parents are learning about".³⁸ Rowan Munson told us that "we do not know whether people's mental health is worse because of the social media or whether social media is their coping mechanism for their mental health".³⁹ There are particular concerns about the potential risks of cyber-bullying, and the ongoing work to determine the impact of long-term screen use on children. In addition, the Children's Commissioner's report *Life in Likes* concluded that there were "two sides of social media", and while it has demonstrated positive effects on children's well-being, it also carries a negative influence "when it made them worry about things they had little control over".⁴⁰

37 Institute for Public Policy Research, [Making the difference: Breaking the link between school exclusion and social exclusion](#), October 2017

38 Q36

39 Q36

40 Children's Commissioner, [Life in 'likes': Children's Commissioner report into social media use among 8–12 year olds](#), 4 January 2018, page 37

36. Given the widespread concerns about the impact of social media, we look forward to the outcomes of the working group of social media and digital sector companies in partnership with the Department of Health and Social Care and the Department for Digital, Culture, Media and Sport. We also look forward to the report of the Chief Medical Officer on the impact of technology on children's mental health and to the House of Commons Science and Technology Committee's forthcoming inquiry.

37. *We repeat the recommendation of our predecessor Committees that PSHE should be compulsory in all maintained and academy schools. All schools should include education on social media as part of PSHE.*⁴¹

Role of families and parenting

38. Stakeholders were concerned that the Green Paper does not address the role of families and parenting in children and young people's mental health. The Centre for Mental Health told us that

It is disappointing that the green paper missed the opportunity to scale up provision of evidence-based parenting interventions and ensure targeted help is made available to the families who most need it.⁴²

39. The Green Paper sets out an aspiration for "better support for families with children and young people at risk of developing mental health problems". It also acknowledges the importance of early years brain development, good inter-parental relationships, and secure attachment with a parent or carer for children and young people's mental health.⁴³ However, there is no further consideration in the Green Paper of how improved support for families will be provided and it does not receive sufficient priority.

40. In particular, we know that Adverse Childhood Experiences, such as trauma, poor attachment, parental alcohol and drug abuse, domestic violence, and so on, have a known and significant effect on the child's future mental well-being. However, adult services, such as adult perinatal mental health or drug abuse services, are not connected to or jointly commissioned with children's services. Indeed, the child involved is often not even considered in such cases, which for new mothers in particular seems a major flaw.

41. *We recommend more co-commissioning between adult and child mental health services for the whole family, especially in perinatal mental health support.*

Early years

42. Another element of the wider picture missing from the Green Paper are the early years. Dr Pooky Knightsmith considered that "the age group 0 to 5 and thinking about prevention there" was missing from the Green Paper.⁴⁴ A lack of focus on the early years means that opportunities are being missed to promote emotional resilience and prevent mental health and well-being problems later in life. There is no consideration given to the

41 Health and Education Committees, First Joint Report of the Education and Health Committees of Session 2016–17, [Children and young people's mental health - the role of education, HC 849](#), para 47

42 Centre for Mental Health ([SGP0018](#))

43 Department of Health and Department for Education, [Transforming children and young people's mental health provision: a Green Paper](#), December 2017, para 118

44 Q11

important role that health visitors and children's centres can have in promoting emotional wellbeing in the early years or of the adverse impact reductions in funding for these areas might have on support for the 0 to 5 age group. Further, as we have an evidence base for the first 1,001 days of a child's life and the Green Paper indicated how early years brain development is a key factor for a child's future, with evidence suggesting links between brain development mental and physical health, we would welcome further consideration about how the Government can better support young children in their plans for children and young people's mental health. We look forward to the publication of the Science and Technology Committee's findings on evidence-based early-years intervention.

43. The evidence we heard indicated strong support for the inclusion of preventative measures to mental ill health in the Green Paper. The Children's Commissioner for England, Anne Longfield, said "I would like to see a comprehensive starting point that looks at children from birth and pre-birth onwards, and recognises that problems develop along the way; and the earlier and the nearer to home they can be treated, the better it is going to be for the child."⁴⁵ Early years support and prevention of Adverse Childhood Experiences are referenced in passing in the Green Paper.⁴⁶ Further, Dr Dubicka notes that "the introduction to the Green Paper talks about these disadvantaged and vulnerable groups, and recognises those needs, but, as you say, there is not much substance later on in terms of what is going to be done for them [...] if it really wants to be ambitious in trying to do as much prevention work as possible, it needs to target those disadvantaged groups as well as the very young children."⁴⁷

44. *We recommend that the Government include the early years in their plans for children and young people's mental health following the consultation.*

45. *We recommend that more work is done to integrate preventative approaches with vulnerable groups into the core strategy of the Green Paper.*

Factors affecting children's mental health: conclusion

46. **The Green Paper fails to take fully into account the factors affecting children's mental health and the need for preventative action in stimulating and protecting early years brain development, supporting loving and respectful inter-parental relationships and enabling secure attachments with parents and carers.**

45 Q12

46 Department of Health and Department for Education, [Transforming children and young people's mental health provision: a Green Paper](#), December 2017, pages 7–8, 31, 32

47 Q50

4 Transition to adult mental health services, the role of further education, and key vulnerable groups

Transition from child to adult mental health services

47. Children and young people's mental health provision extends to the age of 18 (in some areas it is 16), after which young people transition to adult mental health services. We were told by some witnesses that the age of transition to adult mental health services should change. We heard that a better transition age would be 25 and that some areas have already adopted a mental health service which supports young people from ages 0–25.⁴⁸ This was suggested as a model to move towards in the Department of Health Future in Mind strategy published in 2015.⁴⁹ In the Green Paper, the Government commits to assessing “whether further action is required to improve the experience and outcomes of transition”.⁵⁰

48. Witnesses told us that the lack of action on transition was a failure of ambition. The Office of the Children's Commissioner told us that it is “a patient safety issue”.⁵¹ The Association of Colleges said that “eighteen is not an easy age for the transition” and Stuart Rimmer, Principal and CEO of East Coast College, told us that colleges reported a “bottleneck” in mental health support.⁵² Dr Pooky Knightsmith told us that “our members [of the Children and Young People's Mental Health Coalition] come back again and again saying 0 to 25, absolutely”.⁵³ Rowan Munson told us that transition was a “cliff edge” and referred to the 2008 SDO TRACK study which found that “only 4% experienced an ideal transition” with a third of young people dropping out of mental health care altogether.⁵⁴ The Health Minister told us that she is “particularly concerned about [...] how we transition people from young people's services into the adult system” but the Green Paper takes no definitive action, and does not commit to using the trailblazers to innovate.⁵⁵

49. Young people are falling through the gaps and not receiving the services they need as they enter adulthood. It is disappointing that there are no substantive plans to deal with the transition from CAMHS to adult mental health services in the Green Paper.

50. We recommend that the Government commit to a full assessment of the current transition arrangements between child and adult mental health services.

48 Department of Health and Department for Education, [Transforming children and young people's mental health provision: a Green Paper](#), December 2017, para 127

49 Department of Health, [Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing](#), March 2015

50 Department of Health and Department for Education, [Transforming children and young people's mental health provision: a Green Paper](#), December 2017, para 128

51 Children's Commissioners Office ([SGP0008](#))

52 Association of Colleges ([SGP0006](#)); Q43

53 Q37

54 Singh et al., “[Transitions of Care from Child and Adolescent Mental Health Services to Adult Mental Health Services \(TRACK Study\): A study of protocols in Greater London](#)”, *BMC health services research*, vol 8 (2008); Q31

55 Q207

Key vulnerable groups

51. The Green Paper indicates a clear awareness of the higher rates of prevalence of mental ill health found in particular demographic groups, including looked-after children, those in the criminal justice system, and those not in education, employment or training (NEETs). However, the Green Paper does not commit to specific action reflecting that higher level of need, beyond the brief mention that Mental Health Support Teams “could be available more widely” beyond mainstream education.⁵⁶ The British Psychological Society told us in written evidence that

The Green Paper proposals do not cover those most at risk [...] There are some particularly vulnerable groups who currently have limited access to CAMHS, despite high levels of need. These children are omitted from the Green Paper.⁵⁷

52. Dr Bernadka Dubicka, Chair of the Child and Adolescent Psychiatric Faculty, Royal College of Psychiatrists told us that:

