

CYP & Perinatal Mental Health

National programme update

2nd April 2025

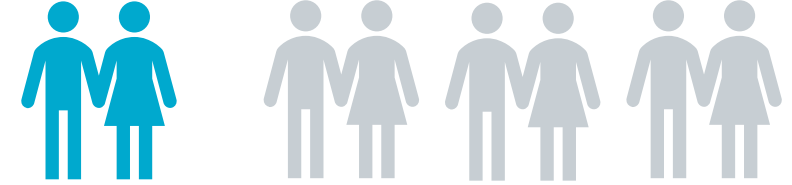
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National Clinical Director for Children and Young People's
Mental Health

The continued case for improving the mental health of children & young people

The problem of mental ill-health in children and young people is real and serious...

Children and young people aged 10-24 years account for a quarter of the world's population

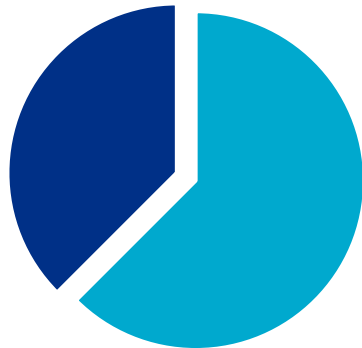


Mental ill-health is a long-term condition, and represents the number one threat to their health

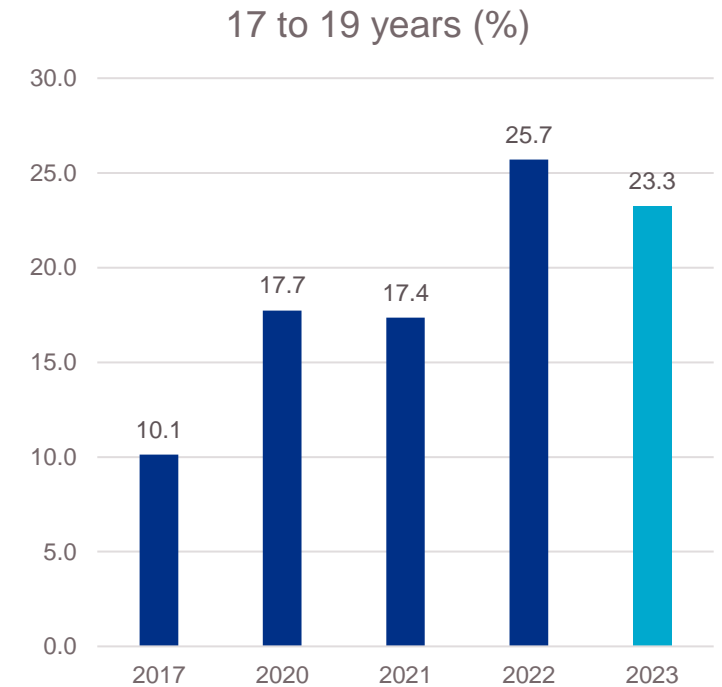
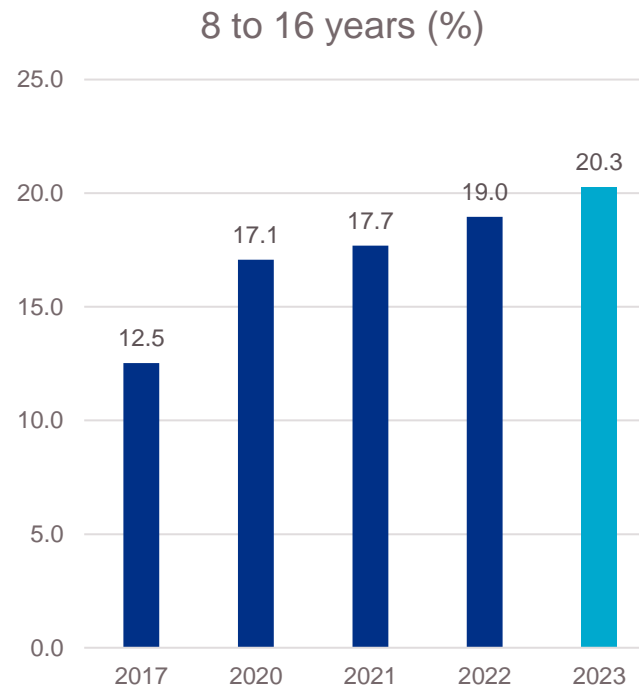
- 10-24 years mental ill-health accounts for 45% of the overall burden of disease
- Suicide 2nd most common cause of death



