

Dfes/HM Treasury Joint Policy Review on Children and Young People: Call for Evidence

Mental Health Foundation

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The Mental Health Foundation is a UK-wide organisation. Our mission is to help people survive, recover from and prevent mental health problems. We use innovative research and community projects to address issues of mental well-being for the whole population as well as to improve the support, services, rights and social inclusion for people with mental health problems.

People who use mental health services are at the heart of all our work – as employees, advisors, volunteers, and supporters. We gather and provide information for anyone who is experiencing mild to severe mental health problems, and people with dementia. We also provide information for their friends, families, carers and providers of mental health services. Our work encompasses children, adults of working age, and older people.

We are pleased to respond to this call for evidence. It is crucial that any review of the issues affecting the lives of children and young people take into account those factors that have an impact on mental health and well-being. The incidence of mental health problems among children and young people is thought to have risen substantially over the last 50 years.¹ About half of all mental health problems are thought to begin in childhood, and among teenagers, rates of depression and anxiety have increased by 70% in the past 25 years.² In one study, 50-60% of adults with a mental health problem had previously received a diagnosis before the age of 15.³ It is vital that progressive policies are put in place and adequate resource allocated towards mental health promotion, prevention and treatment in order to avoid an increase in the individual, social and economic costs of mental health problems in the future.

1. What should be the role of universal services in providing access to protective and preventative support, risk assessment and referral?

Universal services play a central role in the promotion and prevention of mental health problems in children and young people. There is a pressing need to develop innovative approaches towards prevention and intervention across education, health and social care.

1.1 Schools

Schools and their culture play a key role. Schools need to be able to identify emotional problems in children early on and to seek timely help and support to deal with them. Evidence of a substantial rise in adolescent conduct and emotional problems are a major cause of concern and support the need for much greater and effective early intervention in school and pre-school settings.

¹ Audit Commission (1999) *Child in Mind: Child and Adolescent Mental Health Services* London: Audit Commission

² Mental Health Foundation (2005) *Lifetime Impacts: Childhood and Adolescent Mental Health, Understanding the Lifetime Impacts* London: Mental Health Foundation p 4, 8

³ Kim-Cohen J, Caspi A, Moffitt T, Harrington H, Milne B, Poulton R (2003), *Prior Juvenile Diagnoses In Adults With Mental Disorders: Developmental Follow-Up Of A Prospective Longitudinal Cohort* Arch Gen Psychiatry vol 60 no 7, pp709-17`

- The Mental Health Foundation's report '*Choosing Mental Health*' (2005)⁴ argues that successful programmes in schools involve parents and the wider community, strengthen school attachment and address the ethos and culture of the school as a whole. This should include a generic focus on skills that increase mental and social well-being and mechanisms for identifying and supporting at risk and vulnerable children. In summary, the evidence supports the following approaches: a health promoting school approach; anti-bullying: whole school/community approach; universal mental health promotion. Key elements of such programmes are: a focus on health, not illness; cognitive behavioural/social competence model; interactive peer led models; meaningful participation by pupils.
- *Lifetime Impacts* (2005)⁵ references data that shows the most robustly positive evidence is for schools that have adopted a whole-school approach, were implemented continuously for more than one year and were mental health promoting rather than mental illness preventing. Programmes that aimed to improve children's behaviour and were limited to the classroom were less likely to be effective. A recent Mental Health Foundation inquiry into self-harm shows that young people greatly value access to counselling and peer support schemes in schools. Young people told the inquiry that often the main form of support they want is to be able to talk to someone who will listen and respect them, and discuss problems and issues in their daily lives. Many said that had this been available to them, they may never have started to self harm.⁶ This need to talk is consistently echoed in the findings of the Mental Health Foundation's Bright Futures programme of work, particularly in reference to the benefits and positive impact of peer support.⁷
- It has been found that receiving help from a school-based rather than an external counselling service is perceived to be less stigmatising.⁸ Children are more willing to use a school-based service, and parents who had refused referrals to external mental health specialists are more willing to allow their child to see the school counsellor. When an in-school counsellor is available, teachers are more likely to refer pupils for help.
- Teachers feel that while there are many good initiatives available to schools, these are often under-funded, inconsistently applied and reactive in approach.⁹ (NASWT). There is clearly a need for greater resource, consistent support for all schools and creative thinking in regard to promotion and prevention. In general, teachers would like new initiatives that focus on creating greater awareness and understanding of mental health issues amongst school staff and allow the development of good working relationships with CAMHS staff.

