General Election 2019
An analysis of manifesto plans for education

Priority 8: Children and young people's mental health

Jon Andrews, Emily Hunt, Bobbie Mills and Felix Bunting

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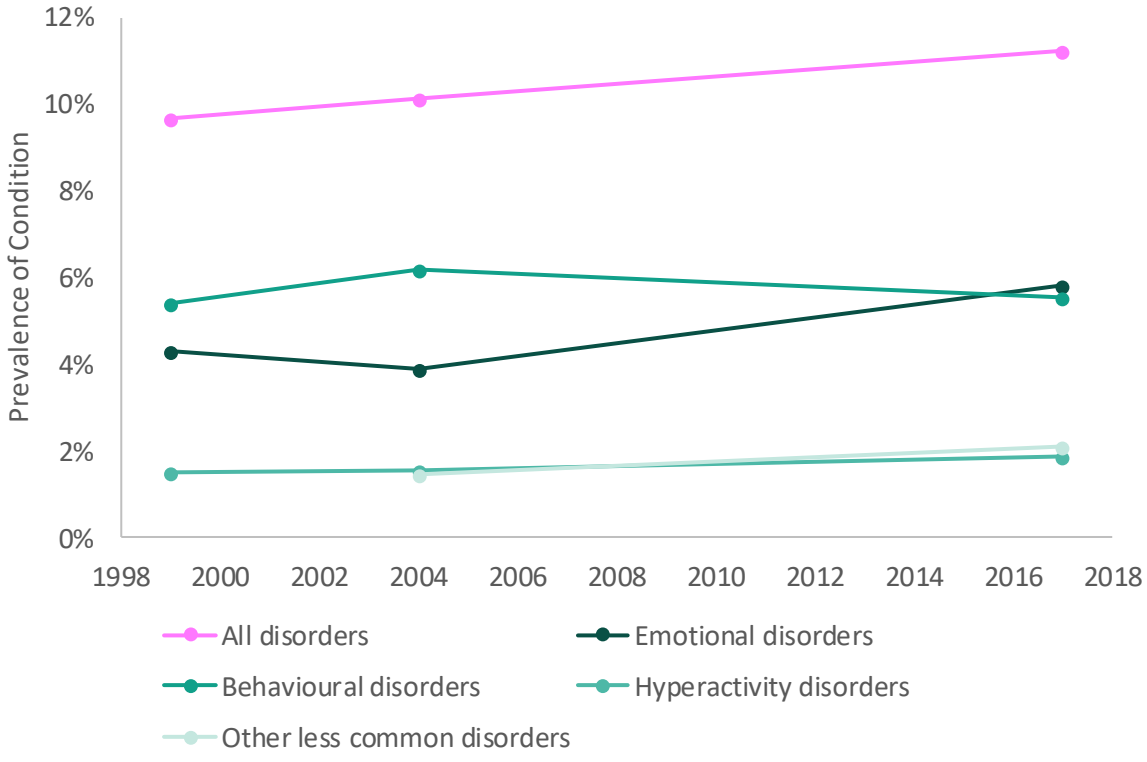
The number of referrals to specialist children's mental health services has increased by 26 per cent over the last five years. But rejection rates remain high: as many as one in four children referred to specialist mental health services were rejected in 2017/18. W**aiting times are far longer than the government's ambition of 4 weeks.** As well as the effect on individuals, failure to address these challenges will present significant long-term economic impacts.

The current landscape

Recent trends in mental health

NHS research shows that mental illness rates among 5 to 16 year-olds have increased from 10.1 per cent in 2004 to 11.2 per cent in 2017.[1] The increase has been led by emotional disorders, which increased by 1.9 percentage points to 5.8 per cent in this time period. Rates are higher among older children and young people (CYP), reaching 16.9 per cent among 17 to 19 year-olds.

Figure 8.1: Prevalence of mental illness amongst 5 to 16 year-olds



High and increasing rates of mental illnesses among CYP are concerning and may reflect a combination of factors. While increases in referral rates are affected by changing attitudes to mental health, the trends presented here reflect estimates of the underlying rates of prevalence.

