



The Government Response to the 2015 Youth Select Committee Report

Young People's Mental Health

January 2016

Joint Ministerial Foreword

We are delighted to be providing a formal response to the Youth Select Committee on young people's mental health. Since the election in May 2015, we have confirmed children and young people's mental health and wellbeing as a top priority in both our Departments. We are absolutely committed to making sure that we are able to make the real difference that is so needed. This area has been undervalued, underfunded and under prioritised for far too long.

We are confident that we are going in the right direction, with the most significant change programme that the sector has ever seen. Every local area in the country has been asked to develop a plan to transform their offer for children and young people's mental health and wellbeing across health, education and children's services. And we have backed this with significant additional investment. Areas have received money directly to support these changes, as part of the national programme of work we have started.

It is crucial that we work with young people throughout these changes – as only young people truly understand what they need from their services. That is why we were so pleased that the Youth Select Committee chose to focus on mental health in 2015.

We were both impressed and moved at the launch event for this report in November. A packed room of key delivery partners in this sector, awaiting the discussion and feedback from the committee, was unlike any other Parliamentary event we have been to. We were reminded of the Select Committee's high standard of questioning when we gave evidence in July. We were impressed by their professionalism, passion, and ability to ask the right questions. We are very pleased to see this has all been reflected in a well-informed and thoughtful report.

Since giving evidence to the committee we have continued engaging with young people. In December, the Department of Health ran a Takeover Challenge where young people from across the country, supported by colleagues across youth

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charities and counselling services, spent a day in Whitehall giving feedback, challenge and ideas on some of our key areas of work. Getting their thoughts on the report was their number one task. They started with rating the areas of most importance and then were able to add some further 'wildcard' ideas. A key point raised by several participants was that while additional funding was a hugely important issue, it is also of absolute importance that we do things better with the money we have. We agree, which is why in addition to the £1.4billion pounds of funding that we are investing in young people's mental health over the next 5 years we are also developing new approaches such as innovative ways of joint working between schools and health services and an increased focus on transforming life chances.

The Department for Education too has held further events to engage young people. Members of the committee provided feedback on their thinking to a wider group of young people considering what more can be done to support mental health, and young people will have a particularly important role to play in helping to shape what the government can do to encourage peer support and unlock the potential of young people to support each other with the challenges that they face.

There is still so much more to do and we'll be continuing to involve young people every step of the way.



The Rt Hon Alistair Burt MP
Minister of State for Community
and Social Care



Sam Gyimah MP
Parliamentary Under Secretary of
State for Childcare and Education

Joint responses to the Youth Select Committee Recommendations

Recommendation 1: We support the Taskforce recommendation that lead commissioners be appointed for local areas (paragraph 16).

1. [Future in Mind](#) (the previous government's report on the work of the Children and Young People's Mental Health and Wellbeing taskforce) recommended that local areas should appoint lead commissioners. The government agrees that there must be clarity of commissioning arrangements, including being absolutely clear about who is responsible for what.
2. Local areas are doing this through the local transformation process. The government is investing an extra £1.4bn in children and young people's mental health over the next five years. Most of this money is going straight to local areas, but they only received this after drawing up a [Local Transformation Plan](#). NHS England issued guidance on how to draw up plans, which asks for the lead accountable commissioning body for children and young people's mental health to be identified, and states that in most cases this will be the Clinical Commissioning Group (CCG) working with local authorities and other partners.
3. Throughout the local transformation process, it has been clear that children and young people's mental health should be everybody's business: health commissioners and children's services commissioners across the NHS, local authorities, education, youth justice, public health and social care came together to decide what needed to be done and how they would go about doing it. Not only did the commissioners in different organisations join up to lead together, in many parts of the country local areas also joined up (multiple CCGs and local authorities) as they realised they could achieve more by working closely together.
4. For example, Derbyshire has appointed two lead commissioners based in local authorities, one for each half of the county, while Norfolk has established a new Children and Young People's Strategic Partnership to streamline and integrate commissioning arrangements. Many CCGs chose to work together on single plans for an entire county, e.g. in Hampshire, Essex, and Lancashire; while no fewer than 8 CCGs in North and West London have clubbed together to share expertise in a single plan.

