



Rethink
Mental
Illness.

Towards a cohesive whole:

why we need a long-term vision for children
and young people's mental health services



Introduction

We are witnessing a mental health crisis among children and young people in England

Over the last decade, there has been a concerning rise in the number of young people suffering with mental health disorders in England. Data from NHS England reveals that one in five children and young people (CYP) aged eight to 25 had a probable mental health disorder in 2023¹.

The Children's Commissioner reports that there are around 1.4 million CYP in England today living with a mental health disorder². The number rose during and after the pandemic³.

Whereas it has stabilised over the past few years and access to services has increased, the health system continues to struggle to keep pace with demand, leaving many young people without support. Overwhelmed systems have led to a treatment gap in children's mental health services with almost half of children and young people's mental health needs remaining unmet⁴. This has severe consequences for young people, their families, and communities, now and in the future.

Why we need a whole-system approach to care for children and young people

The government's existing pledges around children and young people's mental health show that it recognises the seriousness of the youth mental health crisis. This report sets out how the government can build on these commitments and the progress made in recent years to close the treatment gap and keep more children and young people out of hospital.

By fully implementing a whole-system approach to community care for children and young people, the government can:

- reduce the immediate pressure on the NHS by providing the right support at the right time
- support better life outcomes
- prevent the escalation of mental health issues, which in turn will reduce the long-term burden on the healthcare system.

1 [Mental Health of Children and Young People in England, 2023 - wave 4 follow up to the 2017 survey - NHS England Digital](#)

2 [Children's mental health services 2022-23 | Children's Commissioner for England \(childrenscommissioner.gov.uk\)](#)

3 [Mental Health of Children and Young People in England 2022 - wave 3 follow up to the 2017 survey - NHS England Digital](#)

4 NHS England (2024) - [Mental Health Services Monthly Statistics - Performance March 2024 \[delayed from 9 May 2024\]](#)

About this report

This report breaks down the treatment gap by focusing on three cohorts:

- 1) **Young people stuck on waiting lists:** children and young people who wait for long periods to get support from Child and Adolescent Mental Health Services (CAMHS).
- 2) **The missing middle:** children and young people who do not meet the eligibility threshold for CAMHS but whose needs are too complex for school-based support or early access hubs.
- 3) **Young people who disengage during the transition to adult's services:** young people who discontinue their care against clinical advice during or soon after their transition to adult mental health services.

It then outlines a whole system community care approach for children and young people that builds on the pledges already committed to by the government and draws on lessons from early successes in the community mental health transformation for adults.

About Rethink Mental Illness

Rethink Mental Illness is the charity for people severely affected by mental illness. They are at the heart of everything we do.

Online, over the phone and face-to-face, we provide services that support and empower people to live and thrive independently in their communities. We also provide local peer support groups across the country to help people living with mental illness and their carers support each other, grow in confidence, and take greater control of their lives.

We campaign on a local and national level to ensure people severely affected by mental illness are listened to, treated fairly, and have easy access to the health and social care services they need.

We also work to elevate the voices of people with lived experience, including children and young people, in local health systems to create communities that genuinely care for the wide range of people we support.

Rethink Mental Illness is one of four charities that make up Mental Health UK. Mental Health UK delivers Bloom and Your Resilience - young people's programmes that help equip 14-18-year-olds with the tools and knowledge to support their mental health through life's transitions, both now and in the future.



The treatment gap in children and young people's mental health

The treatment gap refers to the difference between the number of people needing mental health care and those receiving it.

Almost half of young people in England who need help are not receiving it

According to the most recent NHS access data, 795,000 children and young people received at least one contact from children and young people's mental health services in the past 12 months⁵. This represents around 55% of children and young people with mental health needs. It shows a notable improvement compared to the Long Term Plan baseline figure of 514,000 recorded in 2019⁶. However, analysis of earlier data by the Children's Commissioner showed that smaller numbers (only 21.7%) receive a second contact⁷, suggesting fewer numbers are receiving further support.

Under the NHS Long Term Plan⁸, NHS England has worked towards a goal to close the treatment gap in Children and Young People's (CYP) mental health. Notable progress has been made thanks to increased investment and a range of transformation initiatives, as well as building on previous work including through CYP IAPT, Future in Mind⁹, and the Transforming CYP MH Provision Green Paper¹⁰.

The 10-Year Health Plan will steer future direction. To address remaining gaps in care, this must centre strong collaboration between the NHS and rest of the CYP mental health sector, backed by sufficient resourcing.