[1] NHS Digital, *'Mental Health of Children and Young People in England, 2017 [PAS]',* (November 2018)

Relationship with other characteristics

Socioeconomic disadvantage is a significant factor in mental health, with disadvantaged young people being at between two and three times higher risk of developing an illness.[2] Socioeconomic disadvantage can be a direct psychological stressor, through poor housing or unsafe neighbourhoods. Furthermore, gang violence[3], inter-parental conflict,[4] and not being in education, employment or training (NEET)[5] were identified by a government green paper as linked to mental health problems and are all more common among disadvantaged young people.

The link between disadvantage and mental illness indicates that the increasing rate of child poverty is concerning. Child poverty is expected to rise by over six percentage points between 2016-17 and 2023-24, 37 per cent, representing an additional 1.1 million children living in poverty.[6] The increase would be felt by children from specific backgrounds particularly strongly, with over half of children in single parent families or families where no-one is in work predicted to be in poverty by 2023-24.

Beyond socioeconomic disadvantage, mental illness among CYP is concentrated within other structurally disadvantaged demographics. Rates are higher among girls and LGBT youths, and among people with learning difficulties.[7] [8] There are also higher rates among children with long term illnesses and with physical and developmental problems, and the comorbidity of different mental health conditions is higher among children from lower income households.[1]

Student mental health

Levels of reported mental health issues are increasing among the student population. Approximately two per cent of UK-domiciled first-year HE students disclosed a mental health condition in 2015/16, five times the proportion in 2006/07.[9] A recent survey also indicated increased demand for counselling services.[9]

Consequences of poor mental health include academic failure, worse career prospects and even suicide. Student suicide rates have increased by 52 per cent since 2000/01, reaching 4.7 per 100,000 of the population in 2016/17 – indicating an increase in both disclosure and prevalence of mental health issues.[10] Men are overrepresented among student suicides.[11]

Several factors have been suggested as contributing to the rise in mental ill health among students, such as academic stressors and rising participation among young people from disadvantaged

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[2] Franziska Reiss, *'Socioeconomic Inequalities and Mental Health Problems in Children and Adolescents: A Systematic Review'*, (August 2013)
[3] P. Attree, *'Growing up in Disadvantage: A Systematic Review of the Qualitative Evidence',* (November 2004)
[4] Daniel Acquah et al., *'Inter-Parental Conflict and Outcomes for Children in the Contexts of Poverty and Economic Pressure',* (April, 2017).
[5] Becci Newton and Jonathan Buzzeo, *'Overcoming Poverty and Increasing Young People's Participation',* (March 2015)
[6] Corlett Adam, *'The Living Standards Outlook 2019 Resolution Foundation',* (February 2019)
[7] National Guideline Alliance (UK), '*Mental Health Problems in People with Learning Disabilities: Prevention, Assessment and Management',* (September 2016)
[8] Victoria Zamperoni, *'What New Statistics Show about Children's Mental Health',* (November 2018)
[9] Craig Thorley, *'Not by Degrees: Improving Student Mental Health in the UK's Universities',* (September 2017)
[10] Whitney Crenna-Jennings and Jardelle Johnson, *'Prevalence of Mental Health Issues within the Student-Aged Population',* (September 2018)
[11] House of Commons Library, *'Support for students with mental health issues in higher education in England'*, (August 2019)

backgrounds who are more at risk of mental health issues. Research suggests high financial concerns are also linked to poor student mental health.[12,13]

Concerns have been expressed about the availability of support for students with mental health conditions and the response of HE institutions to the problem. There is also no standardised HE equivalent to education, health, and care plans, meaning the level of support varying significantly between providers.

Likely consequences

If the government continues failing to meet these challenges, there are likely to be significant negative consequences. For example, our research shows 27.0 per cent of pupils with the SEN type *Social, emotional and mental health* (SEMH) undergo an 'unexplained exit' during their time in school.[14] Similarly, rates for exclusions for these students are 1.02 per cent for permanent exclusions and 46.26 per cent for fixed period exclusions, compared to national averages of 0.10 per cent and 5.08 per cent respectively.[15] 1.3 per cent of CYP with mental illnesses come into contact with youth justice services, compared to 0.03 per cent of those without.[1]

DfE statistics confirm that students with SEMH needs perform worse in their GCSE qualifications, with only 25.7 per cent achieving a level 4 or above in English and mathematics at GCSE, compared with a national average of 64.2 per cent.[16] Using Attainment 8 (a more rounded measure of GCSE performance), children with SEMH have an average score of 25.9, compared to 46.5 for the national average.