⁴ The Mental Health Foundation (2005) *Choosing Mental Health*, London: The Mental Health Foundation, pp 17-20

⁵ Mental Health Foundation (2005) *Lifetime Impacts: Childhood and Adolescent Mental Health, Understanding the Lifetime Impacts* London: Mental Health Foundation, p.14

⁶ The Mental Health Foundation (2006) *Truth Hurts Executive Summary*, London: The Mental Health Foundation

⁷ The Mental Health Foundation (1999) *Bright Futures: Promoting children and young people's mental health*, London: The Mental Health Foundation

⁸ NASUWT (National Association of Schoolmasters Union of Women Teachers) (2005) *Identification and Management of Pupils with Mental Health Difficulties: A Study of UK Teachers' Experience and Views*, Birmingham: NASUWT, p. 9

⁹ NASUWT (National Association of Schoolmasters Union of Women Teachers) (2005) *Identification and Management of Pupils with Mental Health Difficulties: A Study of UK Teachers' Experience and Views*, Birmingham: NASUWT, p. 9

- Head teachers have a central role to play in developing positive mental health strategies in schools. They should recognise the need to develop a whole school awareness of mental and emotional health issues, and be supported to do so.
- The role of the National Healthy Schools Programme in promoting mental well-being needs to be made explicit. The Healthy Schools Standard (England) and its equivalent in the other UK countries should be extended to the higher and further education sectors, where there is currently no overarching policy for promoting positive mental health.¹⁰ Taking into account that half of young people are now in post-school education, and the fact that there is a gap in appropriate service provision for this group, this is an opportunity to intervene positively with a large section of the population.
- Both bullying and being bullied are associated with outcomes with a high social and economic cost: criminal behaviour and alcohol abuse (bullies) and depression and suicidal behaviour (victims)¹¹ Existing school-based work around anti-bullying strategies should be continued, strengthened and robustly evaluated. Schools need more support in developing and implementing effective anti-bullying strategies, based on approaches known to be effective i.e. which involve the whole school, parents and the community e.g. the Campaign against Bully-Victim Problems. Follow-up found a 50% reduction in bully/victim problems for boys and girls across all grades with more marked effects after two years.¹² The positive long-term impact on criminal behaviour, alcohol abuse, depression and suicidal behaviour should be highlighted.¹³

1.2 CAMHS and Schools

It is increasingly recognised that to improve the ability of child and adolescent mental health services to provide effective care to children and young people, it is necessary to strengthen the support Children and Adolescent Mental Health Services provide to other services such as schools. In the Mental Health Foundation's report 'Effective multi-agency working between schools and CAMHS'¹⁴ some of the main issues identified were:

- Managing different expectations of services.
- Over-referral. Clear referral criteria and mental health promotion initiatives will avoid this.
- Short-term funding makes long-term planning difficult. Planning over the long term is essential.
- Different organisational and professional cultures can present challenges in joint working.

10 The Mental Health Foundation (2005) Choosing Mental Health, London: The Mental Health Foundation, p 19

11 Mental Health Foundation (2005) Lifetime Impacts: Childhood and Adolescent Mental Health, Understanding the Lifetime Impacts London: Mental Health Foundation, p.9

12 Mental Health Foundation (2005) Lifetime Impacts: Childhood and Adolescent Mental Health, Understanding the Lifetime Impacts London: Mental Health Foundation, p.9

13 The Mental Health Foundation (2005) Choosing Mental Health, London: The Mental Health Foundation, p 19

14 The Mental Health Foundation (2003) Effective Multi-agency working between CAMHS and Schools, London: Mental Health Foundation

- Joint working is more time consuming. However, there do need to be more opportunities for collaboration and joint working between CAMHS, the educational psychology service, behavioural support services and schools.
- Skilled, knowledgeable workers are key
- The development of individual relationships facilitates communication and impacts on staff retention.
- There is a danger of duplicating work if there is a lack of co-ordination
- There can be problems with information sharing.

