

The Health Foundation's submission: response to the children and young people's mental health green paper consultation

The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.

Our aim is a healthier population, supported by high quality health care that can be equitably accessed. We learn what works to make people's lives healthier and improve the health care system. From giving grants to those working at the front line to carrying out research and policy analysis, we shine a light on how to make successful change happen.

We make links between the knowledge we gain from working with those delivering health and health care and our research and analysis. Our aspiration is to create a virtuous circle, using what we know works on the ground to inform effective policymaking and vice versa.

We believe good health and health care are key to a flourishing society. Through sharing what we learn, collaborating with others and building people's skills and knowledge, we aim to make a difference and contribute to a healthier population.

The Health Foundation and young people's mental health

The Health Foundation has a long history in supporting improvements in children and young people's mental health and believe that good mental health among young people is essential for a flourishing society. For example, in 2007 we funded a project¹ focused on improving the quality of mental health in schools through support and training for mental health nurses. Key elements of the project included collating and sharing training resources and developing peer support networks to enable school nurses to share learning and provide support to each other.

Since 2010, the Health Foundation has invested around £1.5 million in projects seeking to make improvements in child and adolescent mental health services. For example:

- In 2015/16, a team at Oxford Health NHS Trust led a project to help improve psychological care and outcomes for young people who self-harm. They implemented and evaluated a self-management smartphone app, specifically designed for young

¹ <http://www.health.org.uk/programmes/engaging-quality-primary-care/projects/improving-quality-mental-health-schools-quest>

people aged 12 to 17 who self-harm. The app, BlueIce², was co-produced with young people who had self-harmed and is designed as an adjunct to therapy. It includes a mood monitoring diary and a personalised self-help menu of mood lifting activities, including music and photo libraries, physical activities, audio-recorded relaxation and mindfulness exercises, identification and challenging of negative thoughts, and distress tolerance activities.

- Oxleas NHS Foundation Trust are currently developing a digital self-management platform³ to deliver evidence-based behavioural interventions for children with ADHD. As part of the platform, schools and GPs will be able to access a shared self-management record to help them to monitor a child's progress (project due to finish in April 2018).
- The FREED programme⁴, led by South London and Maudsley NHS Foundation Trust and currently supported through our Scaling Up Programme (2016-2018), has been shown to reduce waiting times for treatment and the duration of untreated eating disorders in young people (aged 18-25) who have had an eating disorder for less than three years. FREED interventions include a rapid screening and assessment protocol, evidence-based guided self-help interventions and psychological therapies for patients and carers, and an implementation toolkit for staff and services. This project builds on a pilot⁵ supported through our Shine 2014-15 programme. It aims to demonstrate the scalability of the FREED approach by implementing it across four specialist eating disorder services in Greater London and Yorkshire. The main objectives are to reduce waiting times for treatment and the duration of untreated eating disorders, improve treatment engagement and clinical outcomes, and demonstrate cost effectiveness.

We believe that a number of these projects contain learning relevant to the proposals in the Green Paper, particularly in ensuring closer cross agency working and taking a more holistic approach to mental health care and support.

In 2017, as part of our Healthy Lives Strategy, we launched a two-year inquiry⁶ into young people's future health prospects. This aims to better understand the lives of young people aged 12 to 24 today from the perspective of the social determinants of health and how these may impact their health, including their mental health in the future. We then aim to use this understanding to catalyse action to maximise young people's future health prospects. We would be happy to discuss these projects and learning from them in more detail, if helpful.

We provide answers to specific consultation questions, where relevant, below:

Question 1:

² <http://www.health.org.uk/programmes/innovating-improvement/projects/evaluating-blueice-%E2%80%93-innovative-app-young-people-who-self>

³ <http://www.health.org.uk/programmes/innovating-improvement/projects/self-management-digital-platform-children-and-young>

⁴ <http://www.health.org.uk/programmes/scaling-improvement/projects/freed-first-episode-and-rapid-early-intervention-service>

⁵ <http://www.health.org.uk/programmes/shine-2014/projects/first-episode-and-rapid-early-intervention-eating-disorders-freed>

⁶ <http://www.health.org.uk/collection/young-people%E2%80%99s-inquiry>

The core proposals in the green paper are:

- **All schools and colleges will be incentivised and supported to identify and train a Designated Senior Lead for Mental Health who will oversee the approach to mental health and wellbeing**
- **Mental Health Support Teams will be set up to locally address the needs of children and young people with mild to moderate mental health issues, they will work with schools and colleges link with more specialist NHS services**
- **Piloting reduced waiting times for NHS services for those children and young people who need specialist help**

Do you think these core proposals have the right balance of emphasis across a) schools and colleges and b) NHS specialist children and young people's mental health services?

The Health Foundation believes that good mental health is necessary for a prosperous and flourishing society. The proposals in the green paper mark a change in direction on young people's mental health, and rightly put a focus on prevention. However, despite this clear grasp of the problem, the focus of the suggested core proposals still remains on secondary prevention, detecting and treating issues early on, and not primary prevention, where mental good health would be valued and protected.