First onset of mental disorders occurs before the age of 14 in 1/3 of individuals, almost half by 18 (48.4%), and 62.5% by 25



And rates of probable mental disorder in children and young people in England **remain high**...



NHS Long Term Plan Achievements

- The CYPMH sector continues to **transform and grow** services across the country.
- In the 12 months to December 2024, **812k children and young people** accessed NHS-funded mental health services.
- Several LTP commitments are **on track** to be met, and some have been **met ahead of schedule**:
 - Mental Health Support Teams (44% coverage, significantly ahead of target)
 - Roll-out of 24/7 all age mental health crisis lines
- **Integrated models of mental health support for children and young people** are being rolled out across primary care and paediatric acute settings.

Since the start of the Long Term Plan, c. 58% more CYP have received NHS funded MH support



63,283 women accessed a Community Perinatal MH Service or Maternal MH Service in the 12 months to Dec 24, an increase of 105% from Mar 20 (30,625)



At the end of Q4 23/24, there was 88% coverage of the 4 components of a comprehensive crisis service



Over 233k young adults accessed NHS-funded MH support in the 12 months to Mar 24, exceeding the target by 5k



44% of pupils and learners (4.2m CYP) now covered by Mental Health Support Teams, on course for c.50% (5m) by 2025



Increasing transparency and accountability, by publishing (from November 23), data on median and longest waits for CYPMH services



31% more CYP started ED treatment in 23/24 (10,500) compared to 19/20 (8,000)



Worked across mental and physical health to launch the Framework for integrated support for CYP with mental health needs in paediatric acute settings



Launched CYPMH metric to track impact of support through measurable change in MH outcomes



Established, with DfE, a cross-government task and finish group to improve support for young people in most complex situations



The total CYPMH workforce has increased by 46% since the start of the LTP and by 70% since 2016



12 Vanguards delivering the Framework for Integrated Care, providing formulation driven trauma informed care to over 3,000 CYP since April 2022



Despite achievements, significant challenges remain, so its job begun, not job done...