Other Mental Health Foundation work has highlighted the following needs:

- The effective communication of new mental health initiatives and services to all staff is essential.
- Teachers feel that it would be helpful for CAMHS to take direct referrals from schools.¹⁵
- In terms of training, teachers want: mental health professionals to deliver training; clear internal structures for 'early warning' for pupils suspected of mental health difficulties; to develop their recognition skills and their practical in-house teaching strategies.¹⁶

1.3 Primary Care

- Local primary health care agencies should commission comprehensive primary mental health care arrangements for young people. Primary care commissioners and the relevant health trusts need to consider how best to create local primary mental health care for children and young people which can tackle this groups' issues efficiently and effectively. These primary care mental health services will require basic expertise in issues such as self-harm, depression, anxiety, eating disorders and the impacts of living with a parent with a mental health problem. This should also mean that only a limited number of young people are referred on to specialist CAMHS services. (truth hurts) Primary care services also need to consider how best to engage young people who are unlikely to visit their GP with a mental health problem. This may include more joint working with community youth services and the provision of unbadged help and advice.

1.4 Training

- The common core of skills and knowledge that supports training of all those working with children and young people, their families and carers should specifically include the skills required to promote psychological well-being and identify early signs of mental health difficulties.
- There is an urgent need for more training for primary care staff, and GPs. All staff who come into contact with children and young people should have comprehensive training on mental health problems as they affect young people, including understanding key signs of mental distress. There is also a need for more specialist staff. Research commissioned by the Department of Health shows that in general practices 18.6 % had specialist CAMHS staff providing consultation and liaison with primary care staff and patients, 7.5%

¹⁵ NASUWT (National Association of Schoolmasters Union of Women Teachers) (2005) Identification and Management of Pupils with Mental Health Difficulties: A Study of UK Teachers' Experience and Views, Birmingham: NASUWT, p. 10

¹⁶ NASUWT (National Association of Schoolmasters Union of Women Teachers) (2005) Identification and Management of Pupils with Mental Health Difficulties: A Study of UK Teachers' Experience and Views, Birmingham: NASUWT, p. 10


provided specialist staff in a primary care setting and 9.4% had access to a specific primary mental health worker.ⁱ This is woefully inadequate.¹⁷

1.5 Parenting support

Parenting support, including group-based support, is cost effective and should be made available to parents for children of all ages.¹⁸

- Poor quality relationships within the home during childhood predict poor mental and physical health.¹⁹ These findings suggest a strong case for universal provision to support parenting, offered via primary care. Group based parenting programmes improve maternal mental health and reduce children's behavioural problems.²⁰ Home visits for first time mothers, beginning in pregnancy and continuing for two years, should also be established, particularly for vulnerable groups including parents of children with a learning disability, as this greatly improves the physical and mental health of children, reduces physical maltreatment and has significant social and economic benefits for the caregiver. Home visiting is associated with improvements in: parenting skills; the quality of the home environment; several child behavioural problems including sleeping problems; detection and management of postnatal depression enhanced quality of social support to mothers.²¹
- Reading to pre-school children has considerable cognitive and emotional benefits, as well as promoting literacy²². Books for babies (launched by the charity Bookstart²³ and recently guaranteed long term funding) and similar pre-school initiatives to support parental reading to very young children should be strongly supported by health and social care.

1.6 Recognising Gender Differences

Work with young people both within schools and in the community should also recognise the different needs of girls and boys. The gap between the health of young women and young men, and the impact of gender roles on the experience and expression of mental distress, suggests a need for a much greater emphasis on different approaches for young men and young women. Self-esteem, peer pressure, identity and coping styles  all important influences on young people's mental health and all have significant gender elements. Health risk behaviour is also an important aspect of expressing or acquiring gender identity. For example, young men

¹⁷ Mental Health Foundation (2005) Lifetime Impacts: Childhood and Adolescent Mental Health, Understanding the Lifetime Impacts London: Mental Health Foundation, p.17

¹⁸ Scott, S. and Spender, Q. *et al* (2001) Multicentre controlled trial of parenting groups for childhood antisocial behaviour in clinical practice *British Medical Journal* Vol. 323, pp. 194

¹⁹ Stewart-Brown, S. and Shaw R. (2004) The roots of social capital: relationships in the home during childhood and health in later life in Morgan and Swann (eds) *Social capital for health: issues of definition, measurement and links to health* London: Health Development Agency

²⁰ Mental Health Foundation (2005) Lifetime Impacts: Childhood and Adolescent Mental Health, Understanding the Lifetime Impacts London: Mental Health Foundation, p.11

²¹ The Mental Health Foundation (2005) Choosing Mental Health, London: The Mental Health Foundation, p 19

²² Bus *et al* (1997) Attachment and bookreading patterns: A study of mothers, fathers and their toddlers. *Early Childhood Research Quarterly* 12: 91-98

²³ www.bookstart.co.uk

are three times more likely to be alcohol dependent than young women and twice as likely to be drug dependent.

