

23rd February 2018

Sent by email:

c/o Rachel.Seabrook@dh.gsi.gov.uk; Ann.GROSS@education.gov.uk;
Antonia.Williams@dh.gsi.gov.uk

Closing date: **Noon 2nd March 2018**

Dear Sir/Madam

Royal College of Nursing response to Green Paper: Transforming Children and Young People's Mental Health Provision

With a membership of around 435,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

Health Visitors, School Nurses and Children and Young People's Mental Health Nurses have a key role in promoting emotional health and well-being, supporting parents and families and other professionals, as well as caring for those that have identified mental health needs. In particular school nurses have a key role in working with teachers to build emotional resilience amongst children and young people, promoting a positive culture across schools, educating staff and participating in the delivery of Personal, Social and Health Education (PSHE) programmes¹.

¹ Royal College of Nursing (2017) School Nurse Toolkit, London: RCN

Many of our members have been waiting for the Green Paper and so we welcome the opportunity to respond to this important consultation. Our response has been informed by feedback from members at national and regional level.

Overall members have welcomed the Green Paper and the acknowledgement that children and young people's mental health has been recognised as an important issue, along with recognition of the needs of those already experiencing poor mental health, including the specific needs of 16-25 year olds.

Members have however raised significant concerns regarding the Green Paper, particularly around the age range covered and the lack of consideration of young children (0-5 years) and the importance of early intervention, including the important role of health visitors in supporting parents, families and young children to develop positive parent-child relationships. Evidence shows that holistically supporting families from the outset of parenthood (pregnancy) will bring about bigger impacts on the physical and mental health of children than trying to fire-fight established mental health difficulties in older children². As such members have suggested that the Green Paper should reflect the three stages of childhood – infancy, childhood and adolescence and that the use of phrases such as 'emotional wellbeing' and 'resilience' should be used rather than 'mental health' which creates a medicalised view from a very early onset.

Although mentioned in the Green Paper, members felt there was the need for greater recognition of the critical role of adverse childhood experiences in the development of mental illness and the need for identification and early intervention to avoid adoption of negative coping mechanisms such as substance use or self-harm³. Many members highlighted there was a need to include the needs of the most vulnerable and deprived children and young people, including for example young offenders, looked after children, those with learning disabilities, victims of crime i.e. sexually exploited, young carers and LGBT young people. Overall it was felt that there was a need for a greater focus on prevention and promotion of positive mental health, including drawing upon the existing body of research into the importance of the first 1001 days as a basis to commit to the prevention of mental illness (i.e. the evidence base in the Green Paper only includes that related to 2-18 years)^{4,5}.

² Center on the Developing Child at Harvard University, 2016 <https://developingchild.harvard.edu/>

³ Hughes et al, (2017) The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis, *Lancet Public Health*, **2**, e356–66

⁴ The 1001 Critical Days The Importance of the Conception to Age Two Period <http://www.wavetrust.org/our-work/publications/reports/1001-critical-days-importance-conception-age-two-period>

⁵ Leach, P. (2017) *Transforming Infant Wellbeing: Research, Policy and Practice for the first 1001 critical days*, Routledge

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and nursing, promotes
excellence in practice and
shapes health policies*

It was felt that any new research proposals commissioned by the Government should build on existing evidence along with consideration of a focus on mechanisms underpinning the impact of interventions (i.e. more research is needed on the interventions that could improve outcomes for children and which aim to support strengthening the parent-infant relationship in pregnancy and infancy, for those children and young people with a high number of adverse childhood experiences and the mechanisms that underpin interventions and their outcomes). Members highlighted the need to include an emphasis on interventions beyond those such as cognitive behavioural therapy, along with a focus on prevention and measures to tackle the social determinants of mental health as important additions.

Many members commented on the importance of parenting programmes i.e. Triple P and others that have clear evidence base and evaluation, with marked differences in terms of skills and confidence of parents that access such programmes. Members report that by the age of 5 there are many children already demonstrating emotional and psychological needs and that if early intervention and consistent universal access to parenting programmes and the right level of health visiting support were provided it was felt the flow to Child and Adolescent Mental Health Services (CAMHS) would be stemmed. Some members also highlighted the need to teach parents about resilience and how to support their school aged child. While there are resources such as MindEd⁶ many parents and families are not aware of what is available locally or nationally.