Child mental ill health is a strong predictor for mental health problems in later life. Among adults with a diagnosable mental health conditions, 75 per cent will have first presented symptoms by age 24 and 50 per cent by age 14.[17]

In terms of the broader economic and social impacts, a 2018 OECD report calculates the cost to the UK of mental ill-health at £94 billion.[18] This represents four per cent of national GDP, including the impact of lowered employment and productivity, and costs of treatment and associated social care.

Unmet need

The consequences of rising rates of mental ill health illustrate the importance of a system which functions appropriately and effectively. Despite this, EPI's most recent report found significant areas of unmet need within the current system, with almost one in four children referred to specialist

[12] Richard Cooke et al., *'Student Debt and Its Relation to Student Mental Health',* (February 2004)
[13] Donna C. Jessop, Carolina Herberts, and Lucy Solomon, *'The Impact of Financial Circumstances on Student Health',* (September 2005)
[14] Jo Hutchinson and Whitney Crenna-Jennings, *'Unexplained Pupil Exits from Schools: Further Analysis and Data by Multi-Academy Trust and Local Authority',* (October 2019)
[15] Department for Education *'Permanent and Fixed Period Exclusions in England 2017 to 2018'*, (August 2019)
[16] Department for Education, *'Key Stage 4 and Multi-Academy Trust Performance 2018 (Revised)'* (January 2019)
[17] Mental Health Foundation, *'Fundamental Facts About Mental Health',* (October 2015)
[18] Sarah Bosely, *'Mental illness costs UK £94bn a year, OECD report says',* (November 2018)

mental health services in the year 2017/2018 being rejected.[19] Waiting times are similarly concerning, with a median wait of 34 days for an initial assessment and 60 days for treatment.

Staffing within CAMHS is another area facing significant strain. There are concerns around failing to meet standards on reliance on permanent workforce staff and on minimum staff to patient ratios. Recruitment problems do not relate exclusively to finances - there is a vacancy rate of 12.14 per cent among child and adolescent roles within psychiatry in English NHS trusts, one of the highest among psychiatry specialisms. This is compounded by a comparatively high dependence on locum staff.[20]

Children's services are also under significant pressure. Since 2010-11, spending on children's services has fallen by 10 per cent in real-terms.[21] As local authorities are devolved, the levels of provision are not standardised.

Recent policy focus

The 2018 government green paper *Children and Young People's Mental Health Provision* discussed the identification of a designated senior lead for mental health within schools, correctly recognising the role of schools within the young people's mental health system. As the green paper suggests school be incentivised rather than required to do this, provision will vary by school. The green paper also aims to improve waiting times, with a target of halving average waiting times to four weeks.

The proposals put forward in the green paper fail to address sufficiently the recruitment and funding barriers currently facing the sector. Staffing problems do not exclusively relate to funding concerns and the green paper fails to address these through a recruitment and retention strategy.

Common to all these core proposals are under-ambitious timescales, with a target of between one fifth and one quarter of the country having these improvements by the end of 2022/23. As current levels of unmet need are high, these plans do not act quickly enough to support the many young people whose welfare and educational attainment are negatively impacted by poor mental health.

Priorities for an incoming government

Research suggests that polices should:

- **provide a robust funding model which matches current prevalence levels** and changes in line with alterations to standards on treatment and waiting lists, and underlying risk factors;
- **reduce the time spent waiting for treatment**, including the necessary changes to workforce policy to ensure this; and
- **establish a preventative and early intervention based approach to mental health care**, involving schools, parents and local authorities

Manifesto commitments

Mental health is an increasingly high-profile issue, with multiple political parties discussing the importance of establishing a parity of esteem between mental and physical health conditions.

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[19] Whitney Crenna-Jennings and Jo Hutchinson, *'Access to Children and Young People's Mental Health Services - 2018',* (October 2018)
[20] Royal College of Psychiatrists, *'Our Workforce Census',* (October 2019)
[21] Jack Britton, Christine Farquharson, and Luke Sibieta, *'2019 Annual Report on Education Spending in England'*, (September 2019)

Despite its significance however, commitments made by political parties often tend to be vague or exhibit a piecemeal approach, a problem when many areas of the existing system exhibit significant levels of unmet need. Whilst a lot of political focus is on children and young people's (CYP) mental health, most of the detailed policy changes present within the manifestos tend to focus on mental health or the NHS more broadly, not recognising the unique aspects of how the system works for children and young people.