The introduction to the Green Paper talks about these disadvantaged and vulnerable groups, and recognises those needs but, as you say, there is not much substance later on in terms of what is going to be done for them [...] [They] need a disproportionate amount of mental health input.⁵⁸

Socially disadvantaged children

53. Witnesses told us that there is a correlation between social disadvantage and higher rates of prevalence of mental health issues. The Education Policy Institute told us in written evidence that

Socioeconomic disadvantage acts as a psychosocial stressor, and can work through poor housing and unsafe neighbourhoods to negatively impact young people's mental health and wellbeing.⁵⁹

The British Psychological Society told us that a 2018 HeadStart study “concluded that there was a strong and consistent association between deprivation and emotional and behavioural problems”, the Chief Medical Officer's 2012 Annual Report noted that children and young people in the poorest households are “three times more likely to have a mental health problem than those growing up in better-off homes”, and the Centre for Mental Health noted that “poverty increases the risk of mental health problems and can be both a causal factor and a consequence of mental ill health”.⁶⁰

54. It is therefore concerning that Professor Tim Kendall—involved in the evidence review underpinning the Green Paper—told us that “it was not part of our brief to look at that”.⁶¹

56 Department of Health and Department for Education, [Transforming children and young people's mental health provision: a Green Paper](#), December 2017, para 78

57 British Psychological Society ([SGP0027](#))

58 Q50

59 Education Policy Institute ([SGP0007](#))

60 British Psychological Society ([SGP0027](#)); Department of Health, [Annual Report of the Chief Medical Officer 2012: Our Children Deserve Better: Prevention Pays, Chapter 10: Mental health problems in children and young people](#), October 2013; Mental Health Foundation, [Poverty and Mental Health: A review to inform the Joseph Rowntree Foundation's Anti-Poverty Strategy](#), page 4

61 Q93

It is disappointing that despite the well recognised connection between mental health and social disadvantage, the Green Paper does not tackle this issue head-on. It was also worrying that Jackie Doyle-Price states that the Green Paper is about the particular partnership between schools and the Department for Health and Social Care and that addressing health inequalities would dilute the focus on what is a very ambitious and radical programme.⁶² This is also out of step with the commitments made by the Prime Minister in her first speech, in which she spoke of tackling the burning injustices of health inequality.⁶³

55. We recommend that the Government target funding for mental health support into areas of social disadvantage and inequality.

Looked-after children

56. The mental health of looked-after children has been the focus of a previous Education Committee inquiry. We are pleased that a number of recommendations have been acted upon by the Government, and that the Green Paper's Mental Health Support Teams will test models which link to social care services. However, we are disappointed that some of the most important recommendations have not been accepted, including the following recommendation:

In recognition of the distinct challenges which looked-after children and young people face, we recommend that they should have priority access to mental health assessments by specialist practitioners but that subsequent treatment should be based on clinical need.⁶⁴

57. The Green Paper recognises the high levels of mental health prevalence amongst looked-after children: it states that “an estimated 45% of looked after children have a diagnosable mental disorder”.⁶⁵ Professor Kendall agreed that this was an issue, telling us that “looked-after children, for example, a lot of whom are not attending school properly, are kids with very high levels of mental health problems”.⁶⁶ Ofsted's written submission explained that mental health services for looked-after children have been identified as good in “less than a third” of local authorities, and while some areas demonstrate well-established partnerships between agencies, this is not the case in a majority of areas.⁶⁷

58. There is also an absence of reference to social workers in the Green Paper, despite their key connection with looked-after children and their links to other services across the mental health care system.⁶⁸ Looked-after children represent a group with higher levels of need and can struggle to access the support required, yet the Green Paper does not commit to targeted action.

62 Q166–167

63 “Statement from the new Prime Minister Theresa May”, Prime Minister's Office, 10 Downing Street, 13 July 2016

64 Education Committee, Fourth Report of Session 2015–16, [Mental health and well-being of looked-after children, HC481](#), para 27

65 Department of Health and Department for Education, [Transforming children and young people's mental health provision: a Green Paper](#), December 2017, para 7

66 Q94

67 Ofsted ([SGP0031](#))

68 British Association of Social Workers ([SGP0037](#))

59. **Mental health support for children and young people who move between carers and in and out of care is often patchy and disjointed, and sometimes non-existent. The proposals in the Green Paper will not meet the needs of looked after children, in fact, they may well exacerbate them.**

60. *We echo our predecessor Committee's recommendation to ensure that looked-after children and young people have priority access to mental health assessments by specialist practitioners but that subsequent treatment should be based on clinical need. We also recommend that the Government's response to the Green Paper include a distinct and separate set of proposals for looked after children accessing mental health services.*

Children in contact with the criminal justice system

61. The Green Paper recognises the high prevalence rate of mental health conditions among children in the criminal justice system: “one quarter of boys in Young Offender Institutions reported emotional or mental health problems”.⁶⁹ The Howard League for Penal Reform told us in written evidence about the 900 children in secure custody—600 of whom are in prisons—and that Her Majesty's Chief Inspector of Prisons had concluded “that none of the prisons holding children were safe”.⁷⁰ The Howard League went on to say that:

Children who end up in prison have complex and multiple needs [...] There is a lack of continuity of care and their mental health has deteriorated in prison. Mental health provision for children in custody should be age appropriate and based on their individual needs, not on the type of establishment they are held in.⁷¹

We regard the Green Paper's indication that provision “might extend” to areas such as young offender institutions and secure children's homes as wholly insufficient in the face of considerable need.⁷²

NEETs

62. The Green Paper sets out that “NEETs have more mental health and substance abuse problems than their non-NEET peers” but does not suggest any direct action to address this issue.⁷³ The Equality and Human Rights Commission told us in written evidence that the Green Paper could go further to ensure that

Children who have not yet started school, those who do not attend mainstreamed education, young people in apprenticeships/traineeships, those not in education, employment, or training, those who do not want to access mainstream services and those are in prisons can access the support

69 Department of Health and Department for Education, [Transforming children and young people's mental health provision: a Green Paper](#), December 2017, para 11

70 Howard League for Penal Reform ([SGP0015](#))

71 Howard League for Penal Reform ([SGP0015](#))

72 Department of Health and Department for Education, [Transforming children and young people's mental health provision: a Green Paper](#), December 2017, para 91

73 Department of Health and Department for Education, [Transforming children and young people's mental health provision: a Green Paper](#), December 2017, para 10

they need [...] unless these issues are also addressed through a broader cross-departmental strategy, the impact of the proposals in this Green Paper is likely to be limited.⁷⁴

63. We are surprised that despite clear evidence of particular need for certain groups of young people—including the most socially disadvantaged children and young people, looked-after children, children in the criminal justice system, and NEETs—the Government has not recommended policy interventions to ensure that support is available for them. The Government should ensure that it is providing mental health support for the young people who are most likely to need it and should set out how it will reduce health inequality in the mental health of young people.

The role of further education

Further education and colleges

64. The Association of Colleges told us written evidence that 764,000 14–18 year olds are studying in colleges.⁷⁵ The Association, through mental health surveys, provided data that “85% of colleges said that they had experienced an increase of students declaring mental health issues”.⁷⁶ Stuart Rimmer spoke of the proactive actions of colleges in relation to getting young people the help they need, and said

If it costs the college money, that is what we are prepared to do. That does not make economic sense from the college's perspective, but it is certainly a moral imperative that we will not turn back on.⁷⁷

65. Schools and colleges offer different environments and different challenges for implementing the Green Paper's proposals. We do not believe this difference was adequately recognised. Neither Minister referred to colleges or further education at all, nor have the specific opportunities of colleges been recognised. For example, we heard compelling evidence that mobilising colleges in a sectoral approach to implementing the Green Paper's proposals could offer faster generation of evidence of best practice.⁷⁸

66. The Government often referred to schools and colleges interchangeably, and did not adequately recognise the substantial differences between schools and colleges. We recommend the Government utilise the potential of a further education sectoral approach in implementation alongside other approaches.

