

## British Psychological Society briefing: Children and Young People's Mental Health and Psychological Wellbeing

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This briefing outlines the British Psychological Society's response to recent analysis and reports regarding the decline of children and young people's mental health and to the further development of MHSTs in response to this.

### **Children and Young People's Mental Health and Psychological Wellbeing**

New statistics from NHS Digital, released last year, show an increase in the prevalence of mental health difficulties in children and young people. This underlines that the current approach and funding model is not working. We need to prioritise prevention and early intervention using psychological approaches that are proven to work with children and their families, peers, schools and communities to address wider social factors. Psychological and social factors should be at the heart of all high level strategic planning in relation to mental health services. Action needs to be taken to address the societal factors that contribute to mental health difficulties, such as poverty and discrimination. Not only is this in the best interests of children and young people, but prevention is cheaper than cure.

The Children's Commissioner's report *The State of Children's Mental Health Services 2020/21* contains an overview of children's mental health services. These figures reveal just how many of our young people are affected by mental health conditions and how little is spent on their wellbeing. The report highlights areas that have failed to meet the most basic expectations NHS England set for children's mental health service. Moreover, it asserts that, *'CCGs that have consistently deprioritised children's mental health, ignored the needs of children and failed to meet the expectations of NHS England should face consequences.'*

This confirms what psychologists who work with this group have known for years - that the mental health challenges children and young people face are increasing and are escalating rapidly due to the pandemic.

### **Key Statistics (NHS Digital, 2020)**

- Rates of probable mental disorder have increased since 2017.
- In 2020, one in six (16.0%) children aged 5 to 16 years were identified as having a probable mental disorder, increasing from one in nine (10.8%) in 2017.
- Children and young people with a probable mental disorder were more likely to say that lockdown had made their life worse (54.1% of 11 to 16 year olds, and 59.0% of 17 to 22 year olds).

Hundreds of thousands of children are being left without the help they need. Damage to children and young people's mental health will last for years and if left untreated, there is a high probability that the issues, which develop from psychological distress now, will be taken into adulthood. The latest CO-SPACE data shows that people from low income families, single parent families, have even more elevated MH difficulties throughout the pandemic.

### **Prevention and the development of psychological wellbeing**

There needs to be much greater emphasis on **evidence based preventative measures**, reducing demand on primary and specialist services. Focusing work on children who are in school and who are recognised as having difficulties, is dealing with the tip of an iceberg. What is being seen in schools reflects the wider issues around children's development and psychological wellbeing in our society that has been further impacted by the pandemic. Trying to support individual children in isolation from their families and the systems that surround them will never meet the needs despite being an expensive model.

A systemic approach that seeks to provide the building blocks for positive development and minimise the risk factors means taking an ecological perspective, creating integrated systems of provision from the community upwards which sees psychological health woven into every part of children's lives. The psychological literature contains not just the theory but also the practical examples of how this can be achieved in practice.

When problems start to develop, we need accessible and culturally sensitive early intervention provision with quick access to specialist services for those who need it. Schools are a key part of this agenda, but it must be recognised that schools cannot be the only vehicle we use to reach children. For example, many troubled children are not in school or are excluded from school, the relationships between schools and some families are such that they are not trusted providers of help, so provision in schools needs to be part of a wider network and feeding into more specialist provision.

### **Workforce challenges**

Scaling up the mental health workforce has long been identified as a key challenge for the NHS in improving access to Mental Health Services and delivering the NHS Long Term Plan for children's mental health. The BPS is concerned about the workforce for children and young people. The Government roll out of the new Mental Health Support Teams (MHSTs) working in schools, is welcomed, but needs to be accelerated and extended – with 100% national coverage by 2026/7.