1.7 Public Mental Health

It is important that all universal services take into account the mental health of the general population both in their ethos and in planning. This should include the promotion of exercise and nutrition, both known to have significant benefits to mental well-being in addition to the known benefits for physical health. These interventions also require comparatively less resource. Young people should also be educated about alcohol consumption. See Mental Health Foundation reports: *Up and Running*²⁴, *Feeding Minds*²⁵, and *Cheers*²⁶.

2. How can targeted and specialist services intervene earlier to address problems before they become acute?

2.1 Early Intervention

It is clear that some interventions for families of school-aged children can improve parenting, can reduce children's behaviour problems and can enhance children's potential for learning. However, less is known about how to work effectively with parents of younger children, or with the children themselves. A Mental Health Foundation report 'From Pregnancy to Early Childhood'²⁷ presents the findings of a wide-ranging literature review and puts forward the following recommendations for research and clinical work.

- It may be most effective to target at-risk communities rather than specific families. If targeting parents, selection of first-time parents is a good choice where resources are limited, but attention needs to be paid to their specific life circumstances and how they present.
- It may be useful to offer incentives (offering meals or free transport is often effective), and both research and clinical work will gain more participation by using outreach to understand local issues and circumstances.
- It appears that no single approach will have all the answers. Understanding the level of risk of children and their parents and developing shared understandings of goals is more important than any specific perspective.
- A range of services is needed to work with children, parents, and parent-child pairs or family groups. If research is being designed each of these aspects needs to be examined separately. Use of video-tape is a successful way to highlight the interactive aspect of parent-child experiences.
- Families at most risk will benefit from lay workers and professionals working together, sharing the decision-making.
- Pre- and postnatal interventions are both effective with weekly contact continuing for the first year. A focus on primary engagement factors prior to the infant's birth

²⁴ The Mental Health Foundation (2005) *Up and Running: Exercise therapy and the treatment of mild or moderate depression in primary care*, London: Mental Health Foundation

²⁵ The Mental Health Foundation (2006) *Feeding Minds: The impact of food on mental health*, London: Mental Health Foundation

²⁶ The Mental Health Foundation (2006) *Cheers: Understanding the relationship between alcohol and mental health*, London: Mental Health Foundation

²⁷ The Mental Health Foundation (2003) *From Pregnancy to Early Childhood*, London: Mental Health Foundation

is likely to enhance parental involvement subsequently. Offering a small number of high-intensity services to a family is likely to be more effective than a large number of low-intensity services.

2.2 Crisis Services

Research carried out by the Mental Health Foundation in the initial phase of its Youth Crisis project has confirmed that young people are 'extremely frustrated with current mental health services provision and would like mainstream services to change radically'.²⁸ Key needs include:

- Crisis services should work with young people who feel they are at risk of falling into crisis, helping them to develop strategies and access resources to avoid crisis.
- Some crisis service should be unbadged. Naming 'crisis services' should be done with care: the term 'crisis' may have the effect of preventing some receiving help, as either the professionals or the young people themselves may regard it as excluding young people who are on a pathway to, but not actually in, crisis.
- Choice of workers so that young people can build a rapport with someone who meets their individual needs.
- Services targeted specifically at 16-25 year olds which are 'young people friendly' in design and approach. About 25% of referrals to paediatric or adult wards are inappropriate due to lack of specialised provision for this age group.
- Fast track access to treatment and care. A recent study into inpatient adolescent psychiatry showed that 60% of young people are admitted within 24 hours and 80% within one week, revealing that care is delayed for a significant number. Additionally, 20% of young people wait more than six months for an initial appointment with a mental health professional.
- The opportunity to build a rapport with one person to guide them through services. There can be a lack of continuity for a young person who has been in contact with a CAMHS team as an outpatient and then spends time as an inpatient, it is important for the young person to have a key worker who maintains a link with them while they are in hospital and supports them in returning to the family home or in finding appropriate housing if needed.
- Greater sensitivity in times of crisis, particularly at Accident and Emergency departments. Many young people report a lack of understanding by staff when, for example, they need emergency treatment following a self-harm incident.
- Alternatives to medication, for example talking and complementary therapies.
- Preventive strategies and access to resources prior to crisis point. Young people can often wait up to a year for talking therapy.
- Telephone helplines are needed. These should be available in the evenings and at weekends, specifically for young people, and staffed by skilled telephone counsellors, who know what local services are available for young people.
- Young people need places to go that are informal, open in the evenings, and working on a drop-in rather than appointment basis, staffed by skilled youth workers with a knowledge of mental health issues.