Apprentices

67. Another large group outside the day-to-day structures of schools and colleges are the 119,000 apprentices under the age of 19.⁷⁹ The Green Paper makes no mention of apprentices: while it references workplace support initiatives from the Department for Work and Pensions and the Department of Health and Social Care briefly, it does not offer further actions for young people. Stuart Rimmer told us that “it is a fairly inconsistent

74 Equality and Human Rights Commission ([SGP0042](#))

75 Association of Colleges ([SGP0006](#))

76 Association of Colleges ([SGP0006](#))

77 Q46

78 Q71

79 Department for Education, [Apprenticeships and Traineeships Release: January 2018](#), 25 January 2018, page 6

approach across access for apprentices to support services”.⁸⁰ Nick Gibb assured us that the Green Paper is “explicitly for people up to the age of 18”, and “will incorporate those young people [apprentices] as well”, but the Green Paper was not clear and did not refer to any specific actions. This appears to be another example of a failure to join up relevant policies: the Government is expending resources to promote apprenticeships; yet failing to provide support for this growing group of young people.

68. *The Government should take action to ensure that apprentices also have access to mental health provision under the Green Paper's proposals.*

5 Workforce

Decline in capacity in recent years

69. Some witnesses were concerned that the Green Paper aimed to replace services that had been lost through school and health service cuts in recent years. The British Psychological Society wrote that “between 2008/2009 and 2012/2013, CAMHS funding dropped by 5.4 per cent in real terms so that in 2012/2013, only 6 per cent of the total NHS mental health budget was spent on CAMHS”.⁸¹ The Association of School and College Leaders told us that “our survey of school leaders in January 2016 found then that half of respondents had to cut back on mental health support services”.⁸² Stuart Rimmer said “I think they [the Green Paper plans] do seek to replace some things that have already been lost or where previously there was capacity within local budgets to address some of these issues directly”.⁸³ We raised this concern with the Minister, who did not accept it.⁸⁴

70. Professor Bayliss-Pratt, Chief Nurse and Interim Regional Director for London and the South East, Health Education England, was asked whether she knew how many roles (including peer mentors, counsellors and educational psychologists) have been cut in schools. She responded:

The data quality around health and social care and children and young people is difficult to track [...] We do not currently get that data, so we need to understand that, find that data, challenge it and work through what the solutions are. To be absolutely honest with you, no, we do not have that granular data from local authorities as it stands.⁸⁵

71. To effectively evaluate the success of the Green Paper's approach, we must have a clear picture of the current level of mental health services provided by schools and colleges, how much has been cut in the past seven years and how that provision is balanced with NHS resources and demand. We are aware that schools and colleges have already reduced the amount they have invested in mental health services. We are concerned that an unintended consequence of the Government's proposals would be that financially stretched schools and colleges could further cut their current provision of mental health support, assuming that Mental Health Support Teams will be there instead. Given the delays inherent in the proposed timeframes for implementation of the Government's strategy, this would leave institutions with less support than before and further increase the demand on NHS services. To measure the impact of the Green Paper, we need to know what schools currently provide, what their previous peak level of provision was and to monitor for any deterioration of the existing, baseline service level.

72. Effective data collection on the in-school provision and workforce for mental health support is crucial for future policy development and monitoring purposes.

81 British Psychological Society ([SGP0027](#))

82 Association of School and College Leaders ([SGP0039](#))

83 Q72

84 Q206

85 Q129–30

73. *We recommend that the current level of pastoral care and mental health support provided by schools and colleges be documented and kept under review, including the number of counsellors, educational psychologists, peer mentors, and other pastoral care workers.*

Workforce and overstretched services

74. Both health and education services are under great strain with significantly stretched resources, and workforce recruitment and retention concerns. To deliver the Green Paper's proposals effectively, the Government must take account of and mitigate against workforce pressures. The proposals cannot be effective if the workforce, including teachers and CAMHS practitioners, does not have the capacity and capability to deliver.

75. The Green Paper proposes utilising the current education workforce in schools and colleges to deliver the Designated Senior Lead for Mental Health role. We are not convinced that the existing significant and complex pressures on school and college staff have been sufficiently taken into account by the Government. Contributors to our inquiry referred to the pressures of the existing high-accountability system, combined with a stretched teaching workforce. As Rowan Munson told us, "teachers are subject to their own work pressures and have their own mental health pressures".⁸⁶ It is not clear whether the education workforce in schools and colleges has the capacity to deliver this proposal. The National Association of Head Teachers and the Association of School and College Leaders advocated for further recognition and support of the mental health and wellbeing of teachers, given the level of high-stakes pressure on that profession.⁸⁷

76. Paul Whiteman, General Secretary of the National Association of Head Teachers, said:

We are not coming from a strong starting point. There are not enough resources there already. Once we begin to develop an identification of a further need, it is just going to create more frustration within the system, and that frustration of itself will cause more problems.⁸⁸

The effective delivery of this role across the country relies on ensuring that school and college staff have the right support, sufficient time and resources, and a defined remit. Staff need support within their school or college to ensure that their role is balanced with their normal duties. A clear vision of what this role seeks to deliver is required to ensure that teachers are not put into a position where taking on too great a responsibility without the training to match, could inadvertently jeopardise a child's care.

77. We are concerned about the support outside of schools and colleges, especially the additional pressures placed on the wider system by the slow implementation timeframe for trailblazers. The majority of schools and colleges will not benefit from the external support of Mental Health Support Teams active in trailblazer areas. Staff will therefore lack the "community of practice" that Professor Bayliss-Pratt advocated when questioned on school and college capability.⁸⁹

86 Q35

87 National Association of Head Teachers ([SGP0003](#)); Association of School and College Leaders ([SGP0039](#))

88 Q63

89 Q138

78. The Designated Senior Lead for Mental Health role is currently envisaged as voluntary and has not been made mandatory for all schools and colleges. The voluntary nature of the role demonstrates a lack of ambition and commitment. Given the complex pressures outlined, the voluntary nature of the role may result in poor take up across the country. However, making the roles mandatory will only be possible if there is additional recognition of the support required for school staff taking up this role. Further, the Impact Assessment for the Green Paper notes that “there is an opportunity cost of the time teachers or other school/college staff (acting as Designated Senior Lead) spend on training and delivering the Lead role”, but that it is “not possible to robustly estimate this”, because the role is voluntary and the time spent would be determined by individual schools.⁹⁰ The Government needs to provide greater clarity about how they will make this an attractive role for teachers and what will be done in the event of low take-up. The Government should explore providing an additional responsibility payment for teachers who take on the Designated Senior Lead role.

79. The Designated Senior Lead for Mental Health role has significant potential. However, the unspecified level of demand to be placed on teachers undertaking this role, without sufficient resources to support them, mean that already stretched teachers will have additional pressures. The Government must commit to ensuring adequate support for teachers and school staff to deliver this role. If the Government cannot do so, it should provide additional funding to schools and colleges so they may hire a professional to fulfil this role.

80. Stakeholders have highlighted existing staff shortages within CAMHS. They raised concerns that these shortages might not only impede implementation of the Green Paper proposals, but that attempts to deliver these proposals given current workforce pressures may jeopardise the care of children and young people with the most severe needs. The Education Policy Institute said:

There are significant shortages in the CAMHS workforce including 5000 fewer mental health nurses since 2010. Recent EPI research found recruitment difficulties in NHS mental health trusts and a deterioration of workforce standards in inpatient care. The Royal College of Psychiatrists 2017 workforce census shows a rising vacancy rate in CAMHS consultant posts. The recruitment and retention of mental health support team staff and the wider CAMHS workforce must be addressed if these proposals, along with existing commitments—including treating at least an additional 70,000 CYP annually - are to be successfully implemented.⁹¹

81. ***We recommend that the Government set out and publish plans to ensure that the existing workforce is not overburdened by the demands of the Green Paper, and that the risks are understood. It should set out how it plans to make the Designated Senior Lead for Mental Health an attractive role and what it will do in the event of low take-up. In its plans, the Government should set out an assessment of the feasibility of providing an additional responsibility payment for teachers who take on the Designated Senior Lead role. The Government should develop contingency plans to ensure the role could***

90 Department of Health and Department for Education, [Impact Assessment: Transforming children and young people's mental health provision: a green paper](#), 4 December 2017, pages 13, 17

91 Education Policy Institute ([SGP0007](#))

be delivered by qualified professionals. The Government should consider in its plans whether the role being delivered by qualified professionals rather than teachers should be its first course of action rather than the contingency plan.