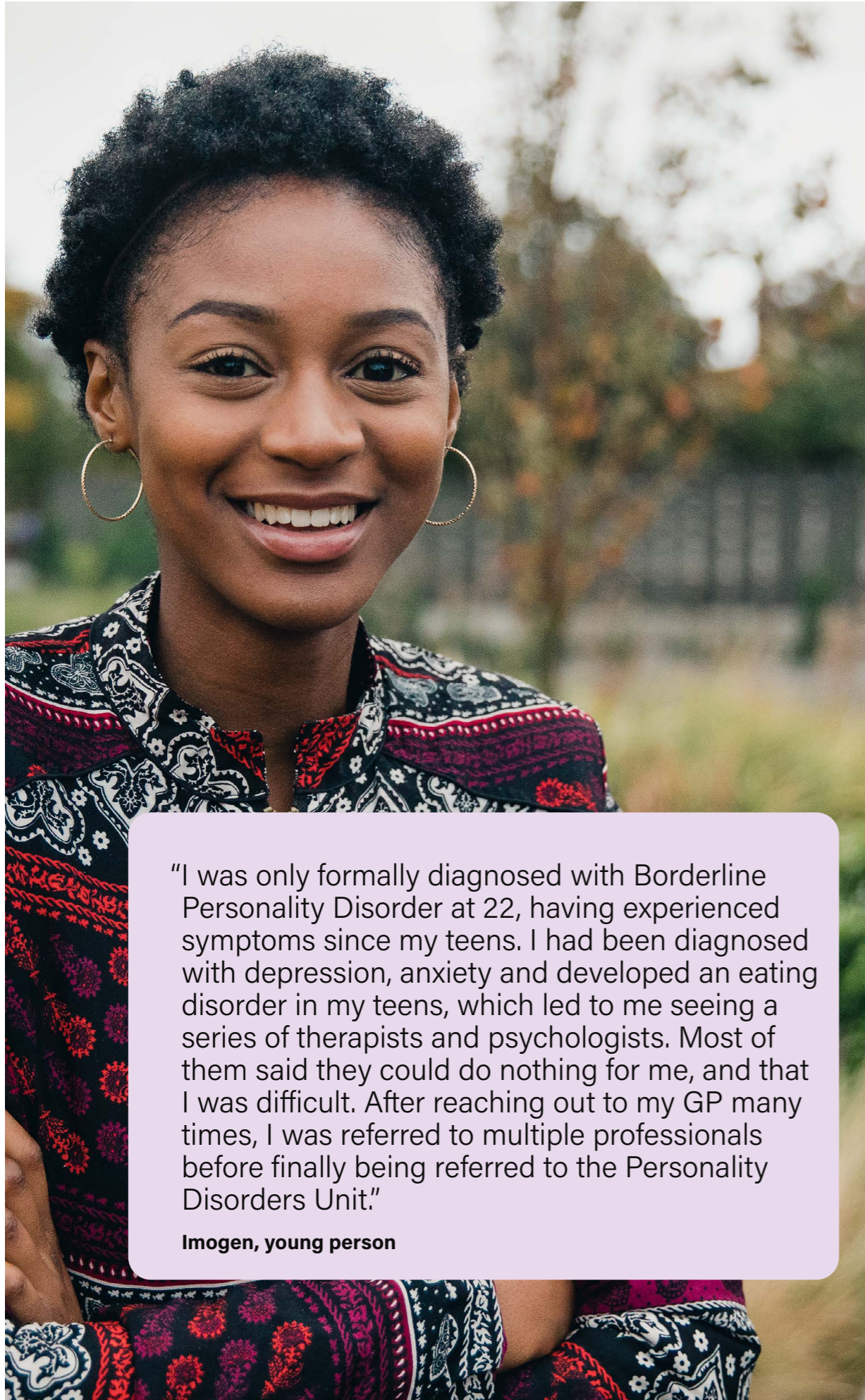
Who is missing out?

There are children and young people across the full spectrum of mental health needs who are not receiving adequate support. Identifying the specific groups of young people who are missing out on care can be challenging due to a lack of publicly available data. However, the available information suggests that some young people face greater barriers to accessing timely and adequate mental health support.

The Children's Commissioner report on children's mental health services revealed that:

1. Children under the age of 13 typically wait the longest for treatment.
2. Boys and males tend to wait longer on average for their second contact than girls.
3. White children and young people make up the majority (62%) of those entering treatment. This may indicate that young people from ethnically minoritised backgrounds are experiencing barriers to accessing care.
4. CYP with neurodevelopmental disorders often have some of the longest waits¹¹.

5 NHS Digital (2024) [Mental Health Services Monthly Statistics, Performance June 2024 - NHS England Digital](#)
6 [NHS England Digital - Number of children and young people supported through NHS funded mental health](#)
7 Children's Commissioner for England (2024) [Children's mental health services 2022-23](#)
8 NHS England (2019) [NHS Long Term Plan](#)
9 DoH, NHS England (2015) [Future in mind](#)
10 DoH, Department for Education (2017) [Transforming children and young people's mental health: a Green Paper](#)
11 Children's Commissioner for England (2024) [Children's mental health services 2022-23](#)



“I was only formally diagnosed with Borderline Personality Disorder at 22, having experienced symptoms since my teens. I had been diagnosed with depression, anxiety and developed an eating disorder in my teens, which led to me seeing a series of therapists and psychologists. Most of them said they could do nothing for me, and that I was difficult. After reaching out to my GP many times, I was referred to multiple professionals before finally being referred to the Personality Disorders Unit.”

Imogen, young person

The following section focuses on three cohorts of children and young people with moderate to acute mental health needs who appear to be falling through service gaps in large numbers.