Recommendation 2: The Committee were pleased to see Ministers and officials from both the Department of Health and the Department for Education appearing together to give evidence. We hope this spirit of co-operation will continue and that departments across Government will work collaboratively to make improvements to young people's mental health services. (paragraph 17)

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5. The government welcomes the committee's acknowledgement of cooperation between the Department for Education (DfE) and the Department of Health (DH). Young people at the recent Takeover Day (an initiative set up by the Children's Commissioner, where organisations provide an opportunity for young people to 'takeover') at DH also told us that joint working between organisations is very important.
6. Sam Gyimah is the first ever minister from DfE who has specific responsibility for children's mental health. This reflects that mental health and wellbeing affects all aspects of a child's life, and that services are not just delivered by NHS providers, but also in schools, youth justice settings, and in the wider community.
7. Both ministers in the previous government and their policy officials worked very closely together to support the Taskforce and in writing *Future in mind*, which involved over 70 organisations across a range of sectors, and was informed by a consultation with 1600 young people, in partnership with the charity YoungMinds.
8. The two current ministers continue to collaborate, jointly attending key events and meeting regularly on a one-to-one basis to provide policy direction and discuss progress. They also meet with other Ministers responsible for related areas, such as with Edward Timpson on the important issue of looked-after children. Meanwhile, the officials that support the ministers team up behind the scenes while engaging directly with young people, for example through DH attendance at roundtables with young people organised by DfE.
9. We recognise that far more organisations need to be involved at national level than just two government departments. The National Children and Young People's Mental Health and Wellbeing Oversight Board is responsible for informing strategic direction and national plans to improve and transform young people's mental health services. 11 organisations are represented on board, including DH's Arm's Length Bodies (NHS England, Health Education England, Public Health England), and local authority organisations. The Board works to ensure that the extra money being invested by the government over the next five years is used to best effect.
10. As an example of cooperation at national level, DfE is working jointly with NHS England to fund and run pilots looking at how schools and children and young people's mental health services can work better together locally. The aim is to improve access to specialist services and to make better use of resources. The government has invested £3million into this project which is working with 255 schools across 27 clinical commissioning groups (CCGs) to test how

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training and subsequent joint working can improve local knowledge and identification of mental health issues, and improve referrals to specialist services.

11. We continue to seek out opportunities to embed children and young people's mental health in all aspects of government. For the first time, there will be specific reference to children and young people's mental health in the new Health Offer for the Troubled Families Programme, led by the Department for Communities and Local Government (DCLG). We are also in discussion with other government departments, for example with the Government Equalities Office to discuss the needs of those young people who identify as lesbian, gay, bisexual or transgender (LGBT), and with the Ministry of Justice and Youth Justice Board to look at those involved with the youth justice system.
12. Another example of co-operation between different government bodies is in relation to internet safety. DH is now an observer on the UK Council for Child Internet Safety (UKCCIS), a group of more than 200 organisations drawn from across government, industry, law, academia and charity sectors that work in partnership to help keep children safe online, joint-chaired by ministers from the Department for Culture, Media and Sport, the Ministry of Justice, and DfE. DH will make sure UKCCIS continues to consider the risks to child mental health of the digital world and knows there is a lot of good work taking place already.

Recommendation 3: It is unacceptable for young people's mental health services to be deemed lower than a Cinderella service. Until young people's mental health services receive funding proportionate to that of physical health, we do not believe parity of esteem can be achieved. We find that young people do not have equality with adults. The balance is wrong and inefficient. We recommend that the Government increase levels and proportion of funding for young people's mental services over the next parliament and encourage Local Authorities to ring fence mental health budgets for young people. We have made specific recommendations on where additional spending is most needed later in this report. (paragraph 24)

13. The government agrees that children's mental health has historically been underfunded. At a recent Takeover Day on 9 December at the Department of Health, young people told us that funding was the most important issue, and that we cannot make the changes needed until the funding situation improves.
14. This is why we are investing an extra £1.4bn in children and young people's mental health services over the course of this parliament. Mental health services will also be boosted by a £600m investment announced in the Spending Review in November 2015. Additionally, in January the Prime Minister

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announced a further £290m investment to help new and expectant mums who have poor mental health, and £247m to hospital emergency departments to make sure they have mental health support available 24/7.