82. *The most recent workforce plan published by NHS England in July 2017 aimed for an expansion in CAMHS Psychiatrist roles but none in CAMHS community services. We recommend that Health Education England set out how they will address the questions raised about the impact of the Green Paper's proposals on the entire CAMHS workforce in its upcoming workforce strategy, due for publication in July 2018.*

Proposed workforce for Mental Health Support Teams

83. We heard evidence that existing staffing shortfalls pose other risks to the implementation of the Green Paper. The Centre for Mental Health told us that “recruiting and retaining people to work in the proposed new Mental Health Support Teams will be a major challenge given the wider pressures on the health workforce”.⁹²

84. Stakeholders raised concerns about the potential scope of the Mental Health Support Team role. The British Psychological Society reported that they are uncertain as to whether the “huge remit” outlined for these teams is “viable or sustainable”.⁹³ Written submissions also highlighted potential issues with the expected competency of the teams. The British Psychological Society stated that they have “concerns regarding the suggestion that non-specialists will assess and triage children” and believes that “this will be beyond the competence of a non-specialist”.⁹⁴ They also raised concerns about the capacity of these teams to manage demand, particularly when the level of need remains uncertain.⁹⁵ The Association of School and College Leaders summarised the issue:

There remain real concerns about how this will work and who will form these teams; how they will be supervised and what professional level of personnel will make up the teams. In order to comment on the potential success of this aspect of the proposals we will need to see much more detail, including the expected professional qualifications and experience of team members and whether the teams will have sufficient capacity to deal with the likely workload.⁹⁶

85. **We are concerned that the Departments are anticipating significant weight to be borne by the Mental Health Support Teams, despite the fact that there is very little detail about how the teams will work in practice, and the range of skills and professional expertise that will be represented.**

86. *The extent of the disquiet raised in evidence about the 8,000 people that the Green Paper sets out will be working in the Mental Health Support Teams suggests that engagement with stakeholders was lacking prior to the publication of the Green Paper. We recommend that the Departments carefully examine the feedback received in their consultation and the evidence we have received in our inquiry as they make progress on this proposal.*

92 Centre for Mental Health ([SGP0018](#))

93 British Psychological Society ([SGP0027](#))

94 British Psychological Society ([SGP0027](#))

95 British Psychological Society ([SGP0027](#))

96 Association of School and College Leaders ([SGP0039](#))

6 Implementation of the Government's strategy

The level of prevalence and demand

87. Both Committees have previously raised concerns at the lack of up to date prevalence data, which is now fourteen years old. We look forward to new prevalence data from the Office for National Statistics due this autumn, as understanding the level and nature of demand for children and young people's mental health services is crucial to development and delivery of effective and proportionate policies. However a prevalence survey every seven years will not be sufficient to assess the impact and effectiveness of the Green Paper proposals. Dr Dubicka recommended regular shorter follow up studies between prevalence surveys to ensure that the proposals can be properly evaluated and told us that "there is a unique opportunity here to get that data robustly from a national project if the Government will agree to fund follow-up studies year on year between now and in seven years' time".⁹⁷

88. We aware that new data may have serious ramifications, especially as Jonathan Marron, Director General of Community Care, Department of Health and Social Care told us that "I do not think anybody is expecting prevalence to go down".⁹⁸ The nature of the proposals in the Green Paper, the costing and funding of the proposals, and the calculation of the workforce required to meet demand, are all based on data that is well out of date.

89. We are pleased that the Government will soon publish new prevalence data, and has committed to regular updates. However, it is not sufficient to repeat the survey every seven years.

90. The Government must set out how it will ensure that prevalence data is sufficiently robust in between the full seven year prevalence surveys. We recommend that the Government undertake regular follow-up studies of the impact of the Green Paper proposals on the nature and prevalence of demand for children and young people's mental health services between the upcoming prevalence survey and the following survey in seven years' time.

91. The assumptions underpinning the Green Paper have been based on out of date prevalence data, and there is a widespread expectation that the level of demand will prove to have been underestimated.

92. We recommend that following the release of new ONS prevalence data the Government fully recalibrate the Green Paper proposals which are contingent on the updated understanding of demand. This assessment should include matters of funding which have been costed using existing prevalence assumptions.

97 Q62

98 Q192

Funding and training

93. The Ministers from both the Department for Education and the Department of Health and Social Care told us that funding for the Green Paper's proposals would be with additional money. Jackie Doyle-Price said that:

The Department of Health and Social Care contribution to this is £200 million and that is all funded from within the Department of Health's budget, but it is additional money for the purpose of mental health.⁹⁹

Nick Gibb indicated a similar situation for the Department for Education. He said that the money will “come from within the DfE budget, but it is additional money for this particular purpose”.¹⁰⁰ When asked to clarify where in Departmental budgets this “additional money” was coming from, we were told that “that is for us [the Department] to deal with”.¹⁰¹ Further, this money is only guaranteed until 2020/21. We are concerned about the unspecified opportunity cost of the Green Paper on other Departmental programmes, which, as currently explained to us, represents diversion of existing resources rather than additional ‘new’ resource.

94. Stakeholders raised concerns in written evidence that existing Government funding for children and young people's mental health services was failing to be delivered at the local level. NHS Providers told us that “money earmarked for Future In Mind spending is being diluted”.¹⁰² Anne Longfield, Children's Commissioner for England, told us that “one thing that would be very helpful would be to get the NAO to do a survey of funding”, a suggestion similar to a recommendation made by a previous Health Committee.¹⁰³ The Education Policy Institute observed that:

The £1.4 billion originally committed to the CAMHS transformation has not been ring-fenced, and much of it is not reaching frontline providers. EPI has previously reported that, of the £250 million expected to be released in 2015/2016, only £75 million reached local clinical commissioning groups (CCGs), and there is no transparency in how funding is allocated on to frontline providers.¹⁰⁴

95. In February 2018, it was announced that “each CCG must meet the Mental Health Investment Standard (MHIS) by which their 2018/19 investment in mental health rises at a faster rate than their overall programme funding”.¹⁰⁵ However, the MHIS refers to overall spending on mental health and not specifically to funding for children and young people's mental health services.

96. Professor Tim Kendall was clear that “there should not be any other call on this money”.¹⁰⁶ The Health Minister told us that Ministers “firmly believe” that ringfenced funding would be “overly prescriptive”.¹⁰⁷ However there is substantial evidence that

99 Q154

100 Q152

101 Q155; Q156

102 NHS Providers ([SGP0040](#))

103 Q5; Health Committee, Third Report of Session 2014–15, [Children's and adolescents' mental health and CAMHS, HC 342](#), para 250

104 Education Policy Institute ([SGP0007](#))

105 NHS England and NHS Improvement, [Refreshing NHS Plans for 2018/19](#), February 2018, page 20

106 Q121

107 Q207

without protection, allocated resources are not being consistently delivered. The funding must be given adequate protection, and the governance throughout the funding chain—said to need “real expertise and really smart processes”—must be sufficiently robust to ensure delivery of the Government’s policies.¹⁰⁸

97. Despite there not being sufficient detail about some of the Green Paper’s proposals, there has been costing analysis published. There is a risk that the delivery of the proposals will be stunted by the amount of funding currently allocated. For example, it was clear from evidence from Nick Gibb that the exact nature, level and length of training for the Designated Senior Lead role in schools and colleges has not been decided upon, as it “will be for specialists to determine”.¹⁰⁹ The allocated funding may unduly influence the level and length of the training delivered, if the training is developed to fit the budget, rather than sufficient funding being allocated for a well-developed training package. Professor Tim Kendall told us:

I think you are right that this is not two days training. I absolutely don’t think it is two days. We are talking about someone who is going to be reasonably skilled in recognising mental health.¹¹⁰

The lack of information provided about the training for the Designated Senior Lead role is unacceptable. It is concerning that the level of funding available may result in low quality training for such a vital role.

98. Nick Gibb also indicated that part of the funding will be used in “backfill” to cover the cost of the lead spending time on training.¹¹¹ However, the impact assessment indicated that the opportunity cost had not been quantified since “we do not yet know how much time leads will spend training” nor has there been a quantified opportunity cost analysis for the time spent delivering the role itself.¹¹² It seems likely that the long term costs of delivering this policy will fall on schools and colleges.