1. Children and young people who wait for long periods to get support from Child and Adolescent Mental Health Services (CAMHS)

All children and young people on waiting lists for CAMHS are, by definition, part of the treatment gap population, but some young people wait much longer than others to receive support. Waiting times have received much public attention in recent years with multiple policies aimed at reducing them¹², but even so, long waits remain a serious problem for many children and young people in England.

The Mental Health Clinically-Led Review of Standards proposed an access standard for children and young people to start receiving help within four weeks from request for service¹³. The median wait time for young people who've received a first contact is two weeks. However, those still waiting face a median wait of six months - 13 times longer. The 10% of children with the longest waits, who haven't yet received help, have been waiting for over two years¹⁴.

The Department of Health and Social Care has highlighted that the waits faced by children and young people with mental health needs are significantly longer those awaiting treatment for a physical health issue¹⁵.

Some studies have explored the experiences and implications of lengthy wait times. Their findings suggest:

- Children and young people feel left behind and abandoned while sitting for extended periods on waiting lists¹⁶.
- Long waiting times can influence engagement with services, deterring families from seeking help¹⁷ and negatively impacting engagement with therapy^{18 19 20}.
- Mental health can deteriorate while a person is waiting for help²¹.

“Depression’s impact extended beyond my inner world, affecting my relationships, home life, and education. Seeking support required courage. I vividly remember the day I mustered the strength to talk to my school counsellor, who recognised the severity of my struggles and was also connected to CAMHS (Child and Adolescent Mental Health Services).”

Sara, young person

- 12 GOV UK (2017) [Transforming children and young people's mental health provision: a green paper](#)
- 13 NHS England (2022) [Mental health clinically-led review of standards](#)
- 14 NHS England (2024) [Mental Health Services Monthly Statistics, Performance March 2024 \[delayed from 9 May 2024 due to operational issues\]](#)
- 15 DHSC (2024) [Letter to the Public Accounts Committee \(4 February 2024\)](#)
- 16 University of Nottingham (2022) [Waiting for Access Into Treatment “WAIT” study: an exploration of current interventions offered to children and young people on CAMHS waiting lists](#)
- 17 Reardon, T., Harvey, K., Young, B. et al. (2018) [Barriers and facilitators to parents seeking and accessing professional support for anxiety disorders in children: qualitative interview study. European Child and Adolescent Psychiatry 27, 1023–1031](#)
- 18 Sherman, M.L., Barnum, D.D., Buhman-Wiggs, A. et al. (2008) [Clinical Intake of Child and Adolescent Consumers in a Rural Community Mental Health Center: Does Wait-time Predict Attendance?. Community Mental Health Journal 45, 78–84](#)
- 19 Westin, A.M.L., Barksdale, C.L. & Stephan, S.H. (2014) [The Effect of Waiting Time on Youth Engagement to Evidence Based Treatments. Community Ment Health J 50, 221–228](#)
- 20 Punton G, Dodd AL, McNeill A (2022) [‘You’re on the waiting list’: An interpretive phenomenological analysis of young adults’ experiences of waiting lists within mental health services in the UK. PLoS ONE 17\(3\)](#)
- 21 Punton G, Dodd AL, McNeill A (2022) [‘You’re on the waiting list’: An interpretive phenomenological analysis of young adults’ experiences of waiting lists within mental health services in the UK. PLoS ONE 17\(3\)](#)



2. The 'missing middle'

Children and young people whose needs are not considered acute enough for Child and Adolescent Mental Health Services support but whose needs are too complex for school-based services are known as the 'missing middle'. These young people fall through the gaps as there is a lack of services designed to meet their needs. It is difficult to get an accurate estimate of the size of the group, but it is possible that a share of the 373,000 young people whose referrals were rejected by CAMHS in 2022-23 make up part of the 'missing middle'²².

In terms of directly addressing need, Mental Health Support Teams (MHSTs) were established with the intention of supporting children and young people to manage common mental health problems, such as anxiety and depression²³. MHSTs are being rolled out ahead of schedule and are on track to reach 50% of pupils by spring 2025²⁴. There is evidence that these teams can sometimes be scaled up with specialist practitioners to bridge the gap and support young people in the 'missing middle'. However, the availability of these specialist practitioners is not necessarily widespread and is therefore likely to vary by location as things stand.

3. Children and young people who discontinue their care against clinical advice during or soon after their transition to adult mental health services

Transitions from CAMHS to Adult Mental Health Services (AMHS) have long been a critical issue, with many young people experiencing disruptions in care during this crucial period. A 2020 study by University of Warwick highlighted reasons why young people are falling through the gaps between these services²⁵. Key barriers to successful transitions include:

- **Differences in eligibility criteria** between CAMHS and AMHS resulting in young people being excluded from receiving adult services.
- **Notable delays** between the end of support from CAMHS and the beginning of support from AMHS, during which time, young people disengage.
- **A lack of transition planning**, making it difficult for young people to adjust from the family and education-based support common in CAMHS, to the more individualistic approach typical in adult services.
- **Young people putting off accessing further care** due to poor experiences at CAMHS or an adult service.