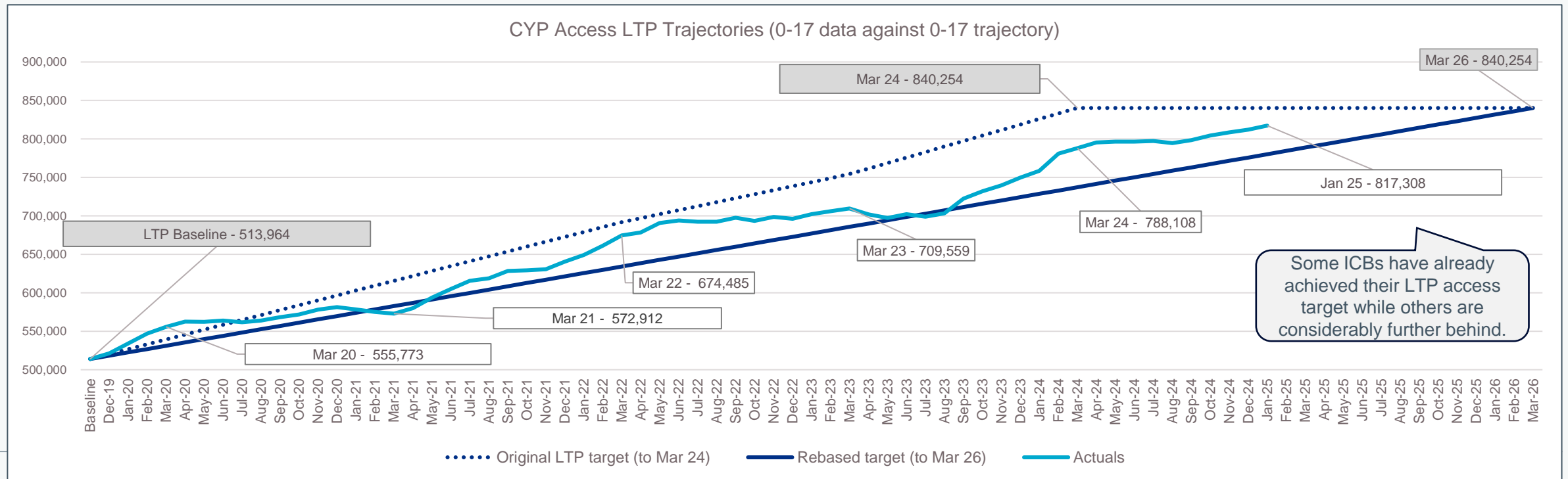
Despite increased access, rising prevalence and growing demand means the treatment gap remains and many CYP are waiting too long to get the support that they need



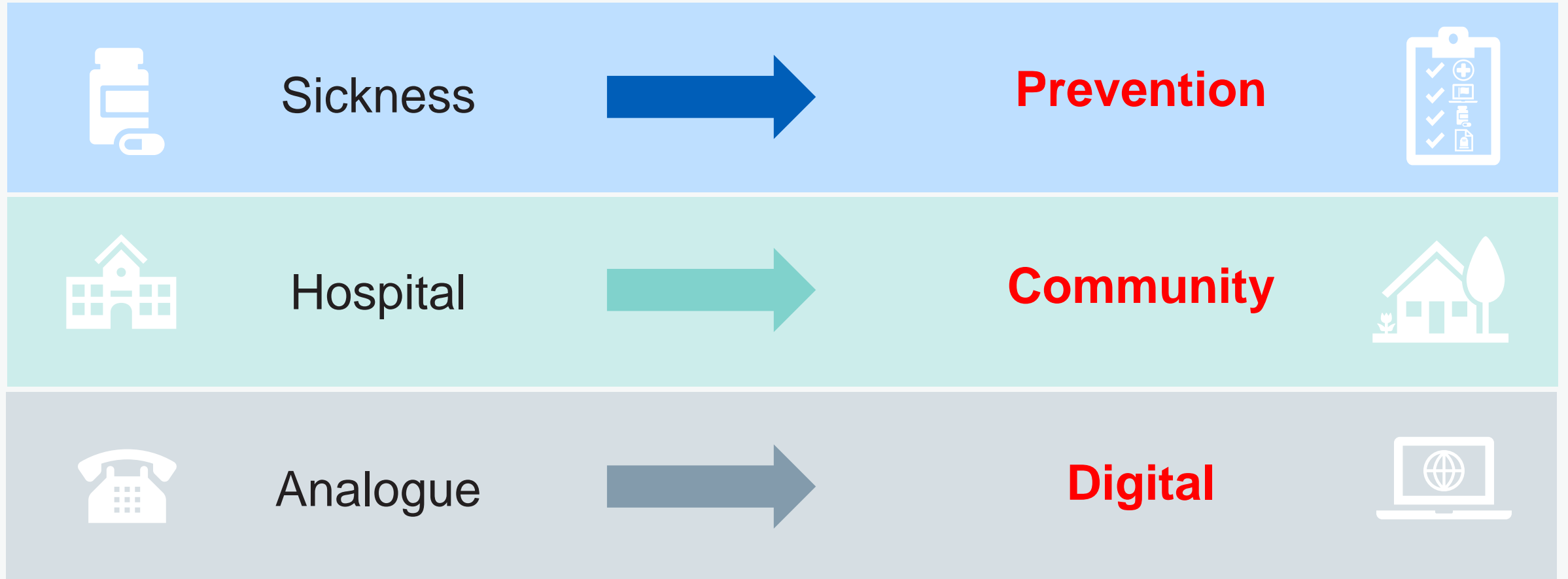
Health inequalities continue to impact CYP access to support, particularly amongst disadvantaged groups