99. We recommend that the Government publish details of the source of the funding for the policies outlined in the Green Paper, including details about how other health and education services will be adversely affected. We also recommend that a training package for the Designated Senior Lead role be developed so that the Government can ensure that sufficient funding will be available for all teachers taking up that role.

100. In regard to the four-week wait times that the Green Paper recommends, Tim Kendall indicated “these are meant to be trialled. We do not know at this point exactly how that is going to work out.”¹¹³ **We recommend that appropriate resource is made available to ensure that the implementation of the four-week waiting time target does not have any unintended adverse consequences on those accessing CAMHS services by making the threshold for accessing services even higher.**

108 Q122

109 Q158

110 Q137

111 Q157

112 Department of Health and Department for Education, [Impact Assessment: Transforming children and young people’s mental health provision: a green paper](#), 4 December 2017, page 17

113 Q140

101. We are pleased that the National Audit Office has launched a value for money study into mental health services for children and young people and that it will include an assessment of accountability for spending. We look forward to the publication of the study.

102. We welcome NHS England's announcement that every clinical commissioning group must meet the Mental Health Investment Standard in 2018/19, but we are concerned that this does not protect spending on services for children and young people.

103. *We recommend that NHS England commit to a mandatory child and adolescent mental health investment standard.*

Accountability

Accountability in local and regional areas

104. The Health Minister told us that the Mental Health Support Teams will be clinically supervised by CAMHS, that they will be employed by the NHS, and they “will be working for clusters of schools”.¹¹⁴ In written submissions, stakeholders indicated concern about the lack of clarity on local-level responsibility and accountability, and the need for rigorous and well-understood monitoring and evaluation methods. The Local Government Association concluded that:

The green paper indicates that the funding and responsibility to deliver these interventions will go to the NHS, without sufficiently mapping out the relationship between the NHS, schools and local authorities. This is concerning given that local authorities are responsible for overseeing local schools and have responsibility for vulnerable children and young people and will be instrumental in achieving early intervention and prevention successfully.¹¹⁵

105. Ofsted also indicated concerns over local responsibility:

For example, clarity would need to be given about who has the final say when leaders from education and health do not agree on priorities and/or the threshold to access the Mental Health Support Teams. Clarity about who has overall responsibility for budget and implementation would help to clarify who should be held accountable.¹¹⁶

Given that the Green Paper proposes a collaborative approach, there should also be collective accountability and evaluation in place, so, for example, in considering the role of mental health support team action in schools, the accountability does not fall solely upon that school, or solely on health services. Paul Whiteman noted that “schools can only be as successful as the services that they can access”, and that the education sector was concerned that this strategy could become “just another stick to beat school leaders and teachers”.¹¹⁷

114 Q196; Q197; Q198

115 Local Government Association ([SGP0021](#))

116 Ofsted ([SGP0031](#))

117 Q66; Q45

106. *We recommend that the accountability structures for the Mental Health Support Teams and the work of trailblazers be defined to ensure clarity on local responsibility, and to mitigate the risk of gaps in provision.*

Effective collaboration between services

107. The success of the Green Paper's strategy is contingent on successful collaboration and integration between all local health and education services. We recognise the intention of the creation of trailblazer areas to ensure that provision is built around the needs of the local area and demographics. However, the fragmentation of both the health and education services means that 'local' can mean something very different within various areas. Local authorities do not manage all schools; Stuart Rimmer told us that a college "often sits between geographical areas" and students and apprentices can cut "across multiple CAMHS areas and clinical commissioning groups".¹¹⁸

108. From the perspective of health services, Clinical Commissioning Groups can straddle local authority areas and some spread across multiple NHS Regions.¹¹⁹ In practice this means that trailblazer areas may add an additional, fragmented understanding of 'local' on top of the jigsaw. They will need clear collaboration links and legal frameworks (for example, for data-sharing, which must only be used where it is in the best interest of children) to work effectively across a variety of disparate and mismatched authorities, as well as clear lines of accountability for further monitoring and evaluation purposes.

109. NHS Providers told us of the "fractured national and local commissioning structures", and the clear need for better integration of education and health services, since "academies can opt out of local CAMHS arrangements".¹²⁰ The Association of Child Psychotherapists told us that

There is also an assumption that the kind of inter-agency and cross-organisational collaboration and joint working envisioned is unproblematic when all experience of such work is that it is fraught with operational challenges and complex dynamics.¹²¹

110. The Green Paper's strategy will require information and data on the mental health conditions and care of children to be shared. Appropriate data-sharing and safeguarding frameworks will be needed across all the disparate services for the Green Paper's strategy to operate. We commend the aim to "make seamless the pathway through to CAMH services", but it is our understanding that the full portfolio of required data sharing agreements and memoranda of understanding may not stretch across *all* schools, local authorities, Clinical Commissioning Groups and NHS services.¹²² Dr Bernadka Dubicka warned that

118 Q56

119 Office for National Statistics, '[Clinical Commissioning Groups \(April 2017\)](#)', accessed 2 May 2018; Office for National Statistics, '[NHS Commissioning Regions \(April 2015\)](#)', accessed 2 May 2018; Ordnance Survey, '[Election Maps](#)', accessed 2 May 2018; Office for National Statistics, '[NHS Regions \(Geography\) \(April 2016\)](#)', accessed 2 May 2018

120 NHS Providers ([SGP0040](#))

121 Association of Child Psychotherapists ([SGP0002](#))

122 Q93

We do need to think about things such as clinical notes, how they will be kept and shared between systems, and how we can have seamless transition between the teams and between CAMHS, and not create further barriers.¹²³

111. The Green Paper's proposals are fundamentally reliant on effective collaboration between multiple different services and sectors.

112. We recommend that the Government should commission an independent review of the data sharing and collaboration frameworks that will be necessary for the proposals to work optimally and in the best interests of children. The required data sharing frameworks must be in place as the Green Paper's proposals are rolled out to best support collaboration and implementation.

Trailblazer areas

The inequality of provision

113. The Government plans to begin rolling out its new approach with a number of trailblazer areas, operational from 2019, which will be supported by robust evaluation so that the Government understands what works. We are concerned that the use of trailblazer areas may result in unforeseen negative consequences. There is already wide variation in the quality and levels of service provision for children and young people's mental health in different areas. The use of trailblazers may cause the gap, or inequality of provision, to widen if staff move to work in areas where staffing levels and services are better. The National Association of Head Teachers warned that

There is a danger that areas where provision is working fairly well improve further, and areas where provision is currently poor will not catch up; maintaining, and perhaps widening, inequality of access to provision based on a post code.¹²⁴

Considering the anticipated pace of rollout, this widened inequality of access has the potential to last for years, since only 20–25% of the country is anticipated to benefit from additional support by the end of 2022/23.¹²⁵

114. Trailblazer areas risk destabilising provision in surrounding areas. Children and young people in those surrounding areas may be directed to the trailblazer, which would artificially raise the level of demand and cause unanticipated stress on the experimental system.

115. The trailblazer approach, while useful in developing evidence of best practice, may inadvertently lead to a wider gap of inequality between areas of good provision and those which struggle across the country.

116. We recommend that the Government set out how it will monitor and act to mitigate the risk of a widening inequality of provision.

123 Q45

124 National Association of Head Teachers ([SGP0003](#))

125 Department of Health and Department for Education, [Transforming children and young people's mental health provision: a Green Paper](#), December 2017, para 64

The choices of trailblazer areas

117. There has been a lack of information from the Government about the criteria for the choice of trailblazer areas and how they will be chosen. During our inquiry, we heard varied opinions on the criteria which should be used. Dr Pooky Knightsmith told us:

We would welcome a very wide range of different sizes, geography and type of area being represented. What we want to see more than anything else is a rapid, iterative, well-evidenced and outcome-focused response.¹²⁶

Nick Gibb said: “I suspect we will ensure that those trailblazer areas incorporate a number of opportunity areas” (referring to the Department for Education’s social mobility opportunity areas).¹²⁷ It is essential that the Government incorporates areas of social deprivation, for example rural coastal areas. Doing so will ensure that evidence is gathered from the start on effective practice in disadvantaged areas where we are aware that mental health concerns can have higher rates of prevalence.