2.3 Values

- There is an urgent need for many professionals and others working in health, social care and education to reflect on, and update, their practice in relation to young people with mental health problems. To do this they need to re-connect to their core professional skills and values; empathy, understanding, non-judgemental listening, and respect for individuals. Professional training curricula

²⁸ See www.mentalhealth.org.uk/ourwork/servicedevelopment/active_projects

and continuing professional development and training for other staff needs to reinforce the fact that young people with mental health problems are entitled to a response based on practice of the core skills and values of the caring professions.

2.4 Child and Adolescent Mental Health Services (CAMHS)

A comprehensive CAMHS service should provide integrated cross agency services to 'vulnerable children, adolescents and families' from pre-birth to 25 years. Key elements of a future comprehensive service might include:

- GP practice based Family Health Workers to work with 'vulnerable children up to age of 11 and their families.
- A lead GP practice within each PCT with at least one GP with a special interest in emotional distress/CAMHS team outreach from a lead school and/ or CAMHS team based in the lead practice;
- Intensive intervention from the lead GP practice, and support to other linked GP practices, for children in 'at risk' families, 'looked after children' and children and adolescents who are in contact with the criminal justice system;
- 'nurture clubs', to provide breakfast time and afternoon support for 'at risk' children in schools and generic local community settings;
- a lead school (11+), within a PCT area to act as the main base for the CAMHS team (with close links, including behaviour support, to the lead GP practice) with a linked Achievement Centre and Youth Club to provide in reach and outreach to linked schools;
- 'expert' parent and 'expert' teacher training programmes;
- peer support training for school children;
- increased use of the voluntary sector to provide crisis housing and other alternatives to admission;
- diversion scheme from the criminal justice system to the Achievement Centre, the voluntary sector and employment and training programmes.

3. What would be the impact of more preventative services and early intervention on the life chances of children and young people and on the value for money of public spending on children, young people and families?

The Mental Health Foundation's report, Lifetime Impacts, outlines the case for mental health promotion and early intervention in the prevention of long term social and economic costs.²⁹

About 1 in 5 children has a mental health problem in any one year and 1 in 10 at any point in time. The consequences can include emotional difficulties (including anxiety and depression), behavioural problems (including mood swings, bullying and vandalism), poor school outcomes, poor physical health, self harm and other risk taking behaviours.

While there is no one to one relationship between childhood and adult mental health problems it is clear that early vulnerability to mental health problems is predictive not just of mental health problems in later life but also of poor socialisation, criminality, lack of participation, relationship difficulties, future family break up etc. Against this

²⁹ Mental Health Foundation (2005) Lifetime Impacts: Childhood and Adolescent Mental Health, Understanding the Lifetime Impacts London: Mental Health Foundation

background, improvement in the mental well being in children and adolescents is likely to have significant cost benefits to both the individuals themselves and society at large.

Evidence suggests that experiencing long-term mental health difficulties can have a negative effect on other areas of the person's life, which has in turn damaging economic and financial implications including: low academic achievement; criminal convictions; unwanted pregnancy; unemployment; adult mental health problems. Footnote with ref

Most evidence to date relates to conduct problems/antisocial tendencies, with the focus mostly on the costs that fall on public agencies. However there is some evidence of long term economic consequences for the individual such as lower rates of employment for people who experienced conduct disorder pre-school.

The 1970 British Cohort Study (BCS70) is a continuing, multi-disciplinary longitudinal study which looks at all those living in Great Britain who were born in a particular week in April 1970. Data from the BCS70 were used to look at the association between earnings at age 30 and aspects of childhood mental health and behaviour measured at age 10 according to teacher ratings of emotional well-being and behaviour and self-reported gross earning at age 30.

The evidence shows a higher risk of poverty at age 30 and lower chance of participation in paid employment for children who had mental health and/or behavioural development difficulties.