Vacancy rates remain high, and retention rates have fallen

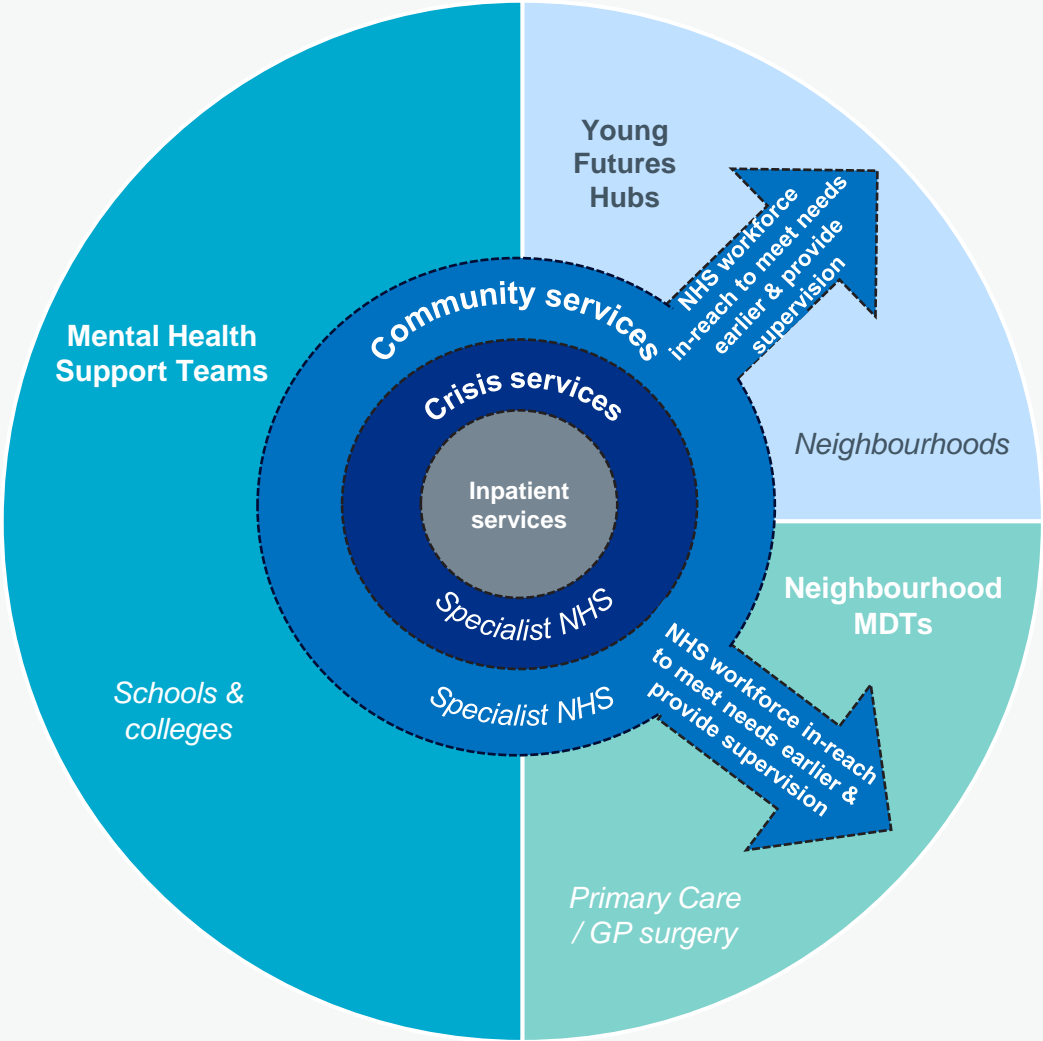


3 Shifts in the 10 Year Plan



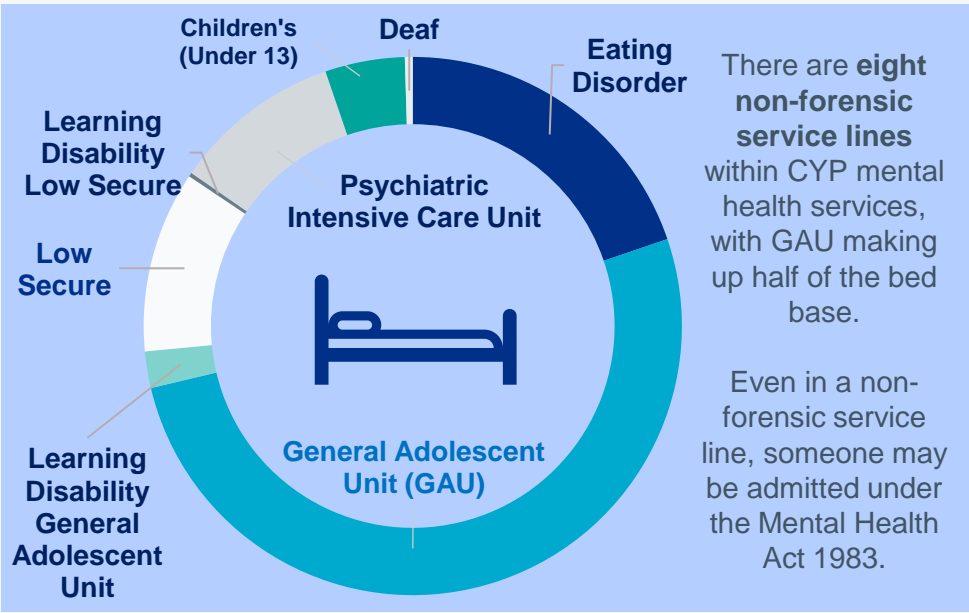
These align with proposed reform of the children and young people’s mental health pathway

- **Expanding coverage of Mental Health Support Teams** in schools and further education facilities to reach 100% coverage by 2029/30
- **Embedding specialist MH support within primary care-based Neighbourhood MDTs for CYP in Primary Care Networks**, providing integrated physical and mental health care
- **Improving the efficiency and effectiveness of clinical services**, informed by QI methodology, GIRFT findings and other data insights, in line with the NHS commitment to improve operational productivity




CYP inpatient provision (as of Nov 2024)

Specialist/Tertiary services include both inpatient and day placement services to provide care and treatment for CYP with a mental illness. Services are traditionally offered up to 18 years of age. Number of beds commissioned is 1152.



The average length of stay for GAU is 87 days.



Young people in **Learning Disability and Autism services, Eating Disorder services, Children's & Low secure services** all have a significantly longer LoS.

AT population 87% are autistic only
The number of autistic people (without a learning disability) in mental health inpatient settings has risen since 2017 against a backdrop of falling numbers overall



There is an **over representation of young black males detained under MHA**

Local areas are **working hard to develop and maintain admission avoidance schemes**, including crisis houses, day placement provision and strengthening community teams.




Rates of Restrictive Interventions are higher in CYP MH wards compared with adult inpatient services.

They are particularly higher for children and young people who are autistic or who have a learning disability


The largest increase in admissions for Autistic people are amongst the 18–24-year-olds, from 130 in March 2017 to 270 in June 2024 (104% increase).




There is a **universal referrals form** used to access CYP inpatient services.