118. It is positive that through joining up with the Department for Education’s Social Mobility opportunity areas, areas of social deprivation will benefit from the early effects of the trailblazer strategy, and that evidence of best practice will be developed for further rollout to other disadvantaged areas. However, we on the Education Committee have already raised our concerns with Ministers on numerous occasions about the lack of opportunity areas in the North East, and there has been no guarantee that this situation will be remedied.¹²⁸ The lack of opportunity areas in the North East is of even greater concern if the trailblazer areas will reflect the currently announced opportunity areas.

119. There is significant pressure focused on the performance of trailblazer areas to demonstrate effectiveness over a short period of time between 2019 and the 2020/21 Spending Review. We are concerned that this may unduly influence the choice of trailblazers to areas with good existing provision; placing an interest in quick returns above the need for wide evidence across a variety of areas.

120. *In considering the trailblazer criteria, we recommend that a wide range of different areas be represented. These areas should include trailblazers with both poor and effective current provision, rural and urban areas, different types of school and college provision, and areas with social deprivation (for example, through ensuring that a selection of social mobility opportunity areas are represented).*

Implementation timeframe

121. Gathering evidence of best practice across trailblazers will take time. But we agree with the Children and Young People’s Mental Health Coalition that there is a “lack of urgency and ambition for implementing the vision”.¹²⁹ The implementation timetable currently follows a linear progression, which “risks leaving thousands of children waiting too long for the support they need”, only reaching 20–25% of the country in five years.¹³⁰

126 Q27

127 Q149

128 Q202

129 Education Policy Institute ([SGP0007](#)); Children and Young People’s Mental Health Coalition ([SGP0016](#))

130 National Children’s Bureau ([SGP0010](#)); Department of Health and Department for Education, [Transforming children and young people’s mental health provision: a Green Paper](#), December 2017, para 64

Using trailblazer areas to explore multiple methods of delivery opens the door to more iterative and agile implementation approaches, which could incorporate wider roll-out and faster timeframes.

122. The Spending Review places overly high stakes on a fledgling system, especially given that the trailblazer criteria, methods, and accountability and evaluation measures have yet to be developed or communicated. The Green Paper's implementation strategy must provide ways to develop evidence of best practice. It must have the time and support from the Government to succeed.

123. The long timeframes involved in implementing the Green Paper's proposals will leave hundreds of thousands of children and young people unable to benefit from this strategy over the next few years. Rolling out the plans to only "a fifth to a quarter of the country by 2022/23" is not ambitious enough. We advocate more widespread implementation and iterative learning methods to inform best practice across the piece.

124. The Green Paper notes that the precise rollout of its proposals will be determined by the success of the trailblazers, and securing funding after 2020/21 (the end of the Government's current spending period). The long-term success of the Green Paper will rely on adequate funding being made available beyond 2020/21. We recognise the limited time frame for the Green Paper's proposals to be implemented with the currently allocation of funding, and have concerns that attempts to secure longer term funding could result in pressure for short-term delivery, before 2020/21. We caution the Government against attempting to ensure short-term, rather than long-term success of the Green Paper, by choosing only high performing areas for the trailblazers.

125. We recommend that the Government reconsider how it chooses to review progress and extend the period of time to monitor progress of trailblazer areas beyond the 2020/21 Spending Review.

Conclusions and recommendations

Introduction

1. We welcome the publication of the Government's Green Paper. However, we consider that it lacks any ambition and fails to consider how to prevent child and adolescent mental ill health in the first place. The narrow scope does not take several vulnerable groups into account, the proposals put more pressure on the teaching workforce without sufficient resources, and the timetable for implementation ignores hundreds of thousands of children over the next twelve years. We are also concerned that the funding for the Green Paper's proposals is not guaranteed and contingent on an unspecified level of success. (Paragraph 7)

Development of the Green Paper

2. We believe that the Government limited the scope of the Green Paper too early by restricting the terms of the evidence review. Scrutiny of the Green Paper has been made more difficult because we did not have access to the evidence review on which it was based. (Paragraph 15)
3. *We recommend that the Government publish the evidence review alongside the response to this report.* (Paragraph 16)
4. *Mental health sits within a complex landscape, and with this policy area as with many others, there must be effective coordination with other initiatives from across Government when building a new strategy.* (Paragraph 19)
5. The Green Paper does not adequately connect to other relevant policies and we are concerned that it misses opportunities to address fragmented and, in places, poor services. (Paragraph 24)
6. *When the Government publishes its response to the consultation on the Green Paper, we want to see more evidence that the changes it proposes will join up services in a way which places children and young people at their heart. The Government's response must also address and recognise the constant change and fragmentation of both the education and health systems.* (Paragraph 25)
7. *The Government should also place a greater emphasis on, and provide a strategy for, prevention, early intervention and dealing with some of the root causes of child mental health problems.* (Paragraph 26)

Prevention and contributing factors

8. *We recommend that the Government should gather independent evidence concerning the impact of exam pressure on young people's mental health, and what steps might be considered to build resilience to cope with it. This consultation should take into account the views of children and young people, teachers and school leaders, and health care professionals. It should consider the past 10 years, given the varied changes in examination policy in both primary and secondary schools.* (Paragraph 31)

9. *We also recommend that the Government commission independent research, with young people at its heart, on whether the narrowing of the curriculum from Key Stage 1 to Key Stage 4 is also having an impact on mental health. This research should be considered when considering further restrictions to the accountability of schools in relation to curriculum offer. (Paragraph 32)*
10. *We recommend that the Department for Education's review into exclusions focuses on the increase in pupils being excluded with mental health needs and how the mental health needs of excluded pupils are being met. The Government's response to the Green Paper should ensure that Pupil Referral Units have sufficient resources and capacity to meet the particular needs of the pupils who attend. (Paragraph 34)*
11. Given the widespread concerns about the impact of social media, we look forward to the outcomes of the working group of social media and digital sector companies in partnership with the Department of Health and Social Care and the Department for Digital, Culture, Media and Sport. We also look forward to the report of the Chief Medical Officer on the impact of technology on children's mental health and to the House of Commons Science and Technology Committee's forthcoming inquiry. (Paragraph 36)
12. *We repeat the recommendation of our predecessor Committees that PSHE should be compulsory in all maintained and academy schools. All schools should include education on social media as part of PSHE (Paragraph 37)*
13. *We recommend more co-commissioning between adult and child mental health services for the whole family, especially in perinatal mental health support. (Paragraph 41)*
14. *We recommend that the Government include the early years in their plans for children and young people's mental health following the consultation. (Paragraph 44)*
15. *We recommend that more work is done to integrate preventative approaches with vulnerable groups into the core strategy of the Green Paper. (Paragraph 45)*
16. The Green Paper fails to take fully into account the factors affecting children's mental health and the need for preventative action in stimulating and protecting early years brain development, supporting loving and respectful inter-parental relationships and enabling secure attachments with parents and carers. (Paragraph 46)

Transition to adult mental health services, the role of further education, and key vulnerable groups

17. Young people are falling through the gaps and not receiving the services they need as they enter adulthood. It is disappointing that there are no substantive plans to deal with the transition from CAMHS to adult mental health services in the Green Paper. (Paragraph 49)
18. *We recommend that the Government commit to a full assessment of the current transition arrangements between child and adult mental health services. (Paragraph 50)*
19. *We recommend that the Government target funding for mental health support into areas of social disadvantage and inequality. (Paragraph 55)*

20. Mental health support for children and young people who move between carers and in and out of care is often patchy and disjointed, and sometimes non-existent. The proposals in the Green Paper will not meet the needs of looked after children, in fact, they may well exacerbate them. (Paragraph 59)
21. *We echo our predecessor Committee's recommendation to ensure that looked-after children and young people have priority access to mental health assessments by specialist practitioners but that subsequent treatment should be based on clinical need. We also recommend that the Government's response to the Green Paper include a distinct and separate set of proposals for looked after children accessing mental health services.* (Paragraph 60)
22. We are surprised that despite clear evidence of particular need for certain groups of young people—including the most socially disadvantaged children and young people, looked-after children, children in the criminal justice system, and NEETs—the Government has not recommended policy interventions to ensure that support is available for them. The Government should ensure that it is providing mental health support for the young people who are most likely to need it and should set out how it will reduce health inequality in the mental health of young people. (Paragraph 63)
23. *The Government often referred to schools and colleges interchangeably, and did not adequately recognise the substantial differences between schools and colleges. We recommend the Government utilise the potential of a further education sectoral approach in implementation alongside other approaches.* (Paragraph 66)
24. *The Government should take action to ensure that apprentices also have access to mental health provision under the Green Paper's proposals.* (Paragraph 68)

