

Child and Adolescent Mental Health Services in Crisis

There's been more bad news recently about the state of young people's mental health. [One in five 11-15 year-olds in England now report self-harming](#). The number of people who die by suicide is also [increasing](#), as is the number of [young people attempting suicide](#). Early intervention is essential to reverse these trends. However, repeated cuts to child and adolescent mental health services ([CAMHS](#)) means that many young people can't access the specialist support and therapies they need – with levels of self-harm potentially escalating while needs go unmet. Meanwhile, schools have increasingly been required to fill these gaps in services but without staff training or support. As well as re-investment in CAMHS, it's also time to focus on developing the capacity of schools, and other youth settings, to help prevent this escalation of harm in the future.

A perfect storm of shrinking budgets and service reorganisation alongside the increasing need for treatment has created this crisis in youth mental health services. Back in [October 2014](#), the Health Select Committee published an enquiry into CAMHS. The findings were bleak and conclusions unequivocal:

“There are serious and deeply ingrained problems with the commissioning and provision of children's and adolescents' mental health services. These run through the whole system from prevention and early intervention through to inpatient services for the most vulnerable young people.”

Then in January it was revealed that there has been a reduction in NHS spending on CAMHS in England of [£50 million](#) (6%) since 2010. Taken together with the simultaneous process of year-on-year, disinvestment in children's services by local education and social care commissioners since 2010 this amounts to a powerful “[double whammy](#)” of disinvestment in provision.

The picture in the rest of the UK is no different. In 2013 a [review by Health Inspectorate Wales and the Wales Audit Office](#) found that young people were still often being admitted inappropriately to adult mental health wards. The good news is that the Welsh Health Minister has now [ring-fenced CAMHS spending](#), although with more referrals each year it's clear services will struggle to keep pace with demand. Similarly, recent figures from the Scottish Government show an increasing number of young people [waiting a year or more for treatment](#). The consequences of these pressures are two-fold.

First, while mental health needs are unmet, it is possible that self-harming may escalate amongst young people in order for them to receive help. The universities of Bath, Bristol, Cardiff and Exeter have recently launched a [new joint, priority research programme](#) to address *youth self-harm and suicide*. *Consultation with school staff and other professionals* suggests that the “minimum threshold” for eligibility for CAHMS is

far too high. This has left some distressed young people engaging in more severe self-harming behaviour in order to access the service.

Second, within this context of limited specialist services, [schools now have to deal with self-harm and suicidal behaviours](#). These new demands add even more pressure on resources within an education sector already bearing the largest share of [public sector costs](#) in terms of childhood and mental psychiatric disorders. There is also, in turn, a personal impact on teachers' own mental health and wellbeing as more young people are presenting more serious problems to them, often in already stressful school environments and without the training and support structures in place for specialist CAMHS staff.

Alongside ring-fenced, re-investment in CAMHS, more resources should now also be provided to help teachers' respond to student's mental distress. The Department of Health's 2012 [suicide strategy](#) called for staff working in schools to have enhanced training but it rarely happens. [Mental Health First Aid](#) staff training has been [widely implemented](#) and has been shown to be [effective](#) in other settings for promoting help-seeking and responding to mental health emergencies. If some school staff were trained this could address both teachers and students needs simultaneously – and reduce the burden on frontline health services through more effective prevention and early intervention.

If the state of young people's mental health is a barometer of a country's future health and prosperity then the omens are not good for the UK. Disinvestment in youth services simply stores up problems for the future. More resources are urgently needed to deliver specialist CAMHS. However, there is also a clear need for new, universal approaches to reduce the burden on these overwhelmed services in the first place. In particular, the use of Mental Health First Aid training in schools and other youth settings provides an opportunity to intervene early and reduce longer term health and social harms.

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