15. All this extra funding increases both the level and proportion of funding for services nationally. Locally, NHS England's latest planning guidance to local areas tells commissioners they must increase investment in mental services each year at a level which at least matches their overall expenditure increase.
16. We also firmly believe that it is not all about funding. We need to look at how the funding available already can be used more effectively – by moving resources into prevention and early intervention, for example, so that fewer children and young people experience difficulties in the first place and are less likely to develop mental health problems.
17. We welcome the committee's suggestions for how the extra funding should be spent, but we believe decisions on funding should be made locally, by the people who will know and understand the needs of their local population best – and not by politicians or civil servants in Whitehall. This is why most of the additional funding is going straight to local areas, who have outlined how they plan to use the additional funds in their Local Transformation Plans. These plans were drawn up by CCGs in close consultation with local authorities, service providers, schools, and in many cases directly with the young people who use services.
18. NHS funds form only part of the overall young people's mental health funding picture. Services are also commissioned and funding provided by local authorities and schools. Until recently, it was very difficult to understand what was being spent where, with no way to determine how much was being spent on children's mental health services in total. As part of the Local Transformation Plans, local areas have had to identify all sources of funding meaning that we can start to gather information on what is being spent locally over the five-year transformation period. CCGs will also provide information on local mental health services spend in the new CCG assurance framework.
19. This is not just about mental health services, but about improving wellbeing for children and young people generally. The government recognises the importance of investing in education, and at the Spending Review confirmed a real terms protection for the core schools budget. Throughout the Parliament, the money available for schools will increase as pupil numbers rise. The pupil premium is also protected, and will be maintained at current rates.

Recommendation 4: Transition: facing a cliff edge. We recommend that the Government makes additional funding available to services in order to implement improved transition plans.

20. The government recognises that this is a very important issue. Young people at the recent Takeover Day also told us this is an area that needs attention. In January 2015, NHS England published a [Model Specification](#) for Transitions from Child and Adolescent Mental Health Services, which can be used by local areas to support better transition planning and delivery. The age range for this specification is determined locally, and should be explicitly stated, along with any agreements regarding transition of care from provider to provider.
21. *Future in mind* did not prescribe a set age for transition, but did recognise that transition at 18 will often not be appropriate. It recommended flexibility around age boundaries, in which transition is based on the particular needs of the individual child and young person rather than chronological age, with joint working and shared protocols between services to promote seamless care.
22. Transition poses additional challenges for young people who are in or about to leave care. To support these vulnerable young people the refreshed care leaver strategy will consider how the pathway planning process can be used to facilitate a smooth transition into adult mental health services.
23. At whatever age a young person leaves one service for another, we expect services to be planning the transition with young people and, where appropriate, their family well in advance. Many local areas through their transformation planning process have considered how best to improve transition. Examples include developing a 0-25 age service in Birmingham, while Croydon is spending some of its additional funding on a new, dedicated Adult Mental Health Worker within its specialist young people mental health team to support transition to adult services.

Recommendation 5: We recommend that there be compulsory training for GPs on young people's mental health. This should be included in the work-based training being introduced as well as initial GP training over the next year. (paragraph 38)

24. GPs will often be the first health practitioners a young person encounters when seeking help for a mental health condition. The government agrees that it is of the utmost importance that GPs are well trained on children and young people's mental health.
25. Health Education England (HEE) is the national organisation responsible for workforce education, training and development in the health sector. The

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Department of Health works closely with HEE, who are represented on the National Children and Young People's Mental Health and Wellbeing Oversight Board which provides direction for the five-year transformation of young people's mental health services. The Department sets out its priorities to HEE through an annual mandate which includes the contribution they will make to deliver the workforce aspects of the transformation programme. This is kept under review through quarterly accountability meetings with ministers.