Workforce

25. Effective data collection on the in-school provision and workforce for mental health support is crucial for future policy development and monitoring purposes. (Paragraph 72)
26. *We recommend that the current level of pastoral care and mental health support provided by schools and colleges be documented and kept under review, including the number of counsellors, educational psychologists, peer mentors, and other pastoral care workers.* (Paragraph 73)
27. *We recommend that the Government set out and publish plans to ensure that the existing workforce is not overburdened by the demands of the Green Paper, and that the risks are understood. It should set out how it plans to make the Designated Senior Lead for Mental Health an attractive role and what it will do in the event of low take-up. In its plans, the Government should set out an assessment of the feasibility of providing an additional responsibility payment for teachers who take on the Designated Senior Lead role. The Government should develop contingency plans to ensure the role could be delivered by qualified professionals. The Government should consider in its plans whether the role being delivered by qualified professionals rather than teachers should be its first course of action rather than the contingency plan.* (Paragraph 81)

28. *The most recent workforce plan published by NHS England in July 2017 aimed for an expansion in CAMHS Psychiatrist roles but none in CAMHS community services. We recommend that Health Education England set out how they will address the questions raised about the impact of the Green Paper's proposals on the entire CAMHS workforce in its upcoming workforce strategy, due for publication in July 2018. (Paragraph 82)*
29. We are concerned that the Departments are anticipating significant weight to be borne by the Mental Health Support Teams, despite the fact that there is very little detail about how the teams will work in practice, and the range of skills and professional expertise that will be represented. (Paragraph 85)
30. *The extent of the disquiet raised in evidence about the 8,000 people that the Green Paper sets out will be working in the Mental Health Support Teams suggests that engagement with stakeholders was lacking prior to the publication of the Green Paper. We recommend that the Departments carefully examine the feedback received in their consultation and the evidence we have received in our inquiry as they make progress on this proposal. (Paragraph 86)*

Implementation of the Government's strategy

31. We are pleased that the Government will soon publish new prevalence data, and has committed to regular updates. However, it is not sufficient to repeat the survey every seven years. (Paragraph 89)
32. *The Government must set out how it will ensure that prevalence data is sufficiently robust in between the full seven year prevalence surveys. We recommend that the Government undertake regular follow-up studies of the impact of the Green Paper proposals on the nature and prevalence of demand for children and young people's mental health services between the upcoming prevalence survey and the following survey in seven years' time. (Paragraph 90)*
33. The assumptions underpinning the Green Paper have been based on out of date prevalence data, and there is a widespread expectation that the level of demand will prove to have been underestimated. (Paragraph 91)
34. *We recommend that following the release of new ONS prevalence data the Government fully recalibrate the Green Paper proposals which are contingent on the updated understanding of demand. This assessment should include matters of funding which have been costed using existing prevalence assumptions. (Paragraph 92)*
35. *We recommend that the Government publish details of the source of the funding for the policies outlined in the Green Paper, including details about how other health and education services will be adversely affected. We also recommend that a training package for the Designated Senior Lead role be developed so that the Government can ensure that sufficient funding will be available for all teachers taking up that role. (Paragraph 99)*
36. *We recommend that appropriate resource is made available to ensure that the implementation of the four-week waiting time target does not have any unintended adverse consequences on those accessing CAMHS services by making the threshold for accessing services even higher. (Paragraph 100)*

37. We are pleased that the National Audit Office has launched a value for money study into mental health services for children and young people and that it will include an assessment of accountability for spending. We look forward to the publication of the study. (Paragraph 101)
38. We welcome NHS England's announcement that every clinical commissioning group must meet the Mental Health Investment Standard in 2018/19, but we are concerned that this does not protect spending on services for children and young people. (Paragraph 102)
39. *We recommend that NHS England commit to a mandatory child and adolescent mental health investment standard.* (Paragraph 103)
40. *We recommend that the accountability structures for the Mental Health Support Teams and the work of trailblazers be defined to ensure clarity on local responsibility, and to mitigate the risk of gaps in provision.* (Paragraph 106)
41. The Green Paper's proposals are fundamentally reliant on effective collaboration between multiple different services and sectors. (Paragraph 111)
42. *We recommend that the Government should commission an independent review of the data sharing and collaboration frameworks that will be necessary for the proposals to work optimally and in the best interests of children. The required data sharing frameworks must be in place as the Green Paper's proposals are rolled out to best support collaboration and implementation.* (Paragraph 112)
43. The trailblazer approach, while useful in developing evidence of best practice, may inadvertently lead to a wider gap of inequality between areas of good provision and those which struggle across the country. (Paragraph 115)
44. *We recommend that the Government set out how it will monitor and act to mitigate the risk of a widening inequality of provision.* (Paragraph 116)
45. *In considering the trailblazer criteria, we recommend that a wide range of different areas be represented. These areas should include trailblazers with both poor and effective current provision, rural and urban areas, different types of school and college provision, and areas with social deprivation (for example, through ensuring that a selection of social mobility opportunity areas are represented).* (Paragraph 120)
46. The long timeframes involved in implementing the Green Paper's proposals will leave hundreds of thousands of children and young people unable to benefit from this strategy over the next few years. Rolling out the plans to only "a fifth to a quarter of the country by 2022/23" is not ambitious enough. We advocate more widespread implementation and iterative learning methods to inform best practice across the piece. (Paragraph 123)
47. The Green Paper notes that the precise rollout of its proposals will be determined by the success of the trailblazers, and securing funding after 2020/21 (the end of the Government's current spending period). The long-term success of the Green Paper will rely on adequate funding being made available beyond 2020/21. We recognise the limited time frame for the Green Paper's proposals to be implemented with the currently allocation of funding, and have concerns that attempts to secure longer

term funding could result in pressure for short-term delivery, before 2020/21. We caution the Government against attempting to ensure short-term, rather than long-term success of the Green Paper, by choosing only high performing areas for the trailblazers. (Paragraph 124)

48. *We recommend that the Government reconsider how it chooses to review progress and extend the period of time to monitor progress of trailblazer areas beyond the 2020/21 Spending Review.* (Paragraph 125)

Annex: Informal discussion forum with young people

The following is a summary of a discussion forum between young people and school staff from George Green's School, young people from Golden Iris Productions in Totnes accompanied by the Totnes Community Development Society, and members of both the Education and Health Select Committees. The forum was facilitated and attended by Place2Be and took place in the Boothroyd Room of Portcullis House on 29th January 2018.

The discussion forum heard perspectives on mental health and well-being in schools from young people and teachers, to facilitate the inquiry and the subsequent oral evidence sessions.

Education Committee members present: Robert Halfon (Chair), Emma Hardy, Trudy Harrison, Lucy Powell and Thelma Walker.

Health Committee members present: Sarah Wollaston (Chair), Luciana Berger, Johnny Mercer, Andrew Selous and Dr Paul Williams.

The guests were welcomed by the Chairs of the Committees. Committee members circulated and talked to young people, school staff, and Place2Be representatives in five different discussion clusters. Discussion was prompted by the following topics:

- Introduction
- School
- Experiences of Children's and Adolescents' Mental Health Services
- Well-being
- Improvements

Following discussion in clusters, the Chair of the Health Committee led a call for feedback from all groups, before closing the forum.

Attendees included:

- 14 pupils aged 12–16 from George Green's School
- 6 members of staff from George Green's School
- From Place2Be: Dr Patrick Johnston, Director of Learning; Sarah Kendrick, Head of Service; Susan Rogers, Head of Communications; Beth Brandford, Executive Assistant
- 5 15–16 year olds, co-founders of Golden Iris Productions, attending with the Totnes Community Development Society

Formal minutes

Wednesday 25 April 2018

The Education and Health and Social Care Committees met concurrently, pursuant to Standing Order No. 137A.