The national ambition is to **reduce lengths of stay** and ensure that children and young people are **cared for as close to home** as possible.



Occupied beds days has been falling

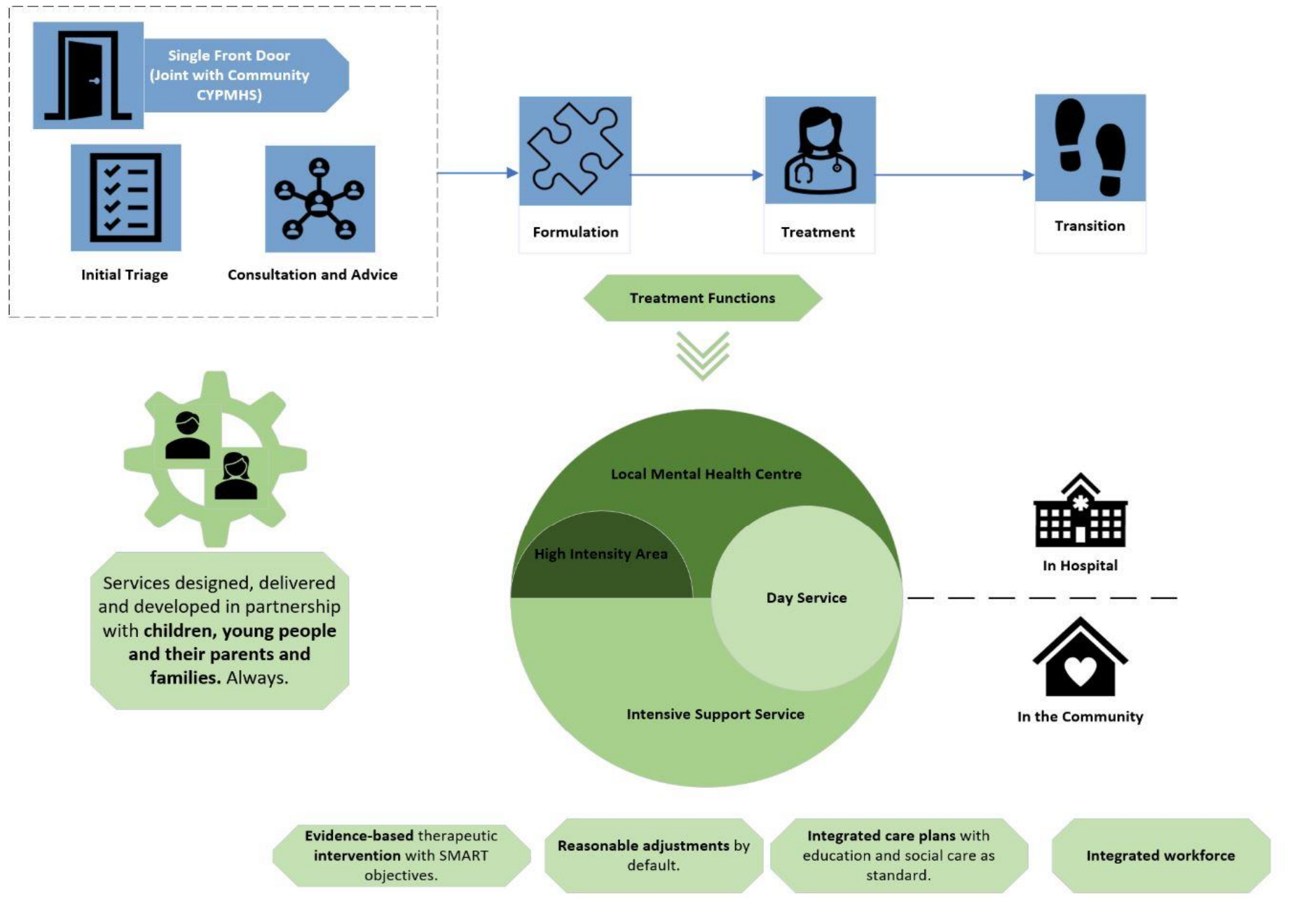


Girls are overrepresented in inpatient mental health services.