26. The [latest mandate](#) recognised that “a workforce made up of highly skilled staff with improved training in children and young people's physical and mental health [...] is an important factor in improving children and young people's health outcomes”. It included a commitment that HEE would “continue to work with bodies that set curricula, such as the professional bodies and professional regulators, to seek to include compulsory work-based training modules in child health in GP training”.
27. In addition to face-to-face training opportunities on children and young people mental health, GPs can access the government-funded [MindEd](#) website, which offers free e-learning modules developed by a consortium of clinical experts. MindEd is now used by several thousand professionals and is being expanded to include new resources on the impact of the digital world on young people's mental health as well as modules for families. These new resources present an ideal opportunity to further raise awareness of the MindEd programme to GPs and other health professionals.
28. Young people also deserve the best-trained mental health specialists. The government is investing to expand Children and Young People's Improving Access to Psychological Therapies (CYP IAPT). The [CYP IAPT](#) programme includes training for children and adolescent mental health professionals to put the patient at the centre of their treatment: young people agree goals and milestones with the professional, and participate in their care through regular feedback and outcome monitoring. The benefits of this approach are well evidenced. We are funding the expansion of CYP IAPT to cover the whole country by 2018 and are engaging young people nationally on this.

Recommendation 6: We recommend that the "You're Welcome" standards be amended to include specific guidance for GPs on how to welcome and engage with young people with mental health concerns. This new guidance should be written in consultation with a board of young people, which should be created within 6 months. (paragraph 39)

29. The government welcomes the committee's focus on the ["You're Welcome"](#) quality criteria, which offer a set of standards for delivering health services that

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are welcoming to young people, and a structured framework for reviewing services. Health services are advised to use the standards to assess how well their provision meets the needs of young people.

30. Following the publication of the committee's report, the Department of Health has started discussions with NHS England and PHE to consider opportunities to revise the "You're Welcome" toolkit, as part of a review of the toolkit's accreditation process that is due to commence early this year. We have suggested that any amended toolkit should include specific guidance on young people's mental health.

Recommendation 7: Young people should leave school with a good level of understanding of mental health. This should include the ability to understand and develop their own mental wellbeing; how to support friends or family members; understanding that mental health is as important as physical health; and knowledge of how and where to seek help. (paragraph 49)

Recommendation 8: We do not see that, if physical education requires statutory attainment levels, that mental education should be any different. We recommend that the Government develop and introduce statutory levels of attainment from the age of 5 for mental health education. Schools should have autonomy to deliver mental health education flexibly but must be able to demonstrate how pupils reach the attainment levels. (paragraph 50)

Recommendation 9: Ofsted already assess mental health education during inspections. We recommend that once attainment levels have been introduced, Ofsted should assess whether pupils are reaching them. (paragraph 51)

31. The government wants all young people to leave school prepared for life in modern Britain. This means ensuring that young people achieve academically, have the knowledge and skills to make safe and informed decisions, and develop personal and emotional wellbeing. We encourage schools to take a whole school approach, ensuring staff are aware of how mental health difficulties can make young people more vulnerable. Teaching pupils about mental health and emotional wellbeing, as part of a developmental PSHE education curriculum, can play a vital role in keeping pupils emotionally safe, and our new lesson plans can help schools to deliver this. Our guidance on behaviour and mental health also provides teachers with information and tools that will help them to identify pupils who need help, provide effective early support and understand when a referral to a specialist mental health service may be necessary.

32. Young people have told us that they understand best what issues they need support and information on, and how they want to receive it. The importance of

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peer support is clear. We want to consider whether young people would benefit from training to provide them with opportunities, and recognition, for volunteering to support their peers with appropriate advice and information. We are setting up an advisory group to identify what good peer support looks like and consider how we can embed it in schools, communities and online. Our vision is that parents and young people will expect all schools to offer some form of peer support programme as part of a whole school approach to mental health and emotional wellbeing. As we develop our approach we need to hear from children and young people and will be seeking their input, including through social media channels.

