

Children's Commissioner Proposals to Support Children's Health

Good health and well-being are top priorities for England's children. They want help to maintain good health and wellbeing, support with their mental health and the NHS to be there for them wherever and whenever they need it.

What children have told us

Most children we surveyed told us they were happy. As one child said: 'I am happy the way I am and I am happy with my life' *Girl, 7*.

However, some children from across the country and social classes were worried about their mental wellbeing and about how much the pandemic had affected them. In the thousands of responses, we received from children about their health, these were the consistent, reasonable, and practical messages that came through.

Children told us of the strain that the pandemic put on their mental health. As a child said: 'Being away from people made me feel quite lonely' *Girl, 15*. And they said: 'It was quite hard to deal with' *Boy, 15*.

Children were worried about how the online world affected their mental health. As one girl said: 'Social media which leads to mental health problems. Social media has made everyone so aware of themselves, so stuck in their own head that they've lost touch with reality. It seems that so have I' *Girl, 13*.

Children want their needs to be taken seriously; to have someone to talk to when they have a problem, and to be able to engage in an environment which suits them without having to wait until things get 'bad enough'. We heard: 'All teachers... should have to go on mental health courses so they know what possible symptoms are and what they can do to help in the scenario that someone is showing them instead of just ignoring it' *Girl, 12*.

Children want good physical health, and younger children in particular spoke about wanting to live healthy lifestyles. A child said: 'I think things that stop children from England from progressing is how much time they spend on their games, the amount of times you exercise so bad physical health... I think that a big thing that stops children is the food they eat which makes a big impact on physical health their breathing and their non-healthy eating can affect them' *Boy, 10*.

Parents of babies and very young children wanted support to lay strong foundations for their child's mental and physical health. We heard from mothers: 'The major takeaway for me was the mental health aspect, and how it affected me and my ability to bond with the baby. How I feel is going to affect how I interact with my baby and how he develops. I've found that really difficult' *Mother of 4-year-old and 8-month-old*.

Children are worried about their mental health because of the impact on their happiness, and how it will affect their education and job aspirations. As one child said: 'Bad mental health can impact learning as if your sad you don't want to learn and then you won't get a good education' *Boy, 12*.

What this means for policy now as we come out of lockdown

While most children said they were happy, for those children who are unhappy and struggling, particularly because of the impact of the pandemic, we need to provide immediate support:

- 1) **Prioritisation of funding for children's mental health services** – to meet increased need during the pandemic, with targets to increase access to care for all children who need it
- 2) **Better use of digital mental health support** – to provide a more accessible option for children who want to use it

- 3) **Improved support for mental health within and around school** – as children told us that school is where they would like to receive help
- 4) **Community mental health hubs** – so children can easily access help wherever and whenever they need it
- 5) **Improved Health Visiting services** – to help parents provide the right early start to help children thrive
- 6) **Measures to improve access to physical activity and healthy diets** – which will support both children’s mental and physical health

The policies we think will benefit children now

1) Prioritisation of funding for children’s mental health services to meet the increased need from the pandemic

The prevalence of ‘clinically significant’ mental health conditions in children rose by around 50% during the coronavirus pandemic.¹ This is leading to increased referrals to children’s mental health services, which, in most local areas, were already struggling to treat enough children resulting in long waiting lists and high numbers of children not offered full treatment.² The Government have announced an additional £12 billion of funding for health and social care in each of the next three years, in part to ensure the NHS can tackle treatment backlogs arising from the pandemic.³ The Children’s Commissioner Office (CCO) believes that children’s mental health services (CAMHS) should be a priority within this. In particular, the CCO would like to see immediate increases in capacity within CAMHS services through:

- a. Prioritise investment to existing CAMHS services to ensure they are operating at the maximum capacity possible, alongside plans to increase the workforce and targets for how the investment will meet the objective of all children who need it receiving specialist treatment by 2028 (as committed to in the NHS Long Term Plan).
- b. An expansion of intensive community provision which can provide a genuine alternative to inpatient admission and will meet the new NHS timelines for seeing children referred for crisis care. This must include an extension of evidence-based community treatment for eating disorders given the sharp increase in referrals during the pandemic.
- c. A focus on improving inpatient provision, through better data, monitoring, and workforce development, as well as new approaches to care for the most vulnerable children – with DHSC, NHS England and DfE working together to provide care (as set out in our proposals to support children in care).