Community teams provide intensive and crisis care to young people in the community, and can support both admission avoidance and discharge from inpatient services

Data source: NCDR

CYPIMHS Transformation Model



Further action is underway to better support CYP with eating disorders

Prevalence of eating disorders has increased and CYP ED services have seen a surge in demand since the pandemic, as well as rising acuity and complexity. This has detrimentally impacted on performance against the waiting time standard.

Draft updated national guidance developed in partnership with stakeholders aims to address demand and resourcing pressures by enhancing CYP ED pathways, alongside recent additional investment.

CEDS as pathway leaders

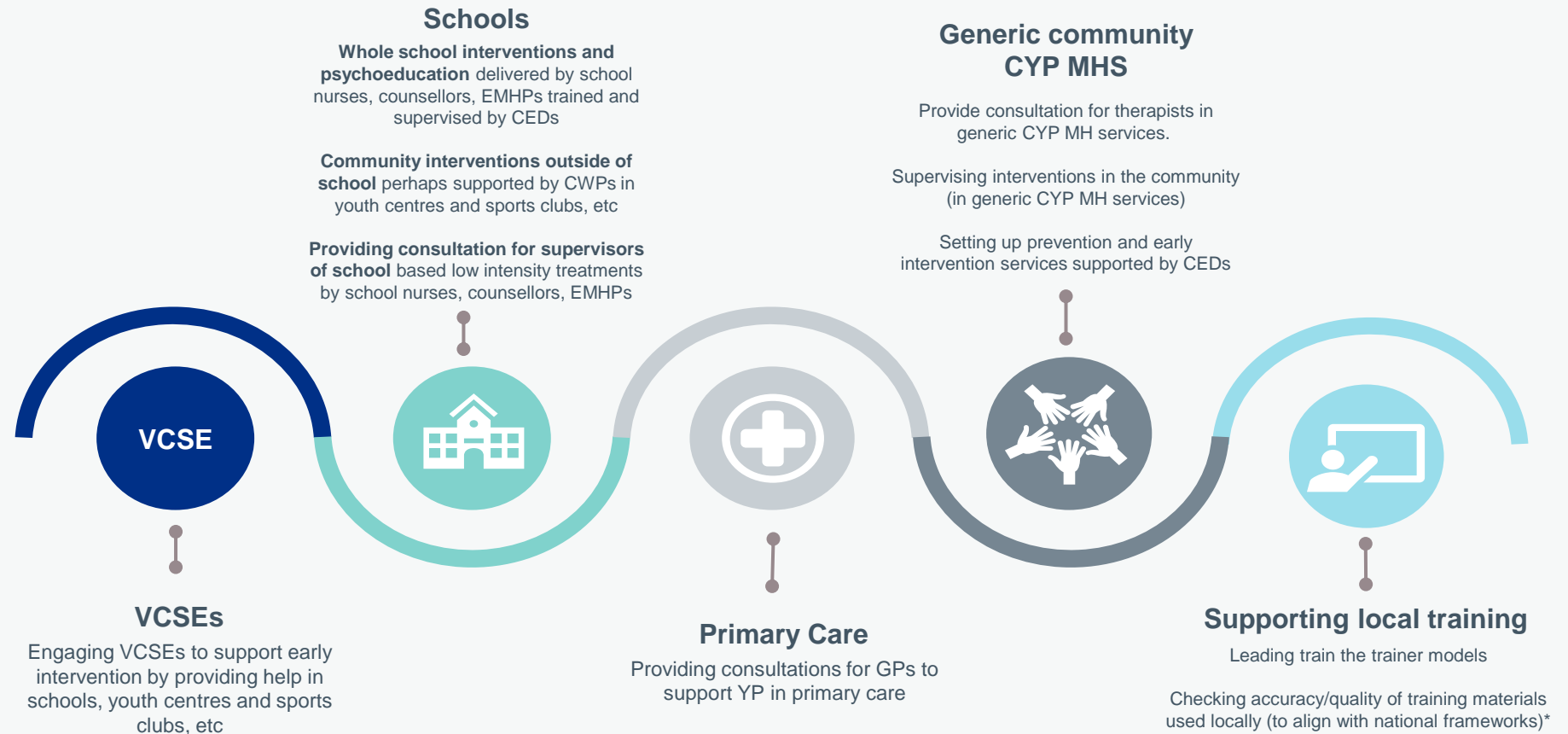
CEDs should be the ED specialist leaders within the ED care pathway; supporting development of local pathways, providing consultation and supervision.