Our members felt very strongly that there was a clear need for a national strategy for children and young people (physical and mental health), including early intervention and targeted investment⁷. Members also highlighted issues concerning how services and support for families are joined up nationally and locally, and the need to consider pre-school environments alongside schools. Overall there were concerns that the Green Paper emphasised the lack of integration and fragmentation across Government policy in respect of children and young people's mental health, while acknowledging the recent announcements in respect of perinatal and maternal mental health and activity in respect of first 1001 days. Some members have questioned whether children's wellbeing and mental health should be aligned with safeguarding in terms of responsibility at local level.

In respect of mental health support teams members highlighted that the workforce to establish should be an increase in children's and young people's mental health staff.

⁶ MindEd <https://www.minded.org.uk/>

⁷ Heckmann (2006) Invest in Early Childhood Development: Reduce Deficits, Strengthen the Economy <http://heckmanequation.org/content/resource/invest-early-childhood-development-reduce-deficits-strengthen-economy>

Experience from Improving Access to Psychological Therapies (IAPT) programmes demonstrated that commitment from commissioners to expand workforce capacity was not a guarantee that staffing establishments would increase or be sustained in the long term. Feedback from members indicates that there are significant concerns regarding the proposed child health and wellbeing practitioner, recognising that teachers already support children with low to moderate level need. It is felt this new practitioner is unlikely to have the knowledge, skill and competence level required to support head teachers either in terms of promoting a positive emotional and psychological wellbeing culture across the school, building resilience/or in terms of the support needed to intervene early (i.e. where access to a school nurse is the person they need) nor in terms of crisis intervention where access to a specialist children and young people's mental health nurse, child psychologist or child psychiatrist would be the required level of input.

Several members stressed the need for resilience and children and young people's emotional health and wellbeing to be built into PSHE programmes and for these to be mandatory, advocating that PSHE needs to be given greater priority within school curricula than is currently the case in many instances. From a nursing perspective school nurses have a key role in supporting schools in this regard. However local authorities need to recognise and commission sufficient school nursing service provision to meet the need in both primary and secondary schools.

The RCN has significant concerns in respect of decreasing school nurse numbers and the overall capacity of teams to provide the level of support and input needed to prevent and address the emotional and psychological needs of children and young people^{8, 9}. We note that the proposals include training a member of school staff, however we strongly believe this is woefully insufficient. Access to training, information and advice for schools should be for all staff and not just a single member of staff. In addition there needs to be consideration given to ongoing education and training, supervision and ensuring that staff in the voluntary sector also have the right knowledge and skills.

The introduction of a waiting time standard was welcomed by some of our members, however there is recognition that children and young people's mental health requires a whole system approach within often complex local funding and commissioning arrangements. Members reported that the testing of any standard must go beyond NHS-delivered 'specialist treatment' to include other providers, recognising and acknowledging the child's journey and response times across all stages and settings as critical to improving the management of demand and the appropriateness of referrals. Indeed robust evaluation of trailblazer sites was highlighted as being crucial,

⁸ Royal College of Nursing (2017) *The Best Start: The Future of Children's Health*, London: RCN

⁹ Royal College of Nursing (2018) *Left to chance: the health and care nursing workforce*, London: RCN

with the need for the evaluation to be well-funded and well-designed to enable evidence to be captured from the outset so as to inform the various stages of the implementation process. Indeed several members commented on the need for good data collection and enquired about the resources which the Government would put in place to enable all relevant providers to have the capacity to deliver high quality data returns.

In respect of resources and funding many members highlighted significant concerns regarding the current and any potential future funding envelope to address children and young people's mental health, with several questioning how the proposals would be integrated into existing local transformation plans. Some members felt the Green Paper proposals might be a further distraction from current activities or assume priority over other areas of delivery and local change currently underway to improve access to children and young people's mental health provision. Members have questioned how the Government would hold the adult sector which has the bulk of resources to account in the future, particularly as there are major issues with regard to transition of young people to adult mental health services^{10, 11}.

Members raised considerable concerns about the timelines of proposals and the need for urgent action around children and young people's mental health, with many highlighting that any proposals should be informed by children and young people's views and perspectives. It is unclear whether or how their views have been ascertained to inform the Green Paper proposals.

I hope that you find the above comments helpful

Yours sincerely,



Fiona Smith

RCN Professional Lead in Children and Young People's Nursing

¹⁰ Royal College of Nursing (2013) Lost in Transition, London: RCN

¹¹ Royal College of Nursing (2017) Provision of mental health care for adults who have a learning disability, London: RCN