Strides have been made to understand and address the barriers that young people face when they transition to adult mental health services. The Minding the Gap program in Camden (2015-2018) was designed to improve transitions from CAMHS to AMHS by bringing together a multidisciplinary team who provided holistic support, a transitions team focusing on outreach and creating a young people's board, and increased access to counselling. Key insights included the importance of integrated, multidisciplinary approaches and continuous support. Solutions identified were creating transition protocols, improving inter-agency communication, and providing tailored, holistic services. The program showed significant improvements in young people's resilience, engagement, and overall mental health outcomes²⁶.

Improvements to the transition process include:

- **Advanced transition planning**, which should be initiated by CAMHS with young people at least six months before their transition to adult's services.
- **Introduction of transition coordinators** within CAMHS and AMHS who support young people through their transition, ensuring continuity of care.
- **The development of comprehensive care plans** which must be co-developed with the young person to describe their care needs, crisis management strategies, and the extent of parental involvement post-transition.
- **Facilitated referrals** where CAMHS workers accompany young people to their first few appointments with adult's services to facilitate smoother transitions²⁷.

However, Rethink Mental Illness and Mental Health UK staff working directly with young people report that the implementation of these practices is inconsistent, with many young people finding transitions difficult and discontinuing treatment at the transition boundary.

26 I-THRIVE (2018) [Minding the Gap transitions service in Camden](#)

27 NHS (2023) [Moving on to adult mental health services](#)

28 YoungMinds (2022) [Media centre – mental health waiting times harming young people](#)

29 Royal College of Psychiatrists (2024) [Latest news - "We cannot allow childhood mental illness to become the new norm" - RCPsych](#)

30 YoungMinds (2022) [Mental health waiting times harming young people](#)

31 Trafford, A., Carr, M., Ashcroft, D., Chew-Graham, C., Cockcroft, E., Cybulski, L., Garavini, E., Garg, S., Kabir, T., Kapur, N., Temple, R., Webb, R., & Mok, P. (2023). [Temporal trends in eating disorder and self-harm incidence rates among adolescents and young adults in the UK in the two years following onset of the COVID-19 pandemic: a population-based study. The Lancet Child & Adolescent Health, 7\(7\)](#)

32 Department for Education (2023) [Mental health issues affecting a pupil's attendance: guidance for schools](#)

We need to close service gaps for all young people, at every level of mental health need

Right now, there is evidence to suggest:

- Increasing numbers of children and young people are experiencing a mental health crisis – analysis by YoungMinds last year found that urgent referrals of those under 18 to mental health crisis teams reached 3,732 in May 2023, a figure three times higher than in May 2019²⁸.
- An increase in the number referred to emergency mental healthcare – the Royal College of Psychiatrists found that this increased by 53% between 2019/20 and 2022/23 (from 21,242 referrals to 32,521 referrals²⁹.)
- Significant numbers of young people have attempted suicide while waiting for mental health treatment from the NHS³⁰.
- Notable increases in incidence of self-harm among young females since the start of the COVID-19 pandemic – this is driven particularly by the 13 to 16-year-old cohort, for whom incidence of self-harm was 38.4% higher than expected³¹.
- Untreated mental health problems interfering with young people's education, leading to high levels of absenteeism³².

Leaving mental health issues in children and young people untreated can lead to a cascade of long-term consequences that impact not just the individuals themselves but also their families, communities, and society more widely.

22 Children's Commissioner for England (2024) [Children's mental health services 2022-23](#)

23 NHS England (2024) [Mental health support in schools and colleges](#)

24 NHSE (2019) [NHS Mental Health Implementation Plan 2019/20 – 2023/24 \(longtermplan.nhs.uk\)](#)

25 Appleton, R., Elahi, F., Tuomainen, H., Canaway, A. and Singh, S.P. (2020) ["I'm just a long history of people rejecting referrals" experiences of young people who fell through the gap between child and adult mental health services – European Child and Adolescent Psychiatry](#)



“When I was isolating myself and sleeping a lot, my GP prescribed anti-depressants. I felt a bit better and carried on, but later experienced a traumatic event, developed psychosis and was diagnosed with Post-traumatic stress disorder (PTSD). A few days later I made an attempt on my life – I survived and was admitted into hospital. There, I opened up about hearing voices but was eventually discharged on medication, but otherwise with a lack of support. I declined quickly, leading to a second hospital admission. Eventually, the ward team listened to my experiences and referred me to the Early Intervention in Psychosis team.”

Cara, young person

If the system cannot grow and improve to meet demand, the likely consequences will be:

Needless suffering for young people and their families



- Rising cases of mental health issues that persist into adulthood³³.
- Increased substance misuse problems³⁴.
- An epidemic of loneliness and social isolation^{35 36}.
- Diminished physical health outcomes³⁷.

Impacts on economic growth



- Disruptions to education, diminishing people’s lifetime workforce participation³⁸, which could negatively impact economic growth.
- Higher lifetime healthcare costs³⁹ putting pressure on an already stretched NHS.