There is also not enough attention on the complex system that surrounds young people. The acknowledgement of the role of the education system is welcome and a Designated Senior Lead for Mental Health may have scope to influence a whole school approach, but there needs to be a whole system approach that looks at the wider determinants of long-term mental health for young people. And which understands and aims to not only change the factors that are causing mental health problems, but provide opportunities for young people to build the foundations of a mentally healthy future.

Last year we launched a **two-year inquiry** examining the future health prospects, including mental health prospects, of today's 12-24 year olds. We feel that, compared to early years particularly, there still little understanding of the importance of this period for long term health. There are already themes emerging on the importance of emotional support available during adolescence and the personal contacts that young people are able to build during that time. We are happy to share findings to date.

Question 4:

Trailblazer phase: A trailblazer phase is when we try out different approaches

Do you know of any examples of areas we can learn from, where they already work in a similar way to the proposal for Mental Health Support Teams?

We welcome the reference to the i-Thrive⁷ framework for children and young people's mental health (paragraph 38). The i-Thrive model encourages a more holistic approach to young people's mental health and wellbeing and targeted support based and their needs and preferences rather than a specific diagnosis of mental illness.

⁷ <http://www.implementingthrive.org/wp-content/uploads/2016/09/THRIVE-elaborated-2nd-edition.pdf>

A framework that focuses on the support the young people themselves identify as helping them to thrive rather than being determined by their diagnosis could provide a useful model for thinking about the scope and remit of the Mental Health Support Teams and how they can work collaboratively across health, education and other agencies. While originally developed by mental health professionals, the most recent version⁸ of the framework expands on how the team believes it can be used to support multi-agency working.

The implementation⁹ of the i-Thrive framework could also provide useful learning for the design and implementation of Mental Health Support Team trailblazers. The i-Thrive model is being implemented and rolled out across the UK in a number of ways, including through a set of 10 “Accelerator sites” as part of the National Innovation Accelerator programme, more than 70 Community of Practice sites and a larger number of Community of Interest sites. The team have developed a set of resources to support implementation which may also be useful to consider.

The Health Foundation is currently funding a large-scale project¹⁰ led by Tavistock and Portman NHS Foundation Trust to translate i-Thrive to a number of sites in north east London. We have also supported the team to develop option grids to support shared decision as part of the implementation and spread of i-Thrive. We would be happy to provide further information about this work if helpful.

Question 5:

Different organisations could take the lead and receive funding to set up the Mental Health Support Teams. We would like to test different approaches.

Which organisations do you think we should test as leads on this?

While we express no opinion on which organisation takes the lead, we strongly believe that establishing a model of co-operative interagency working will be an important part of this work, and we would recommend an approach that understands complexity is taken. By way of illustration, we would draw your attention to the SHAPE¹¹ (Supporting Health and Promoting Exercise) Programme that we supported. This offers a co-ordinated, multi-professional, 12-week wellbeing and exercise programme for young people with early psychosis and it is held in a youth-focused, socially-inclusive setting (and is featured in the NICE shared learning database¹²). A key lesson for the team was the benefits they gained from having a strong interagency project team, which has harnessed individuals’ knowledge and skills in the design, implementation, evaluation and promotion of the programme. The team has identified that the combination of academic and clinical expertise informed by participant feedback had an important role in the success of the programme. It might be helpful to consider how the many stakeholders, over and above the lead organisation – mental health teams, schools, children and young people and their families – can be involved from the outset in the design of the Mental Health Support Teams. This will help design an approach that will work in their local context and to ensure buy-in and ongoing support from all relevant parties.

⁸ <http://www.implementingthrive.org/about-us/the-thrive-framework/>

⁹ <http://www.implementingthrive.org/implementation-sites/>

¹⁰ <http://www.health.org.uk/programmes/scaling-improvement/projects/helping-young-people-thrive-person-centred-model-care-young>

¹¹ <http://www.health.org.uk/programmes/shine-2014/projects/supporting-health-and-promoting-exercise-shape-programme-young-people>

¹² <https://www.nice.org.uk/sharedlearning/shape-supporting-health-and-promoting-exercise-in-young-people-with-psychosis>

Question 7:

Mental Health Support Teams and Designated Senior Leads for Mental Health in schools and colleges will work closely together, and we will test this working through the trailblazer phase. Out of the following options how do you think we should measure the success of the trailblazer phase?

We would caution against single data points as measures of success of trailblazer sites, and suggest instead taking an approach that understands complexity. It is important that context is examined, rather than seeing interventions in isolation. Young people are within a complex system, which is made up of many statutory and non-statutory actors that will have an impact on whether they develop a mentally healthy future. Drawing on Dr Harry Rutter's work on complex systems models of evidence, the Health Foundation is bringing together key stakeholders to build a complex systems map of young people's mental health. Through a series of workshops, experts will collaborate to explore a vision for mental health, map the influencing factors and current trends, and identify opportunities for intervention. The aim of this work is to illustrate the need for a long term vision for young people's mental health, and to demonstrate the method of a complex systems approach to intervention. We are happy to share more details of this work.

