Introduction and background

A number of recent reports on children’s mental health have expressed concerns about access to treatment and funding. Although children make up 20 per cent of the population, they account for only 9 per cent of overall mental health funding. On average, NHS areas spend less than 1 per cent of their budgets on children’s mental health. This means that children’s mental health services require an additional £1.7 billion a year to achieve equivalent funding to that provided to adult mental health. To this end, the Government has given the NHS a historic 10-year funding settlement, with the Chancellor pledging at least £2 billion a year of extra funding for mental health services. If this funding is sufficiently targeted towards children, it is possible to achieve spending parity.

This report is an update of a previous briefing which was produced last year. It takes a close look at community Child and Adolescent Mental Health Services (CAMHS). For each area in England, there is an analysis of spending on CAMHS, numbers receiving treatment, waiting times and the numbers of children not accepted into treatment. The report draws on 2 key datasets. The first is the NHS dashboard, which brings together key data from across mental health services to measure the performance of the NHS in delivering the targets in the Five Year Forward View for Mental Health. The second source of data is the Mental Health Services Data Set (MHSDS) which contains record-level data about the care of children, young people and adults who are in contact with mental health, learning disabilities or autism spectrum disorder services.

Key points

The state of CAMHS in 2017-18

- Last year Clinical Commissioning Groups (CCGs) spent £641 million on CAMHS and an additional £47 million a year was spent on eating disorder services for children. This does not include funding for inpatient care, which is provided by NHS England centrally. It also excludes spending by local authorities. This compares to an overall NHS budget of £108 billion, and a total CCG spend on mental health of £10.1 billion.
- Spending on children’s mental health is gradually growing, with 134 CCGs out of 207 for which data is available increasing their spending in this area. Across England, CAMHS spending per head has risen from £49 in 2016-17 to £54 in 2017-18.
- Last year 324,724 children accessed NHS CAMHS. This is equivalent to 2.85 per cent of the total population of all children in England. There is evidence that this is a fraction of the total number of children needing help. The last national study of prevalence of child mental health issues which was published in 2004 found that 9.6 per cent of children aged 5-16 had a clinically significant mental health condition. A new report due to be published this week is expected to report a higher figure than this.
- Using the 9.6 per cent estimate, the NHS appears to be on track to meet its target of treating around a third of children with significant needs by 2021, although the Children’s Commissioner feels that the target itself is not ambitious enough.
- It is not currently possible to assess NHS provision for children who do not have a diagnosed mental health condition, but whose mental or emotional health is poor.
- Thanks to the introduction of waiting times standards there have been significant improvements in the provision of eating disorder services. In 2017-18, nearly 80 per cent of children referred to eating disorder services were seen within 4 weeks. For those children given an ‘urgent referral’ nearly 80 per cent are seen within one week. NHS England has committed to getting both of these figures up to 95 per cent by 2021.
- For this year’s briefing, NHS Digital conducted an analysis for the Children’s Commissioner, examining what happened to the 338,633 children referred to CAMHS during 2017-18.
- Thirty-seven per cent of the children analysed were not accepted into treatment or were discharged after an initial assessment. Sixteen per cent entered treatment within 6 weeks. Fifteen per cent waited for more than 6 weeks to enter treatment. A further 32 per cent were still on the waiting list at the end of the year. The average waiting time for those who entered treatment was 57 days. There was considerable regional variation in wait times, with 3 areas which had average waiting times of less than 3 weeks, and 18 areas where average wait time was 3 months or more.
- In 2017-18 there were 125,277 children not accepted into specialist treatment or discharged after an assessment appointment. One of the main reasons for this is that the child does not reach the threshold for accessing services.
There are many reasons why this may happen. It may be that they do not have a level of need which justifies a clinical intervention, or it may be that the local CAMH service does not have the capacity to treat all the children who need help. Previous research from the Children's Commissioner in 2016 found that children were routinely discharged from treatment for reasons such as missed appointments, which in turn could be linked to their mental health condition.

- The Children’s Commissioner has maintained that children who need mental health support, but do not necessarily need specialist CAMHS, should be able to access other forms of NHS treatment. Unfortunately, NHS England does not currently capture any data on the provision of such alternative treatment and support. This means that although it is possible to see the number of children turned away from specialist services, there is no data on where these children go next.

- The numbers of children not accepted into CAMHS varies widely across the country, from as few as 7 per cent of referrals, to more than 80 per cent. Areas with higher CAMHS spend, tend to accept more children into treatment. However, it must be remembered that some CCGs will have invested in targeted services, often provided by the voluntary sector, to which they can refer children.

How much money is needed?

- The analysis considers how much would be needed to raise children’s mental health spending to the level of adult mental health spending.

- A good proxy for parity of spending would be to aim for 20 per cent of all mental health spending going on children – a target which we are nowhere near reaching. Currently, 13.7 per cent of current CCG spending goes on overall mental health spending. Broken down, adults get about 12.8 per cent of CCG overall spending, and children get about 0.9 per cent.

- Nationally, raising children’s mental health spending to 20 per cent of overall mental health spending would have required an extra £1.72 billion extra spending in 2017-18. This equates to an average increase in CAMHS funding of £8.3 million per CCG area. Not all of this additional money needs to come from additional central funding. Areas which are currently committing a very low-level of funding to CAMHS could be expected to increase their existing spend levels.

Performance by area

- The analysis compared the performance of CCGs measured across 5 indicators, namely: 2017-18 mental health spend per child; children’s mental health spend as a total of the CCG budget; total number of children treated as a percentage of the population; average wait time of children who are seen; and the percentage of children referred who are not accepted into treatment.

- An overall score of 25 was given to each CCG, made up of a percentile score out of 5 on each measure. The cores are relative, showing how each CCG performs relative to others.

- Against these measures, Ealing is the lowest performing CCG area in the country, with a total score of 6 out of a maximum possible 25. It is closely followed by four other West London CCGs: Hounslow, Hammersmith and Fulham, Harrow and Hillingdon.

- In Ealing, over half of children referred to CAMHS are not accepted into treatment and those who do get treatment wait an average of almost 3 months. Unsurprisingly, Ealing spends considerably less than average on CAMHS, and last year had a third fewer children accessing CAMHS than the national average.

- There are 55 CCGs with a score of less than 13. Of these, 11 CCGs are in Greater London. Other large cities with very poorly performing CCGs include Leeds, Sheffield, Nottingham, Bristol, Bradford and Leicester.

- At the other end of the scale, there is only one CCG in England, South Tees, achieving the maximum possible score of 25. It is closely followed by 3 other CCGs in the North East: Hartlepool and Stockton-on-Tees CCG; Durham Dales, Eastington and Sedgefield CCG; and Darlington CCG – in addition to one in Essex, Thanet CCG. These CCGs perform consistently well across our five key measures. They all have high levels of CAMHS spend and therefore a much higher percentage of the child population accessing CAMHS, with shorter waiting times, while turning away much fewer children. These areas model the standard which the rest of the country could and should reach.