If nothing significant changes, we risk perpetuating a cycle of unmet needs and poor mental health. This will have serious implications for the wellbeing of generations to come.

33 Mental Health Foundation (2023) [Children and young people: statistics](#)
 34 Health and Social Care Information Centre (2015) [Smoking, drinking and drug use among young people in England in 2014](#)
 35 Department of Digital, Culture, Media and Sport (2022) [Mental health and loneliness: the relationship across life stages](#)
 36 Hards, E. Loades, M.E. Higson-Sweeney, N. Shafran, R. Serafimova, T. Bridgen, A. Reynolds, S. Crawley, E. Chatburn, E. Linney, C. McManus, M. Borwick, C. (2022) [Loneliness and mental health in children and adolescents with pre-existing mental health problems: a rapid systematic review, British Journal of Clinical Psychology, 61\(2\)](#)
 37 World Health Organisation (2021) [Mental health of adolescents](#)
 38 World Economic Forum (2020) [A global framework for Youth Mental Health: Investing in future mental capital for individuals, communities and economies](#)
 39 Centre for Mental Health (2024) [The economic and social costs of mental ill health – a parliamentary briefing](#)

Building a more cohesive children and young people’s mental health system

While Rethink Mental Illness has experience supporting children and young people, we have a longer history of supporting adults living with severe mental illness.

Examining the treatment gap, we recognised similarities between the cohorts of children and young people with unmet mental health needs, and those we had identified previously through our work with adults. Back in 2018, our report *Right Treatment, Right Time* reported on the treatment gap faced by adults with mental health needs. Similarly we found that too many individuals were waiting too long for support or falling between gaps in services, told they were too unwell for NHS Talking Therapies (then IAPT) but not unwell enough to access secondary care.

NHS England’s answer to this was not just the commitments of the 2019 NHS Long Term Plan, but also the Community Mental Health Framework for adults and older adults. Since 2020, Rethink Mental Illness has been significantly involved in supporting the rollout of the Framework in 13 areas across England.

It would be overly simplistic to suggest that you could simply take the Community Mental Health Framework for adults and older adults and apply it to children and young people whose services need to be clinically and operationally different. However, the Framework itself, and learning from its rollout, offer valuable lessons for addressing the treatment gap.

Firstly, it set out national policy direction through a comprehensive vision for services, sending a strong message to systems that a cohesive, whole system approach is fundamental to addressing the treatment gap.

Without a whole-system approach, the various components of a system of mental health support risk functioning in isolation, leaving service gaps intact.

The Framework also recognises the strengths of the voluntary, community and social enterprise (VCSE) organisations and centres the sector as an equal partner in addressing mental health need through a joined-up community-based approach. VCSE organisations play a critical role in bridging service gaps and providing step-up and step-down care as needs fluctuate. The sector is skilled in and well-placed to support those who are waiting for or unable to access clinical help, or who may be less likely to respond to NHS or other statutory services.

The rollout was not only backed by record levels of funding – we also observed NHS England playing a strong and active role in supporting systems to address barriers to joint-working and holding them to account not just against related access targets, but their ability to achieve the vision set out by the Framework.

This is not to say that adult community mental health care is perfect. The rollout of the Framework has involved many challenges, including the first full year coinciding with the onset of the COVID-19 pandemic, and transformation continues. However, we have observed what is possible when systems have embraced the ethos of the Framework, with the NHS, local authorities and VCSE sector organisations coming together to deliver a cohesive whole system approach (see case study on next page).

What is the Community Mental Health

Framework for adults and older adults?

In 2019, NHS England launched the Community Mental Health Framework for adults and older adults⁴⁰ to transform community mental health care and address similar treatment gaps for adults and older adults.

The Framework promotes a place-based, whole-person approach through Primary Care Networks. It has six key aims:

- 1) promoting mental and physical health whilst preventing ill health
- 2) providing effective, evidence-based treatments
- 3) improving quality of life and community participation
- 4) ensuring continuity of care without “cliff edges”
- 5) addressing health inequalities and social determinants of mental ill health and
- 6) building an inclusive model of care, especially for complex cases.

The Framework has a strong focus on community needs and resources. It aims to identify and effectively utilise assets and services available within local areas. Core to this approach is promoting collaboration between statutory and non-statutory services. The Framework also emphasises person-centred care by actively involving service users in the planning and delivery of their support.

Open Mental Health in Somerset

An example of effective community mental health transformation

Open Mental Health, a Somerset alliance, has successfully implemented the Community Mental Health Framework for adults and older adults. The alliance has improved prevention, early intervention, and holistic support across mental health services by breaking down barriers between services and departments.

Previously, fragmented relationships between the NHS, social care, and VCSE organisations led to people repeatedly telling their story and navigating a complicated system. This system offered one-size-fits-all solutions, neglecting wider determinants like housing and employment, often resulting in mental health crises and hospital admissions.