MHST is just one part of the workforce that is needed. We must consider a recruitment and retention strategy for NHS CYPMH services and consider the whole pathway of care needed for children and young people with mental health needs. There will be such major workforce challenges in the short to medium term that we need to think more creatively and systemically to make changes. There are many people who are already in touch with children in their daily lives, including education staff and parents who could be supported to understand more about what they can do to help. There are also opportunities to develop community peer support structures amongst young people and families who again can build community resilience that will have a positive impact on all children. Many retired and independent psychological professionals may be prepared to come back into the workforce to enable this type of approach to be scaled up.

### **Support and Supervision**

Support services for children and young people's mental health need to be integrated together as all parts of provision are interdependent. Mental Health Support Teams in School are one part of this provision. There are some good examples of Mental Health Support Teams. However, they urgently need to be expanded to cover all schools, properly integrated with the existing provision for children's mental health, and the issues of capacity addressed so that they are able to meet their remit. They need to be underpinned by the appropriate expertise including specialist mental health professionals with the skills and experience to provide child and adolescent CBT, as well as identify complex presentations of anxiety and depression, and co-occurring conditions (such as eating disorders).

Additionally, there is an urgent need for specialist services to address the impact of developmental trauma, Adverse Childhood Experiences (ACEs), and systemic factors as integral to understanding the support some children and young people with mental health difficulties need. The numbers of children who have suffered bereavement and traumatic experiences has increased significantly over the pandemic.

Skilled early assessment is a fundamental requirement for any successful work that will mean that the most appropriate form of intervention is used first. This may or may not be therapeutic in nature.

Applied Psychologists are the people who can undertake those assessments and provide support and supervision for the MHSTs. The Government should consider a more radical approach, which is to have sufficient numbers of applied psychologists, both clinical and educational, working more directly in schools

and leading the MHSTs. This professionally trained workforce would be the most suitably qualified and able to guide preventative and reactive measures).

### **A Comprehensive Cross-Departmental Strategy**

There should be a comprehensive a cross-departmental strategy that brings together all government bodies with responsibilities for areas of relevance to children health and wellbeing. This should be led by the Department for Health and Social Care and include the DfE, Department for Work and Pensions and Ministry of Housing, Communities and Local Government.

To be most effective, there is a need for a more family-focused, community-based approach that addresses the increased levels of couple conflict and family breakdown. This can be done, for example, through Couples Therapy and co-parenting interventions, building on the Reducing Parental Conflict work led by the DWP. This would strengthen the universal health visiting service which plays a crucial role in prevention and the early identification of families that would benefit from targeted support. This has been starkly highlighted during the Covid-19 pandemic when the identification of vulnerable families/referrals to safeguarding has reduced – yet non-accidental injuries and crisis calls for domestic abuse has dramatically increased. Working at the community level would empower local communities and schools to develop their own solutions to the problems in their area.

### **Rocket Boost in Funding**

All the money in the world for catch up on educational attainment will come to nought if children are not ready for school and/or are struggling with psychological, family, social or economic difficulties. The workforce to support children's mental health must be developed – including health visitors, nurses and psychologists in the mix.

We recommend that there should be:

- An initial rocket boost of funding to support children's mental health and wellbeing.
- A long term workforce investment strategy to ensure the support infrastructure for comprehensive provision is in place.
- A more radical approach, which is to have sufficient numbers of applied psychologists, both clinical and educational, working more directly in schools and leading the MHSTs.
- A wellbeing strategy which addresses societal factors which contribute to mental health difficulties.
- A comprehensive children and young people's health and wellbeing strategy, to ensure all children can thrive.
- An enhanced MHST to support every school in the country as part of an integrated model of provision for children, young people and families.

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### **About the British Psychological Society**

The BPS is the representative body for psychology and psychologists in the UK. We are responsible for the promotion of excellence and ethical practice in the science, education, and practical applications of psychology. We have over 60,000 members across the UK, ranging from students to qualified psychologists.

We support and enhance the development and application of psychology for the greater public good. We set high standards for research, education, and knowledge, and seek to disseminate these to increase wider public awareness of psychology and its importance. As part of this work, we want to ensure that the value of psychology to society is recognised by policymakers and used to inform policy development across government.

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