National targets

The Conservative manifesto makes no reference to reducing waiting times or other national standards in CYP mental health, suggesting a commitment to current government policy. This includes a commitment that at least 345,000 additional children or young people will receive mental health support (including via school-based teams) by 2023-24.

In terms of changes to national standards, Labour focuses on eating disorders, committing to meeting NICE guidelines for these conditions and providing sufficient funding to do so. The focus on eating disorders specifically is similar to the NHS Long Term Plan, and whilst improvements in any treatment area are positive, focusing on one group of conditions is not necessarily the best strategy. This is because there are many mental health problems which affect young people at high rates and with serious consequences, with illness types being linked to different areas of vulnerability or disadvantage.

One of the most quantifiable pledges specific to CYP mental health made by any of the main parties is the Liberal Democrats' pledge to ensure that NHS treatment is provided to all children and young people with a diagnosable mental health condition, a significant increase compared to current treatment rates. A less specific commitment to introduce further mental health waiting time standards is also made, with children's services being one of the first areas to see these increased standards. They also suggest increasing access to a range of talking therapies, though little detail is given on the scale of this.

The Green Party manifesto commits to ensuring that access to evidence-based mental health therapies has a maximum waiting time of 28 days, and mentions that provision should be tailored for, among other groups, children and adolescents. This is a positive move and for many children would represent a significant decrease from current waiting times.

There are only a small number of targets for treatment and waiting lists for children and young people with mental illnesses present in the parties' manifestos, many of which are insufficiently specific. This is concerning as a key tool in holding care providers to account is the extent to which they meet government guidelines. With our research consistently finding high levels of unmet need within CAMHS, it is notable that some manifestos do not quantify how they wish to improve services, with treatment rates, waiting lists, and care quality all being important areas to have standards on. It is also disappointing that none of the manifestos discuss how they would attempt to reduce the rates of children on adult mental health wards, a practice that we know is currently still used despite the adverse effect it has on children.

Funding

With the Conservative manifesto not making commitments around the funding of children and young people's mental health, we assume they remain committed to the current NHS Long Term

plan, involving CYP mental health funding rising at a rate higher than total NHS or mental health spending.

The Labour manifesto commits an additional £845m a year specifically for children and young people's mental health, with an additional £2bn on modernising hospital facilities across the NHS. This is a significant increase and the most specific commitment relating to funding made in any of the party manifestos. Greater detail on the breakdown of this funding and whether it will be ring-fenced is necessary.

The Liberal Democrats have committed to an increase of one percentage point on the basic rate of income tax to raise £7bn which will pay for some of their increased spending on health and social care. The manifesto states that some of this will be ring-fenced for mental health, a positive move, although there is no detail on what proportion of this additional amount will be ring-fenced for children and young people.

For the parties which have made commitments, it is unclear the extent to which the children and young people's area of provision within their funding policies on mental health is ring-fenced. It is also disappointing that no parties have attempted to link funding to levels of prevalence or risk factors. This is problematic as increasing prevalence levels will require increased care levels, and any funding model needs to respond to this appropriately.

If prevalence and referral rates continue to increase, it is likely there will be repeated funding pressures with service delivery problems due to staffing and training issues. Parties should aim to be more explicit about how much funding will be aimed at preventative measures and how this will be spent, as rising need may outstrip funding commitments and there are practical limits to spending on more psychiatrists in the near-term.

Neither the Green Party nor the Brexit Party have made specific commitments in this area.

Workforce

For all parties considered, any discussion of workforce policies has focused on policies at an NHS level, with little focus on the specific concerns facing children and young people's mental health. This is concerning as this area faces acute challenges within the NHS workforce, and sector-specific solutions alongside more large-scale policies are likely to be necessary. In particular, the lack of qualified psychiatrists working within CAMHS is a concern and one which requires urgent action in addition to a longer-term commitment to training larger numbers.

School Policy

Labour has stated it wishes to employ almost 3,500 counsellors to be based within schools, in an attempt to guarantee that children have access to counsellors. The manifesto is unclear on the cost of this policy and where this funding comes from, whether it reflects part of the increased spending on mental health or an increased financial burden on schools. This is in combination with establishing "open access mental health hubs". Locating more mental health professionals within the education system could help to reduce reliance on acute care, which is likely to be positive.