33. What is taught in schools can also play an important role both in promoting good mental health and supporting children and young people who are facing difficulties. The physical education programmes of study referred to by the committee do not set attainment targets as such. They set out what should be taught at each key stage. The freely available [guidance and lesson plans](#) on teaching about mental health produced by the Personal, Social, Health and Economic Education (PSHE) Association last year do a similar job. Nearly 2,000 pupils were involved in developing these resources, which cover both primary and secondary schools. The primary school plans cover teaching children about recognising and understanding their feelings as well as how to develop positive coping strategies. The secondary school plans introduce more specific knowledge about different conditions including eating disorders, self-harm and depression, while continuing to teach about improving resilience. We will explore what more we can do to promote use of these resources and to support schools to deliver them effectively.

34. Ofsted are clear that good schools understand the link between mental health, wellbeing and resilience on pupil's academic attainment and life outcomes and that it is an important part of how schools support young people. The new [2015 Ofsted inspection framework](#) places greater emphasis on wellbeing, and inspectors assess the experiences and attainment of pupils with mental health issues.

Recommendation 10: We recommend that there be mandatory minimum training for teachers on young people's mental health. The training should focus on how to respond to a young person who asks about mental health, how to spot problems and where to refer. This training should form part of the core content of Initial Teacher Training. (paragraph 57)

35. All those training to become teachers must be able to meet the [Teachers' Standards](#), which set clear expectations about what they need to know and the teaching skills they need to have. As part of this they must be able to adapt their

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teaching so that it meets the needs of all their pupils, including those that need more support, understanding how a range of factors can inhibit pupils' ability to learn, and how best to overcome these. Teachers are also expected to demonstrate an awareness of the physical, social and intellectual development of children, and know how to adapt teaching to support pupils' education at different stages of development.

36. Ofsted inspects the quality of Initial Teacher Training (ITT) against the Teachers' Standards. No trainee can be recommended for qualified teacher status until they have met the Standards in full.
37. The government does not prescribe the content of ITT. However, we have commissioned an independent group of experts chaired by Stephen Munday CBE to build a better shared understanding of what elements good ITT courses include and to develop a framework of core ITT content. The group is looking at the Carter Review recommendations about the extent to which child development, special educational needs and mental health should be covered within ITT programmes. The group is expected to report to Ministers in spring 2016.

Recommendation 11: The Committee recommends the inclusion of a trained counsellor in all schools and agrees that schools should make counselling services available to all secondary school pupils. (paragraph 58)

38. The government wants schools to decide themselves what counselling support best fits the needs of their pupils. Our recently published [Teacher Voice survey](#), based on information from the summer term 2015, suggested that 70% of secondary schools and 52% of primary schools provide counselling services for pupils who need extra support. Our expectation is that over time all secondary schools will want to provide this.
39. The DfE [counselling guidance](#) provides practical, evidence-based advice on how to deliver high quality, school-based counselling as part of a whole-school approach. We will be updating and further promoting this resource to schools in 2016, encouraging them to review what they currently offer and how best to provide access to the right support for their pupils. This includes making sure that whatever support is offered in schools is integrated into the system of children's mental health support locally so that specialist support is provided where children need it.
40. There are already examples of NHS children's mental health services working in schools to provide extra support, commissioned directly by schools. DfE's joint pilot with NHS England is testing how joint training of single points of contact in

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mental health services can support and improve this integrated approach. This training will improve the knowledge and understanding of mental health issues within schools, as well as helping to develop more effective joint working practices that will make specialist services more accessible and responsive to the needs of individual children and young people

Recommendation 12: The Committee believes that exams can cause significant stress to pupils and that schools need to offer specific additional support during these periods. We do not wish to be prescriptive about the form of additional support but believe peer-to-peer support for all pupils during exams would be beneficial. (paragraph 65)