A three year follow-up study by the ONS which looked at the persistence of mental health problems showed that:

- Overall, a quarter of the children who had a clinically-rated, emotional disorder at the first interview in 1999 were also assessed as having an emotional disorder three years later.
- Overall, 43% of the children who were assessed in 1999 as having a conduct disorder were also rated as having a conduct disorder three years later.
- Another study looked at psychiatric problems in 26-year-olds in relation to the age at which they were first diagnosed. Results show a strong correlation between child and adolescent mental health difficulties and mental health problems in adulthood:
 - 50% of the sampled 26 year olds had been first diagnosed between the years of 11-15.
 - 75% of the sample had been first diagnosed between the years 11 and 18.
 - 85% had been first diagnosed when they were between 11 and 21 years old.

The National Child Development Study (NCDS), a continuing, multi-disciplinary longitudinal study, tracked everyone born in one week in 1958 over 30 years, looking at other aspects of functioning affected by mental health disorders. Results show strong unfavourable correlation between childhood conduct disorder and:

- qualifications and employment
- relationships and family formation
- health and disability by age 33.

One study found that the cumulative costs of public services used through to adulthood by individuals with 'troubled behaviour' as children were 10 times higher

than for those with no problems. Conduct disorder was the most significant predictor, with greatest costs incurred for crime, followed by extra educational provision, foster and residential care, and state benefits.(LI Ref) One pilot study, of children aged 4-8 referred with conduct disorder, found that the mean extra cost was £15,282 a year (range £5,411-£40,896). Of this, 31% was borne by families, 31% by education services, 16% by the NHS, 15% by state benefit agencies, 6% by social services, and less than 1% by the voluntary sector.

Although there is a pressing need for robust studies of cost/benefits of specific interventions, there is sufficient evidence to support the case for greater investment in mental health promotion. The clear relationship between poor mental health in children, for example anxiety, depression and behavioural problems, and poor school outcomes, poor physical health, self harm and risk taking behaviour means that even a modest improvement in mental well-being is likely to have significant cost benefits. Investment of time and resource in early intervention could represent a crucial factor in preventing mental health problems and the associated issues in later life.

4. What is the national and international evidence on the effectiveness of different types of services and activities in terms of better life outcomes.

The Mental Health Foundation is currently undertaking the second phase of its Youth Crisis Project. This includes the evaluation of services provided in 8 different project sites across England and Wales. Part of the evaluation will include interviews with young people who use the services to find out what difference the services have made to their lives. A report will be produced by summer 2007.

5. What more can we do to support and enable young people to exert a strong demand side influence on provision? What would we expect in return from young people – their rights and responsibilities?

A message repeated over and over again within the Mental Health Foundation's programme of work on children and young people's mental health is the importance of being listened and the all too frequent experience of this not happening. Young people need to be supported to make their voices heard. In an environment where it is difficult for adults to make themselves heard, this can be especially true for a young person who is vulnerable. Young people should have a say in their own care and in how their services could function better.

As shown in the first phase of the Mental Health Foundation's Youth Crisis Project, young people said it is important they input into staff training: they felt that mental health workers such as psychiatrists, community psychiatric nurses, GPs, social workers, police officers, and accident and emergency workers would provide a more sensitive service if they received such training. Services working with young people need to recognise that they are experts by experience and as such have the potential to convey powerful messages within training.

There is work going on in some youth services to ensure service user involvement. Within the Mental Health Foundation's Youth Crisis project, the pilot sites are carrying out work that fully involves young people. In Leeds, The Market Place have a dedicated participation planner and have created a group called HYPE (Helping Young People with Experience). HYPE is basically an advisory group of young people and enables the young people using the service to have a say in that service. (examples from other services) Such services could be one means by which young people are supported and enabled to exert a strong demand side influence on

provision. Involving young people in this way is important to ensure that services are responsive and do not become rigid and inflexible.

6. What principles and priorities should guide the allocation of current and future resources? And who do we need to target?

- Universal mental health promotion is key in reducing the numbers of children and young people who will experience mental health problems while they are still young as well as reducing the social and economic costs over the long term.
 - Comprehensive, fully resourced public mental health policies and strategies that cover the range of services children and young people use are urgently needed.
 - Specialist services for problems experienced by young people such as depression, eating disorders and self-harm should take account of what young people say they need and want and put those principles and values into practice.
 - More cross working between statutory services and voluntary services is needed in order to find innovative ways to prevent and treat mental health problems and their causes in children and young people.
 - Mental health problems affect all socio-economic groups. This must be kept in mind when shaping policy and allocating resource.
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