Open Mental Health provides 24/7 support to adults in Somerset, offering:

- Mental health support
- Peer support
- Advice on money, housing, and employment
- Volunteering opportunities
- Community activities
- Physical health support

Co-locating NHS and VCSE services at community hubs facilitates stronger relationships and ensures seamless movement between services, creating a “no wrong door” approach.

Core features of the model include:

1. Co-production: Lived experience central to design and delivery
2. Alliance-building: Equal decision-making power among organisations
3. Culture change and integration: Unified team across sectors
4. Commissioning: VCSE alliance jointly commissioned for comprehensive support

Positive outcomes have included a 15% decrease in Emergency Department mental health presentations for adults and a 16% reduction in hospital admissions for mental health needs⁴¹.

A whole-system approach to children and young people’s mental health: Progress to date and next steps

Important progress has been made in improving access to and integration of children and young people’s mental health services. Since the launch of the Children and Young People’s Improving Access to Psychological Therapies (CYP IAPT) programme in 2011, efforts have focused on improving service quality through principles like authentic participation, evidence-based practice, and rigorous outcome monitoring⁴². The Long Term Plan has driven investments of £2 billion into community mental health services, with annual increases in funding since 2017-18⁴³. Additionally, £6 million was allocated in 2022/23 to support regional pilots and service innovations⁴⁴. Workforce numbers in these services grew by 70% between 2016 and 2021, surpassing the projected need of 55%⁴⁵. Mental Health Support Teams are also being expanded ahead of schedule and are expected to reach 50% of pupils by spring 2025⁴⁶.

Effective models of integrated care can be found across the country, with the Voluntary, Community, and Social Enterprise (VCSE) sector playing a crucial role in bridging services to create more cohesive systems. The VCSE sector has proved particularly valuable in two areas: addressing non-clinical needs that affect mental health and providing step-up or step-down care. Several successful partnerships between the NHS and VCSE organisations demonstrate the importance of this approach on the next page.

These examples showcase how effective collaboration between statutory and voluntary sectors can create more integrated and responsive mental health support for children and young people. However, as highlighted by the Care Quality Commission (CQC), many children and young people’s mental health services still operate in silos, leading to fragmented and difficult-to-

navigate support⁴⁷. To address this, we need a well-funded national policy direction that puts whole-system approaches at its heart. The incoming government’s commitment to mental health hubs reflects an understanding of the need for coordinated, community-based care. Our proposal would build on these hubs and the progress made by NHS England and local systems to date. **A long-term plan focused on system integration could leverage existing community resources, such as school mental health support and hubs, ensuring cohesive local systems that enhance the impact of current initiatives while closing any service gaps, ultimately providing more consistent and effective support for young people.**

“I was fifteen when I was referred to CAMHS to talk about my anxiety. I will admit that there were some good sessions and there were some very bad ones, which helped me make the decision to not attend those sessions anymore. But despite this, the good sessions were very beneficial in teaching me how to remain calm in stressful situations. However, even now as I’ve gotten much older, my anxiety still massively affects my friendships and relationships.”

Rebecca, young person

40 NHS England (2019) [The community mental health framework for adults and older adults](#)
41 Data provided by Somerset Integrated Care Board

42 Fonagy, P., Pugh, K. and O’Herlihy, A. (2017) [The Children and Young People’s Improving Access to Psychological Therapies \(CYP IAPT\) Programme in England - Child Psychology and Psychiatry](#)

43 Children’s Commissioner for England (2023) [Children’s mental health services 2021-2022](#)

44 NHSE (2022) [Supporting children and young people \(CYP\) with mental health needs in acute paediatric settings](#)

45 National Audit Office (2023) [Progress in improving mental health services in England](#)

46 NHSE (2019) [NHS Mental Health Implementation Plan 2019/20 – 2023/24](#)

47 Children and Young People’s Mental Health Coalition (2023) [Children and young people’s mental health: An independent review in policy success and challenges over the last decade | CYPMHC](#)

Partnerships in action

Laura Dyke, Community Resilience Young People Lead, highlights the programme's potential impact:

"We've had several young people tell us that if they'd had something like We've Got This when they were 11, 12, 13... they wouldn't have got to crisis point later on."



Several successful partnerships between the NHS and VCSE organisations demonstrate the importance of this approach.

Circle - an alternative to A&E for children and young people in crisis

Circle is a specialised centre providing immediate mental health support for children and young people in crisis, offering a safe and welcoming alternative to Accident and Emergency (A&E) visits. Collaboration with various service providers, including CAMHS teams, social care, and drug and alcohol services, Circle aims to reduce A&E admissions by providing timely intervention and guiding young people to appropriate care pathways¹.

Boost - an interim support service for young people on CAMHS waiting lists

Boost is a collaborative initiative between Together As One and Berkshire CAMHS, designed to offer immediate support to young people with complex mental health needs while they await specialist therapy from CAMHS clinicians. Through personalised plans and one-on-one support from Boost Workers, they aim to empower young people, improve their understanding of mental health, and prepare them for their upcoming CAMHS therapy, ensuring they receive timely assistance during the waiting period².