Enhanced capacity and skill mix is required in CEDS, to provide swifter access to specialist evidenced based interventions.

Refreshed care pathway

Should focus on strengthened interactions between CEDs and other services to focus on early intervention and shared care approaches.

This slide outlines how CEDs can work with different teams to act as leads in the ED pathway and to support prevention and early intervention.



*Not expected to undertake all training delivery

Improving the mental health support offer for young adults



Offering a comprehensive mental health support offer to Young Adults has been and remains a key programme priority area.

Long Term Plan Ambition
 All areas should be commissioning a comprehensive offer for 0–25-year-olds that reaches across mental health and physical health services for children, young people and young adults by the end of 2023/24.

2021 CQC Community Mental Health Survey
 The 2021 CQC survey identified that 18 -35-year-olds tended to report poor experiences across most themes including overall experience access care during COVID-19 communication involvement respect and dignity and treatment history.

2019 NCCMH Report
 The 2019 'Meeting the needs of young adults within models of mental health care' report emphasises the importances of new models of care to provide support, care and treatment for young adults.

2016 NICE Report
 The 2016 NICE 'Transitions from children's to adults' services for young people using health or social care services' report highlights the importance of transition process which is planned and co-produced with young people.

We are asking systems to fully implement each of the following principles by 2024/25

Eliminating rigid, age-based thresholds

Ensuring a culture of shared responsibility and ownership across AMH and CYP, and joint-working arrangements that support effective, strategic transition planning

Ensuring joint working arrangements are in place with other local partners – such as local authorities, education providers and VCSE – to support young adults

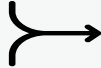
Ensuring a data-driven approach to improving services and address inequalities for young adults

Adapting existing pathways within services as needed to ensure young adults are offered developmentally appropriate support

Involving young adults (and their families) at all levels including service design, delivery evaluation and governance arrangements

Supporting staff across all services to understand needs of young adults so they can develop the skills, competencies and knowledge to work with and engage them

Ensuring services are supporting high risk groups such as care leavers, and working with HE providers to support students



National Support Offer



In conjunction with systems and regions, we are **developing a young adult support pack**.
 This will provide case studies and additional narrative for each of the key principles, to support their implementation nationally

PANS PANDAS STEERING GROUP



Launched in October 2022, the PPSG published their own statement* in Feb 2023 addressing some of the concerns raised by the BPNA consensus statement.

**Extremely small number of trusts (fewer than 5) have changed the way they are assessing and treating since the PPWG statement was published in February 2023.*

Independent research carried out by a parent of a child with PANS



Consensus Working Group

Working towards a true multi-stakeholder consensus regarding treatment options in the NHS

Group convened (September 2025 delivery)



Research Working Group

In collaboration with NHS England, BPSU, BPNSU and CAPPs, a nationwide surveillance study application is being made to determine prevalence

November 2024 Stage 2 application



Pathway Working Group

This group will aim to identify specialist services or other enhanced clinical pathways for MDT management of affected children and young adults

To convene as consensus near completion



Education Working Group

Development of a position statement encompassing health and education information to distribute to Local Authorities

See <https://panspandasuk.org/> for outputs

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