Recommendation 13: We recommend that the Government require all schools to put in place plans for how they will support pupils in managing stress during exam period, and that the DfE lead on piloting, evaluating and sharing good practice projects to promote this. Schools should have flexibility to use strategies they think will work for their pupils but plans should be reviewed by Ofsted as part of their inspections. (paragraph 66)

41. It is important that all children and young people are given the support that they need to truly fulfil their potential in all areas of their lives. We have made reforms to our examination system that will mean that children are now able to leave our schools with the skills and knowledge to match the best performing educational systems in the world. However, we know that they will only be able to fulfil their potential academically if they have good mental health and emotional wellbeing.
42. Examinations are an important part of school life and a vital stepping-stone to future success in life, whatever route young people choose to take. Excellent teaching is the key to ensuring pupils feel fully prepared and ready for exams, and good schools create supportive environments where young people are listened to and supported as they study and revise. Teachers work with their pupils for long periods of time and are well placed to know when they are doing well and to spot when there is an issue. If they see signs of excessive exam-related stress then they are able to work with the young people and their families to help them access the appropriate support.
43. Head teachers are experts and know what is best for their pupils; it is important that they are trusted to develop approaches that suit their individual circumstances. Within our programme of work on peer support we will seek to collect evidence on how peer support is used already to complement what schools do to help their pupils get the results they are capable of, alongside excellent teaching and support with effective study and revision techniques.

Recommendation 14: Cyberbullying and sites which promote self-harm can have a significant impact on the mental health of young people. Hoping that children will simply stop using social networks is not a solution. We recommend that the Government should facilitate a roundtable for charities, technology companies, young people, and the Government to work together to find creative solutions needed to help young people stay safe online (paragraph 72).

44. The government agrees with the committee that the technology industry must work with charities, government organisations and young people to solve problems posed by the digital world. That is why the government established the UK Council for Child Internet Safety (UKCCIS). This brings together over 200 organisations from government, industry, law, academia and charity sectors, to discuss all matters relating to internet safety, including cyberbullying and self-harm. This crucially also includes organisations that represent the views of young people.
45. Within UKCCIS, Ofcom leads a Working Group on Social Media which published [guidance for social media providers](#) on child online safety on 22 December 2015. This includes advice on how to identify negative content, including cyberbullying and the promotion of self-harm, and guidelines of ways to moderate effectively and take effective steps to remove negative content. This was published alongside a companion [guide for parents](#) on how to help their children stay safe online.
46. Large formal groups comprised primarily of adult professionals are not always the best arenas for the most vulnerable young people to make their voices heard. It is important that young people, particularly those with lived experience of mental health services or online bullying, can express their views in environments that are safe, familiar and friendly. Organisations such as Childnet are able to do just that. The Government Equalities Office has commissioned new cyberbullying guidance from Childnet and the Safer Internet Centre. In developing this guide, Childnet has organised several focus groups with young people aged 12-17, including one with a group of LGBT young people specifically. Their input will form a vital part of the new guidance, which will be published later this year.
47. Since 2014 children at all key stages are being taught about e-safety. Last year the Department for Education also produced [advice for parents](#) on how to keep their children safe online, spot the signs that they are being cyberbullied and what to do about it. Similar advice has also been published for [teachers](#), which includes how to protect themselves from cyberbullying.

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48. The new [Parent Info website](#) is a collaboration between [CEOP](#) and [Parent Zone](#) which provides high quality information to parents and carers about their children's wellbeing and resilience. It includes information on a wide range of subject matter from difficult topics such as sex, body image and peer pressure through to broader wellbeing topics such as sleep. It works from the assumption that young people make little distinction between their online and offline lives and the aim is to help parents to help their children be discriminating, web-literate and resilient. Schools can host the content on their own websites and use the information in any other way that they want, such as in letters to parents.