The Liberal Democrats aim to ensure all frontline public service professionals are better trained in mental health, alongside introducing a Student Mental Health Charter which focuses on ensuring that all universities and colleges provide appropriate mental health provisions. Whether either of

these policies are effective is likely to depend on the details of the charter and the staff training, and how they are enforced and funded. They also want to ensure that there is immediate access to student support and counselling, and suggest moving to a 'whole-school' approach to mental health.

The Liberal Democrats and Labour both commit to removing some elements of the formal examination system, citing student and staff wellbeing among other issues. Proposed alternatives to these tests need to make sure they do not undermine school accountability which could see a drop in school standards disproportionately affecting pupils from disadvantaged backgrounds.

Behaviour policy is an important area, as a punitive behaviour management system may be linked to increased risk of mental health problems.[22] Furthermore, unmet SEND needs may manifest as poor behaviour.[23] There are comorbidities between mental health problems and other areas of SEND, and a whole school approach would need to recognise these.

Early-intervention

Labour has committed £1 billion extra to public health, including employing 4,500 more health visitors and school nurses and adding mental health assessments to maternal health checks six weeks after birth. It is also seeking to expand provision for looked after children or those whose family circumstances put them at increased risk of entering care. The Liberal Democrats propose a new Minister for Wellbeing, whose remit will include work towards reducing rates of Adverse Childhood Experiences, a useful area in terms of reducing acute risk factors in the development of mental illnesses.

The integration of mental health checks into the pre-existing health system is likely to be a positive move if it can be done successfully. It is also good to see specific policies to support vulnerable children and young people by targeting known risk factors in mental health problems, although the success of all these areas of intervention is likely to depend significantly on whether they can be implemented with an appropriate funding model and workforce.

Analysis by the Resolution Foundation suggests that the main parties commitments to social security spending will not lead to a reduction in child poverty and may even result in significant increases.[24] This suggests that none of the parties are taking sufficiently strong steps in challenging the occurrence of a key risk factor in the development of mental illness within children and young people.

Beyond specific health-based initiatives, any policy proposals which are likely to reduce child poverty, exposure of young children to crime, and other similar risk factors are likely to be a positive form of early intervention. Our analysis is, however, limited to early-intervention and preventative measures which are based within the health or education system.

Overall assessment

Whilst any commitment to increased staffing, support or funding has the capacity to be positive, all parties have failed to sufficiently recognise the broader problems within children and young people's

[22] University of Exeter, *'Exclusion from school can trigger long-term psychiatric illness',* (July 2017)
[23] Department for Education, *'Special educational needs and disability code of practice: 0 to 25 years',* (January 2015)
[24] Laura Gardiner, *'The shifting shape of social security'*, (November 2019)

mental health. A piecemeal approach of targeting certain areas of the system is unlikely to be effective without an overarching strategy where every area of the sector, including areas outside the formal health and education system, such as LAs, is held accountable.

The Conservative manifesto has mentioned little in terms of concrete policy changes linked specifically to children and young people's mental health, particularly with regards to funding and national targets. A lack of changes to national targets is likely to continue to leave larger levels of unmet need. There is little discussion of early intervention, and the possibility that child poverty rates would increase is concerning due to its effect on prevalence.

Both Labour and the Liberal Democrats are more explicit in their funding strategies and appear to pledge additional funding for mental health, although both are unclear on ring-fencing and how this will be shared within the system, meaning more detail is needed to assess the effect of this upon the system. In particular, it is important to know how this funding is split between acute care and early intervention or preventative measures and the targets and accountability for these measures. The lack of a specific workforce policy from any party is concerning.

Labour and the Liberal Democrats both have specific policies for mental health within schools which is positive, and recognise the importance of both mental health professionals in these settings and wider workforce being skilled in mental health.

The Green party's commitment to a target of 28 days for access to evidence-based mental health therapies is positive, but without specific policies on funding or the workforce, this is likely to be challenging to achieve. A lack of focus on early intervention means the system would remain skewed towards responding to high prevalence rates of illness, as opposed to reducing these rates.

The Brexit Party at no point discuss mental health in their election contract.