We would also suggest at the very least there should be clarity at the outset on the purpose of data collection and measurement, including whether the focus is on process measures or outcome measures. It is also important that all individuals involved understand difference between using data to demonstrate impact, to drive improvement and for performance management. It is important that measurement meets the need of all stakeholders and is not imposing too much of a data collection burden.

Question 8:

Trailblazer phase: A trailblazer phase is when we try out different approaches. When we select areas to be trailblazers for the Mental Health Support Teams, we want to make sure we cover a range of different local factors. What factors should we take into account when choosing trailblazer areas?

We would suggest seeking areas which are interested in 'investing' in the long term mental health of the young people in their area as part of a wider programme of developing social and economic prosperity. Our hypothesis is that good health – by which we mean both physical and mental health – among the population within a given place is a necessary contributor to both the social and economic prosperity of that place; and conversely, that increased numbers of people living with life-limiting conditions in a place acts as a barrier to social and economic development. Following on from this, we hypothesise that 'upstream' measures targeting the wider determinants of health that support people to live longer and healthier lives are necessary for the promotion of social and economic development over the long term, much as investment in other aspects of infrastructure.

Through our 'social and economic value of health' work programme, we are funding a number of research projects exploring the impact of an individual's health on their long term social and economic outcomes. We are also interested in the role of health capital in a place including the relationship with the social and economic circumstances of that place. During 2018, we will be bringing together a group of interested stakeholders to form a community of interest to help us frame this issue and consider how it may be researched. We are happy to keep you updated on the progress of this work.

Question 9:

How can we include the views of children and young people in the development of Mental Health Support Teams?

It is important that children, young people and their families are involved from the outset and supported to work in partnership to co-design and deliver solutions that meet their needs and support the outcomes that matter to them. Our improvement programmes have shown time and again that involving patients as active partners from the outset can be crucial for success. While many projects seek to involve patients in their work, it is still rare for new services to be genuinely co-produced.

There are several models of co-production that might provide helpful frameworks in designing your approach to involvement and co-production in this work.¹³

We have also funded a range of projects that provide learning and insights into how children and young people can be involved as partners in the design and delivery of programmes intended to improve their mental health and wellbeing. For example, one large-scale project¹⁴ we supported, led by University College London and the Anna Freud centre, sought to improve CAMHs services through shared decision making within four child and adolescent mental health services. The project had a strong focus on co-design and co-production with young people, working with the Common Room¹⁵.

Question 12:

How can schools and colleges measure the impact of what they do to support children and young people's mental wellbeing?

As mentioned above, we would caution against using single data points as a measurement of impact, and instead advocate an approach that understands complexity.

Question 19:

Please provide any evidence you have of the impact of interventions for children with mild to moderate mental health needs, as could be delivered by the Mental Health Support Teams. We are interested both in evidence of impact on mental health and also on wider outcomes such as education, employment, physical health etc.

The Green Paper makes brief reference to self-care (paragraph 78). This is an area that would benefit from greater focus in the Green Paper proposals. The work that the Health Foundation has done on person-centred care¹⁶ has highlighted many benefits for individuals and for services through a focus on supporting and empowering people to self-manage their long-term conditions. There is good evidence¹⁷ to show that supporting people with long-term conditions –including mental health conditions – to self-manage can lead to significant

¹³ <https://www.nsun.org.uk/faqs/4pi-national-involvement-standards;>
[http://coalitionforcollaborativecare.org.uk/a-co-production-model/;](http://coalitionforcollaborativecare.org.uk/a-co-production-model/)

¹⁴ <http://www.health.org.uk/programmes/closing-gap-through-changing-relationships/projects/shared-decision-making-child-and>

¹⁵ <http://commonroom.uk.com/about-us/>

¹⁶ <http://personcentredcare.health.org.uk/overview-of-person-centred-care/overview-of-person-centred-care/overview-of-person-centred-care/self>

¹⁷ https://www.nesta.org.uk/sites/default/files/at_the_heart_of_health_-_realising_the_value_of_people_and_communities.pdf

improvements in clinical and health outcomes. It can also lead to social outcomes such as improved relationships. The specific evidence base for self-management support for children and young people is still developing. We have funded several projects that have developed innovative ways to support children and young people with mental health conditions to self-manage (see above), which we hope will contribute to building the case for self-management support in this area.

We would also strongly recommend a greater recognition of the building evidence around adverse childhood experiences (ACEs), including the work of Dr Vincent Felitti. In terms of translating the findings into policy, we would recommend examining the work Public Health Wales are doing to understand this. The evidence is clear that ACEs affect not only long-term mental health, but also long-term physical health, so a proactive approach to promoting childhood resilience could not only have an impact of incidence of mental illness, but also of incidence of physical illness.

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