Mental Health UK's Bloom and Your Resilience - educational workshops that help young people learn about mental health

Mental Health UK's Bloom and Your Resilience programmes collaborate with schools, community organisations, and mental health professionals to improve youth mental health resilience. Between 2022 and 2023, these initiatives reached over 34,000 young people and 2,300 adults initiatives, providing training in school settings, summer camps, and local authorities. To ensure that the programmes meet diverse needs, they engage in co-production with underserved communities and partner with existing mental health services, including Mental Health Support Teams and CAMHS, to extend their reach and effectiveness^{3,4}.

We've Got This - a peer mentoring programme for young people needing mental health support

We've Got This, coordinated by Somerset Activity and Sports Partnership, is a peer mentoring programme for 16-25-year-olds in Somerset needing mental health support. The programme is delivered by five partner organisations offering diverse activities including sports, arts, music, and technology, allowing young people to choose mentors based on shared interests. As part of Somerset Open Mental Health's integrated community care, We've Got This can both receive referrals from and connect participants to a wide range of clinical and social support services.

Sheffield Safe Space - a community based alternative to hospital admission for young people

Sheffield Safe Space was a pilot residential service offering up to 72 hours of round-the-clock support for young people experiencing a mental health crisis, providing a community-based alternative to hospital admission. The service addressed a 53% increase in youth mental health crises in Sheffield over four years, offering tailored wellbeing activities and non-clinical interventions to help young people manage their current crisis and prevent future ones. Staff collaborated closely with other professionals, including CAMHS teams and local authority social care,

to integrate the service into the mental health crisis pathway and ensure comprehensive support during and after a young person's stay. Impact assessments showed improvements in young people's wellbeing following their time in the service, with professionals reporting that nearly two-thirds of referrals prevented a Tier 4 admission, demonstrating the programme's effectiveness in providing appropriate care and reducing pressure on hospital services.

We need a well-funded national policy direction that puts whole-system approaches at its heart.

¹ Mind - [Circle - Hammersmith, Fulham, Ealing and Hounslow Mind](#)

² Together As One - [Boost Programme](#)

³ Mental Health UK [Bloom](#)

⁴ Mental Health UK [Your Resilience](#)

Key principles for a whole-system approach to children and young people’s mental health



1. Preventative

Ensuring good mental health in early life and addressing mental health challenges in children and young people as they emerge are cornerstones of a life course approach to mental health.

It is also essential for preventing the development of mental health issues that persist into adulthood.

When it comes to interventions focusing on prevention and intervening early, it is crucial that these are needs-based and developmentally appropriate. For young people, these might include educational programmes such as Mental Health UK’s Bloom⁴⁸ and Your Resilience⁴⁹, engaging digital mental health resources, and the kind of support already provided by Education Mental Health Practitioners and other professionals in schools.

It may also be relevant to consider the role of family-based interventions, such as parent-based cognitive behavioural therapy (CBT), or services provided for older children and their families within existing Family Hubs⁵⁰.



2. Integrated and partnership-led

The rollout of the Community Mental Health Framework for adults and older adults has demonstrated that **working across sectors and organisational boundaries is key to delivering holistic care to those with a mental health need. Strong collaboration between statutory and non-statutory services can improve skills and knowledge across the sector, enabling those in contact with services to have both clinical and non-clinical needs met.** Alongside the NHS, local authorities and the VCSE sector, all of whom have been central to successful examples of transformed adult community mental health services, the education sector is undoubtedly another key partner when it comes to supporting children and young people.

Rethink Mental Illness research examining the early rollout of community mental health transformation identified co-location or sharing physical space as a hugely important factor in building trusted relationships across organisations⁵¹. It was also found that alliance contracting and delivering services in the same location can help to facilitate better service integration, and that cross-organisational roles or dedicated capacity in roles for alliance-building across organisations is key to service integration within models such as the Lambeth Living Well Network Alliance⁵².

In terms of physical spaces, this could include existing hubs delivered by previous government initiatives such as family hubs, or within the government’s planned Young Futures Hubs.



3. Co-produced

Elevating the voices of children and young people with lived experience in service design will provide valuable insights into system needs and improvements.

Consistent involvement of young people and their families will ensure services are more responsive and effective.

Rethink Mental Illness was previously commissioned to support young people to share their experiences with the NHS and co-produce a framework and guide to embed the voice of young people’s lived experience within North West London Integrated Care Board. An evaluation of the work⁵³ found that the process of co-production generated benefits for both individuals and for services, in particular, in terms of ensuring cultural sensitivity and improving communication with children and young people using accessing services.



4. Accountable

Long-term direction for children and young people’s mental health care would benefit from being set out in national policy.

This should include desired outcomes in terms of what services should seek to achieve for children and young people and their families, and principles for services in terms of how they should operate in their achievement of this. The upcoming NHS Ten Year Plan, and accompanying documents, represents a significant opportunity to deliver this.

This need not reinvent the wheel – it can instead build on the government’s existing commitments in children and young people’s mental health, and the best aspects of children and young people’s mental health policy to this point.