2) Better use of digital mental health support to provide a more accessible option for children who want to use it

Online support can range from providing information, online communities and message boards, apps, chatbots, and one to one therapy sessions delivered remotely. While digital counselling is not new, it has been relied on to a much greater extent during the pandemic, and there is a clear evidence base for its efficacy, with some children feeling more comfortable and in control in a digital setting.⁴ Digital counselling should never be the only

¹ Mental Health of Children and Young People in England, July 2020, *NHS England*, 22nd October 2020 [link](#).

² State of mental health services for children 2020/21, *Children’s Commissioner for England*, 28th January 2021, [link](#).

³ Build Back Better: Our Plan for Health and Social Care, *Prime Minister’s Office, 10 Downing Street*, 7th September 2021, [link](#).

⁴ Trying to Connect: the importance of choice in remote mental health services, *Mind*, 2021 [link](#); Online Mental Health Support for Young People, *EPI*, 2017, [link](#).

option offered to children, but increasing the availability proves children with an alternative way of accessing support and could provide faster increases in overall system capacity.

3) **Improved support for mental health within and around school as children told us that school is where they would like to receive help**

Children repeatedly told us in the ‘Big Ask’ that they want help at an earlier stage, in school. This should include:

- a) **Mental Health Support Teams.** These are made up of NHS mental health professionals, who are assigned to work with schools in their area to support children’s mental health. They offer a consistent, evidence-based response to mental health difficulties, and are able to provide help at a lower level than specialist children’s mental health services. The current expectation is for these to cover 35% of schools by 2023/24. But the pandemic means that children need help sooner the CCO believes that MHSTs could reach 50% coverage by 2023/4, and 100% by 2026/7. Currently, the roll out is being constrained by the need to recruit and train staff, but a more flexible approach to staff and greater partnership with existing charitable providers could enable the roll out to proceed at greater speed.
- b) **In-school counselling.** Most schools do offer some form of counselling, which children repeatedly tell us they value, overwhelmingly funded through their own budgets.⁵ We would encourage all schools to invest in mental health provision, and believe it should be a priority for catch-up funding. We would also encourage local NHS areas to use their increased funding to support in-school provision where they are struggling to increase the capacity of their own.
- c) **Senior Mental Health leads.** Mental health leads are being trained up in some schools to help develop a ‘whole school approach’ to mental health. This means mental health is embedded across all policies, training, curriculum, and staff practice, so that schools promote well-being across the board. So far £9.5million has been made available to train up 7,800 senior mental health leads in schools.

4) **Community mental health hubs so children can easily access help wherever and whenever they need it**

Community mental health hubs provide an informal, drop-in mental health service alongside other advice and services (such as a youth club or careers advisor). The model is based on the 60 Youth Information Advice and Counselling Centres already running, which in turn are inspired by the Headspace mental health hubs which have proved popular in Australia. Initial evidence suggests they are particularly good at engaging with children who are less able to access support within school or statutory services.⁶ The roll out should begin with areas with the highest level of deprivation. They should be delivered by Integrated Care Systems which are being established, with a requirement to work with existing voluntary provision, so that children don’t fall through the gaps between services. There should be a clear set of standards developed to accredit hubs, to ensure every child can expect high quality care wherever they go to access it.

5) **Improved Health Visiting services to help parents provide the right early start to help children thrive**

⁵ Supporting mental health in schools and colleges, *Department for Education*, 3rd August 2017, [link](#).

⁶ Counselling for young people and young adults in the voluntary and community sector: An overview of the demographic profile of clients and outcomes, *Psychology and Psychotherapy*, 2018, [link](#).

Throughout the Big Ask children told us about the importance of lifelong mental and physical health. The foundations for this are found in the first years of life. Health visitors can support parents and young children with many of these good foundations: early attachment, feeding, physical and emotional development issues. Health visitors are meant to offer five checks for every baby as they grow up, and additional support to some parents to respond to emerging issues. It is vital they can continue to provide this service.

However, our research shows health visitor to child ratios vary from 1:50 to 1:800 and the outcome of these constraints is that currently many of these checks are missed: 20% of the 2 and a half year checks are not completed. Some areas are reducing all but the new birth visit to a virtual contact or phone call, even though recent public health guidance recommended that not only should the five mandated visits be carried out face to face, but also suggest additional visits where necessary.⁷ To ensure the Government's guidance is applied across the country, local areas need sufficient funding through the Public Health Grant and to prioritise health visiting.

6) Measures to improve access to physical activity and healthy diets which will support both children's mental and physical health

To support children to live healthy, active and happy lives, we are calling for a range of measures to support healthy lifestyles in other policy papers as part of the Big Ask, such as the roll out of breakfast clubs and an extension to the Holiday Activities Fund.

⁷ Health Visiting and School Nursing Service Delivery Model, *Public Health England*, 2021, [link](#).