Members present:

Education Committee	Health and Social Care Committee
Lucy Allan	Dr Lisa Cameron
Michelle Donelan	Rosie Cooper
Robert Halfon	Johnny Mercer
Emma Hardy	Andrew Selous
Ian Mearns	Martin Vickers
Lucy Powell	Dr Paul Williams
Thelma Walker	Dr Sarah Wollaston

Dr Sarah Wollaston was called to the Chair (Standing Order No.137A (1)(d)).

Draft Report (*The Government's Green Paper on mental health: failing a generation*) proposed by the Chair, brought up and read.

Ordered, That the Chair's draft Report be considered concurrently, in accordance with Standing Order No. 137A(1).

Ordered, That the Chair's draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 125 read and agreed to.

Summary agreed to.

Annex agreed to.

EDUCATION COMMITTEE

The Health and Social Care Committee withdrew

Robert Halfon, in the Chair

Lucy Allan	Ian Mearns
Michelle Donelan	Lucy Powell
Trudy Harrison	Thelma Walker

Draft Report (*The Government's Green Paper on mental health: failing a generation*), proposed by the Chair, brought up and read.

Resolved, That the draft Report prepared by the Education and Health and Social Care Committees be the Third Report of the Committee to the House.

Ordered, That the provisions of Standing Order No. 137A(2) be applied to the Report.

Ordered, That the Dr Sarah Wollaston make the Joint Report to the House.

Ordered, That embargoed copies of the Report be made available, in accordance with the provisions of Standing Order No. 134.

[The Committee adjourned.]

HEALTH AND SOCIAL CARE COMMITTEE

The Education Committee withdrew

Dr Sarah Wollaston, in the Chair

Dr Lisa Cameron	Andrew Selous
Rosie Cooper	Martin Vickers
Johnny Mercer	Dr Paul Williams

Draft Report (*The Government's Green Paper on mental health: failing a generation*), proposed by the Chair, brought up and read.

Resolved, That the draft Report prepared by the Education and Health and Social Care Committees be the Sixth Report of the Committee to the House.

Ordered, That the provisions of Standing Order No. 137A(2) be applied to the Report.

Ordered, That the Chair make the Joint Report to the House.

Ordered, That embargoed copies of the Report be made available, in accordance with the provisions of Standing Order No. 134.

[The Committee adjourned.]

Witnesses

The following witnesses gave evidence. Transcripts can be viewed on the [inquiry publications page](#) of the Committee's website.

Tuesday 30 January 2018

Anne Longfield OBE, Children's Commissioner for England, **Dr Pooky Knightsmith**, Vice Chair, Children and Young People's Mental Health Coalition, and **Rowan Munson**, former member, Youth Select Committee [Q1–43](#)

Paul Whiteman, General Secretary, National Association of Head Teachers, **Stuart Rimmer**, CEO and Principal, East Coast College, **Dr Bernadka Dubicka**, Chair, Child and Adolescent Faculty, Royal College of Psychiatrists, and **Professor Tamsin Ford**, Professor of Child and Adolescent Psychiatry, University of Exeter Medical School [Q44–75](#)

Tuesday 7 February 2018

Professor Lisa Bayliss-Pratt, Chief Nurse and Interim Regional Director for London and the South East, Health Education England, **Claire Murdoch**, National Mental Health Director, NHS England, and **Professor Tim Kendall**, Mental Health National Clinical Director for NHS England and NHS Improvement [Q76–145](#)

Rt Hon Nick Gibb MP, Minister of State for School Standards, Department for Education, **Ann Gross**, Director, Special Needs, Children in Care and Adoption, Department for Education, **Jackie Doyle-Price MP**, Parliamentary Under-Secretary of State for Mental Health and Inequalities, Department of Health and Social Care, and **Jonathan Marron**, Director General of Community Care, Department of Health and Social Care [Q146–213](#)

Published written evidence

The following written evidence was received and can be viewed on the [inquiry publications page](#) of the Committee's website.

SGP numbers are generated by the evidence processing system and so may not be complete.

- 1 Action for Children ([SGP0012](#))
- 2 Association of Child Psychotherapists ([SGP0002](#))
- 3 Association of Colleges ([SGP0006](#))
- 4 Association of Educational Psychologists ([SGP0019](#))
- 5 Association of School and College Leaders ([SGP0039](#))
- 6 Barnardo's ([SGP0005](#))
- 7 Bethlem & Maudsley Hospital School ([SGP0023](#))
- 8 British Association for Counselling and Psychotherapy ([SGP0034](#))
- 9 British Association of Social Workers ([SGP0037](#))
- 10 British Psychological Society ([SGP0027](#))
- 11 Carers Trust ([SGP0011](#))
- 12 Centre for Mental Health ([SGP0018](#))
- 13 Children's Commissioner for England ([SGP0008](#))
- 14 Children's Commissioner for England ([SGP0036](#))
- 15 Children's Rights Alliance for England ([SGP0048](#))
- 16 CYPMH Coalition ([SGP0016](#))
- 17 Department for Education ([SGP0026](#))
- 18 Dr Zoe Brownlie ([SGP0024](#))
- 19 Edmonton Academy Trust ([SGP0041](#))
- 20 Education Policy Institute ([SGP0007](#))
- 21 Equality and Human Rights Commission ([SGP0042](#))
- 22 Health Education England ([SGP0033](#))
- 23 Local Government Association ([SGP0021](#))
- 24 Maternal Mental Health Alliance ([SGP0047](#))
- 25 Mrs Joan Franklin ([SGP0038](#))
- 26 NAHT ([SGP0003](#))
- 27 National Children's Bureau ([SGP0010](#))
- 28 NHS Providers ([SGP0040](#))
- 29 NSPCC ([SGP0022](#))
- 30 Nurture Group Network ([SGP0046](#))
- 31 Ofsted ([SGP0031](#))
- 32 Place2Be ([SGP0020](#))
- 33 PSHE Association ([SGP0014](#))

- 34 Public Health England ([SGP0032](#))
- 35 Rachel Briggs ([SGP0045](#))
- 36 Rowan Munson ([SGP0049](#))
- 37 Royal College of Paediatrics and Child Health ([SGP0013](#))
- 38 Royal College of Speech and Language Therapists ([SGP0004](#))
- 39 The Children's Sleep Charity ([SGP0035](#))
- 40 The Children's Society ([SGP0025](#))
- 41 The Daily Mile Foundation ([SGP0043](#))
- 42 The Howard League ([SGP0015](#))
- 43 The Royal College of Psychiatrists ([SGP0017](#))
- 44 Triple P ([SGP0009](#))
- 45 Universities UK ([SGP0030](#))
- 46 YoungMinds ([SGP0028](#))
- 47 Youth Access ([SGP0029](#))

List of Reports from the Committee during the current Parliament

All publications from the Education Committee are available on the [publications page](#) of the Committee's website. The reference number of the Government's response to each Report is printed in brackets after the HC printing number.

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First Report	Fostering	HC 340
Second Report	The future of the Social Mobility Commission	HC 866
First Joint Special Report	Children and young people's mental health—the role of education: Government Response to the First Joint Report of the Education and Health Committees of Session 2016–17	HC 451
First Joint Special Report	Apprenticeships: Government Response to the Second Joint Report of the Business, Energy and Industrial Strategy and Education Committees of Session 2016–17	HC 450
Third Special Report	Multi-academy trusts: Government Response to the Committee's Seventh Report of Session 2016–17	HC 452
Fourth Special Report	Exiting the EU: challenges and opportunities for higher education: Government Response to the Committee's Ninth Report of Session 2016–17	HC 502
Fifth Special Report	Primary assessment: Government Response to the Committee's Eleventh Report of Session 2016–17	HC 501
Sixth Special Report	Evidence check: Grammar schools: Government Response to the Committee's Fourth Report of Session 2016–17	HC 623

All publications from the Health and Social Care Committee are available on the [publications page](#) of the Committees' website. The reference number of the Government's response to each Report is printed in brackets after the HC printing number.

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Fifth Report	Memorandum of understanding on data-sharing between NHS Digital and the Home Office	HC 677
First Joint Special Report	Children and young people's mental health—the role of education: Government Response to the First Joint Report of the Education and Health Committees of Session 2016–17	HC 451