For example, Local Transformation Plans for children and young people’s mental health, first introduced through Future In Mind⁵⁴, could be revitalised and utilised to ensure Integrated Care Boards (ICBs) can demonstrate how they are delivering against the government and NHS England’s ambitions.

48 Mental Health UK (2024) [Bloom](#)

49 Mental Health UK (2024) [Your resilience](#)

50 GOV.UK (2023) [Family hubs and Start for Life programme](#)

51 Rethink Mental Illness (2022) [Getting started: Lessons from the first year of implementing the Community Mental Health Framework](#)

52 Lambeth Together (2024) [Living Well Network Alliance](#)

53 Rethink Mental Illness (2024) Boosting young people’s voices in mental health services – a co-produced evaluation of young people’s involvement with NHS Integrated Care Boards

54 Department of Health and NHS England (2015) [Future in mind: Promoting, protecting and improving our children and young people’s mental health and wellbeing](#)



5. Non-stigmatising

Data shows that families with children and young people most susceptible to poor mental health often face stigma and discrimination around not just their mental health but also many other circumstances they face such as poverty or interaction with the criminal justice system^{55 56 57 58 59 60}.

To maximise engagement, it is crucial that services for children and young people are joined-up so there are easily accessible pathways into support for addressing challenges associated with these factors. It is equally important that their design avoids stigma that risks discouraging them from engaging. For example, services for mental health should be designed so that they are not associated in the minds of children or their families considering accessing them with the need to reduce violent crime.



6. Comprehensive and sustainably resourced

Bridging gaps between services is a fundamental aim of our approach, requiring both integration and sustainable funding.

While partnership working plays a key role, it is equally important to secure funding for support specifically designed to fill these service gaps. The VCSE sector is often well-placed to provide such support but may lack the sustainable funding and coordination with the statutory sector necessary for effective delivery.

Programmes that bridge these gaps could include:

- Support workers assisting young people transitioning from children's to adult mental health services.
- Step-up workers enhancing the level of support provided by schools.
- Step-down workers supporting young people discharged from inpatient settings.
- Interim support programmes for those on CAMHS waiting lists, such as social prescribing, peer support, and digital offers, to prevent disengagement or deterioration.

Sustainable resourcing is crucial to ensure these initiatives are well-supported, enabling the system to remain stable, adaptable, and capable of delivering cohesive care across all sectors.



7. Evidence-based and data-driven

All services involved in the care and support of children and young people with mental health issues need access to the right, good quality data relating to, for example, the scale and nature of need, in order to be able to plan services and deliver their roles.

A whole system approach should prioritise establishing information systems to create efficiencies, avoid unnecessary assessments, and reduce miscommunications.

Within Open Mental Health in Somerset, the successful implementation of integrated systems has had significant benefits. These include the use of a common assessment tool, a joint email inbox for services, and shared access to service user records via Blackpear. These measures have improved communication and relationships between different service providers, ultimately improving the quality of care for service users⁶¹.

A significant gap also exists in clinical research for children and young people's mental health. Reducing wait times alone is insufficient if the treatments provided are ineffective or unsuitable. More robust research is needed to ensure young people receive the most effective support and achieve improved outcomes. This requires increased transparency in reporting treatment outcomes for children and young people's mental health services. However, ethical and safety barriers in conducting clinical research with young people must be addressed to facilitate this necessary research and improvement in care.

What needs to happen now?

The government's plans to expand mental health support in schools and open early access hubs are positive steps. These programmes will be essential pieces of an integrated mental health system where all providers supporting young people work together effectively. This collaborative approach is essential to bridge existing service gaps and ensure no young person misses out on support.

1. A long-term strategy

A long-term strategy for children and young people's mental health which takes a whole system approach, prioritising service integration and effective collaboration between NHS and the VCSE sector. This should begin with piloting trailblazer sites to develop the evidence base.

2. Resource

Dedicated annual transformation or integration funding for CYP mental health services mirroring what has been provided to support the Community Mental Health Transformation for adults and older adults.

3. Continuous learning

Continued efforts to monitor and learn from past and current transformation initiatives for both adults and CYP to support a whole-system approach to care for children and young people.

55 Public Health England (2015) [The mental health needs of gang-affiliated young people](#)
 56 Hughes, K., Lowey, H., Quigg, Z. et al. (2016) [Relationships between adverse childhood experiences and adult mental well-being: results from an English national household survey](#). BMC Public Health 16, 222
 57 Lacey, R.E. Xue, B. McMunn, A. (2022) [The mental and physical health of young carers: a systematic review](#)
 58 What Works for Children's Social Care (2021) [Mental health of children and young people in care - evidence summary](#)
 59 Wilson, C., Cariola, L.A. (2020) [LGBTQI+ Youth and Mental Health: A Systematic Review of Qualitative Research](#). Adolescent Research Review 5, 187-211
 60 Children and Young People's Mental Health Coalition, Save the Children and the Centre for Mental Health (2024) [A dual crisis: the hidden link between poverty and children's mental health](#)

61 University of Plymouth, McPin Foundation, NHS England and Somerset NHS Foundation Trust (2022) Somerset Community Mental Health Transformation Evaluation



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