Recommendation 15: The Committee agrees with and supports the recommendation made by the Future in Mind report for the introduction of an endorsement system for online resources. We recommend this system be developed in consultation with a selection of young people who can advise on what they and their peers would find useful. (paragraph 79)

49. The government agrees with the committee's recommendation. There is a plethora of mental health online resources and digital tools, and it is very important that young people can differentiate between trusted, clinically-proven tools and those that may cause harm rather than help. This includes national resources as well as many excellent tools produced by local areas, often in close consultation with local young people, such as the My Mind Matters site produced by Rotherham Clinical Commissioning Group. It is important that any endorsement system does not discourage local areas from developing bespoke tools for the areas they serve.

50. Endorsement systems already exist for digital tools. British Standards International (BSI) developed a Publicly Available Specification (PAS) for mental health apps working with clinicians. PAS 277 defines a set of quality criteria for the development, testing and releasing of health and wellness apps, and is available for free download on the BSI website.

51. We recognise that further work in this field is needed. Since the committee published its report, we have engaged in the early stages of a digital project that would include assessment of digital resources and tools by clinical experts. We are taking action as a result and will be in a position to explain in further detail soon.

Recommendation 16: We recommend that the Department of Health work with a group of young people to develop a trusted app that has NHS branding. It should have a bright, simple design, include a mental health first aid kit and clear signposts to mental health services and link to other online resources. (paragraph 83).

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52. The government welcomes this recommendation as this recognises the power of the trusted NHS brand. In October we launched the [Youth Mental Health Hub](#) on NHS Choices. This was developed in close consultation with young people in a series of workshops held shortly after we gave evidence to the committee.
53. The site includes information and guidance on mental health, videos, interactive elements such as a mood self-assessment, signposting to local mental health services, and links to other online resources. The site can be viewed in both desktop and mobile views, meaning clear, NHS-branded information on mental health is available to young people anywhere.
54. The site will continue to develop and evolve, and young people will be involved every step of the way. The young people who attended the design workshops have been asked for their feedback on the live site, and it was also evaluated by young people at the DH Takeover Day on 9 December. They praised the clear design of the page, and the factual information presented, and advised on possible additions, such as information on how to prevent relapse, and the opportunity to personalise information to the user's conditions. This and continuing evaluation will inform the future development of the site.

Recommendation 17: Stigma, the biggest battle? We believe that the hard-hitting anti stigma campaign recommended by the Taskforce will only be successful if it makes use of the expertise of young people. We recommend that a consultation group of young people, both with and without a mental health history, be set up to work on and contribute to the anti-stigma campaign and that someone is identified to ensure that this happens.

55. Tackling the stigma that is often still associated with mental illness is crucial. We know that if young people are reluctant to talk about their problems it makes it much harder for them to learn, make friends and fulfil their potential. Following *Future in mind*, DH launched two new anti-stigma campaigns in partnership with [Time to Change](#) in November 2015: one was the largest ever campaign aimed at teenagers, and the other was the first ever campaign aimed at parents specifically. For [teenagers](#), the biggest issue was being judged by their peers for their condition. That's why Time to Change commissioned Suli Breaks, a spoken word artist, to make a call to action for 'no judgement'. The [parents](#) campaign focuses on parents being ready to have a conversation with their children about mental health, following a Time To Change survey which found 55% of parents never talk about mental health with their family.
56. Time to Change works with a large network of young people on their campaigns and has done over the past four years. They already work extensively with young

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people to develop their social marketing digital work and schools programme, as they know that in order to have impact they need to have the feedback from young people themselves.

57. This has included two programme advisory panels, a virtual panel of 900 young people, and 'Young Champions'. The advisory and virtual panels are made up of young people aged 16-25 with and without lived experience of mental health illness. These young people have helped to co-produce work, have fed into and advised on the development of Time to Change's campaigns. Time to Change has also trained young people with lived experience of mental health problems ('Young Champions') to deliver social contact events, co-trained within schools, and carry out media work.
58. At the DH Takeover Day on 9 December, young people gave feedback to a colleague from Time to Change, which will inform future phases of the campaign. Time to Change would be happy to meet with members of the Youth Select Committee to run a similar session if there is continued interest. Funders and supporters, such as the two departments, will continue to support this approach.