



A roadmap
to transform
children and
young people's
mental health
by 2035



Children & Young People's
Mental Health Coalition

PRUDENCE
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YOUNGMINDS



**CENTRE FOR
MENTAL
HEALTH**



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Summary

The decline in young people's mental health is one of the biggest challenges of our time, with huge public policy implications for health, education, welfare, justice and the wider economy.

However, the Government's plans reverse the fortunes of the younger generation and reform public services offer a historic opportunity to turn the tide on this crisis and leave a long-lasting legacy of transformative change. This roadmap outlines key areas for targeted investment and system redesign that could put the UK at the cutting edge of international progress on this key issue – with huge economic, social and health rewards.

THE CHALLENGE

- **Rising need:** Rates of distress and diagnosable mental illness among young people have risen sharply, accelerated by stagnant living standards, rising child poverty, lasting impacts of the pandemic and online harms.
- **A system under strain:** Mental health services for children and young people are overwhelmed by demand. Many young people face long waits or are turned away from specialist services that are being inundated due to the lack of earlier support being available.
- **Economic risk:** Poor youth mental health threatens the Government's priorities around growth, skills and productivity. It also adds considerable cost pressures across a range of public services.

OUR CORE PRINCIPLES FOR REFORM

Transformation in children and young people's mental health can build on the priority shifts in the 10 Year Plan for Health:

- 1. From hospital to community** – stabilising specialist and inpatient services while shifting investment towards earlier, community-based support – across the full spectrum of need.
- 2. From analogue to digital** – safely harnessing digital tools and AI to widen access, reduce waits, increase productivity and complement relational care.
- 3. From sickness to prevention** – adopting a population mental health approach and embedding wellbeing support in schools, youth services, and families.

To deliver on these shifts, the framework for supporting children and young people's mental health should be underpinned by the following principles:

- **Equitable**
- **Holistic focus**
- **Leadership**
- **Needs-led and flexible**
- **No wrong door**
- **Prevention and early help**
- **Safely embracing digital**
- **Youth voice and empowerment.**

OUR ROADMAP

1. EXPAND COMMUNITY-BASED EARLY INTERVENTION OFFERINGS

- Embed family and early years mental health support within community provision.
- Expand the role of youth work and mental health support in youth settings: £50m per year could fund two wellbeing workers in a youth club in every local authority in England – creating trusted relationships and early help in settings where young people are already spending time.
- Scale Young Futures Hubs to deliver the Government's manifesto commitment to open access mental health support in every community – integrating therapeutic interventions, GPs, family support, employment advice, and youth programmes under one roof.
- Ensure social prescribing expansion is focused on children and young people, with dedicated link workers in every primary care network and the creation of pathways to NHS-funded wider provision of social prescribing options.
- Broaden the Mental Health Support Teams model to meet a wider range of need. Where possible, school counselling offers should be integrated, and additional training provided to EMHPs to support relational care (e.g. Barnardo's CSSO model).

2. STABILISE SPECIALIST MENTAL HEALTH CARE

- Expand access to a wider range of therapeutic interventions within NHS services, including talking therapies and other evidence-informed approaches such as art therapy, play therapy, family and systemic therapy, and integrative psychotherapy. Ensure robust outcome data collection for interventions where high-quality evidence is still developing but which have strong practice foundations and an established workforce, so services can better meet the diverse needs of children and young people.
- Make mental health a central component of multidisciplinary neighbourhood health offerings (see the CHILDS model in Lambeth), ensuring cross-team working and delivering specialist mental health care to those who need it most – alongside wider health and wellbeing support.
- Scale integrated, trauma-informed multi-agency models (e.g. the Newcastle Vanguard) for children and young people with complex needs.

3. TRANSFORM CRISIS CARE FOR YOUNG PEOPLE

- Ensure funding is available to deliver NHS England's new model of inpatient care and Mental Health Act reforms – local decision-making on this should be driven by the new modern service framework.
- Ban inappropriate use of restraint, out-of-area placements, and adult wards for under-18s – this should also be prioritised in the new modern service framework.
- Expand community crisis alternatives (e.g. crisis hubs, safe havens, digital helplines), guarantee the availability of social prescribing "while you wait" for specialist support.

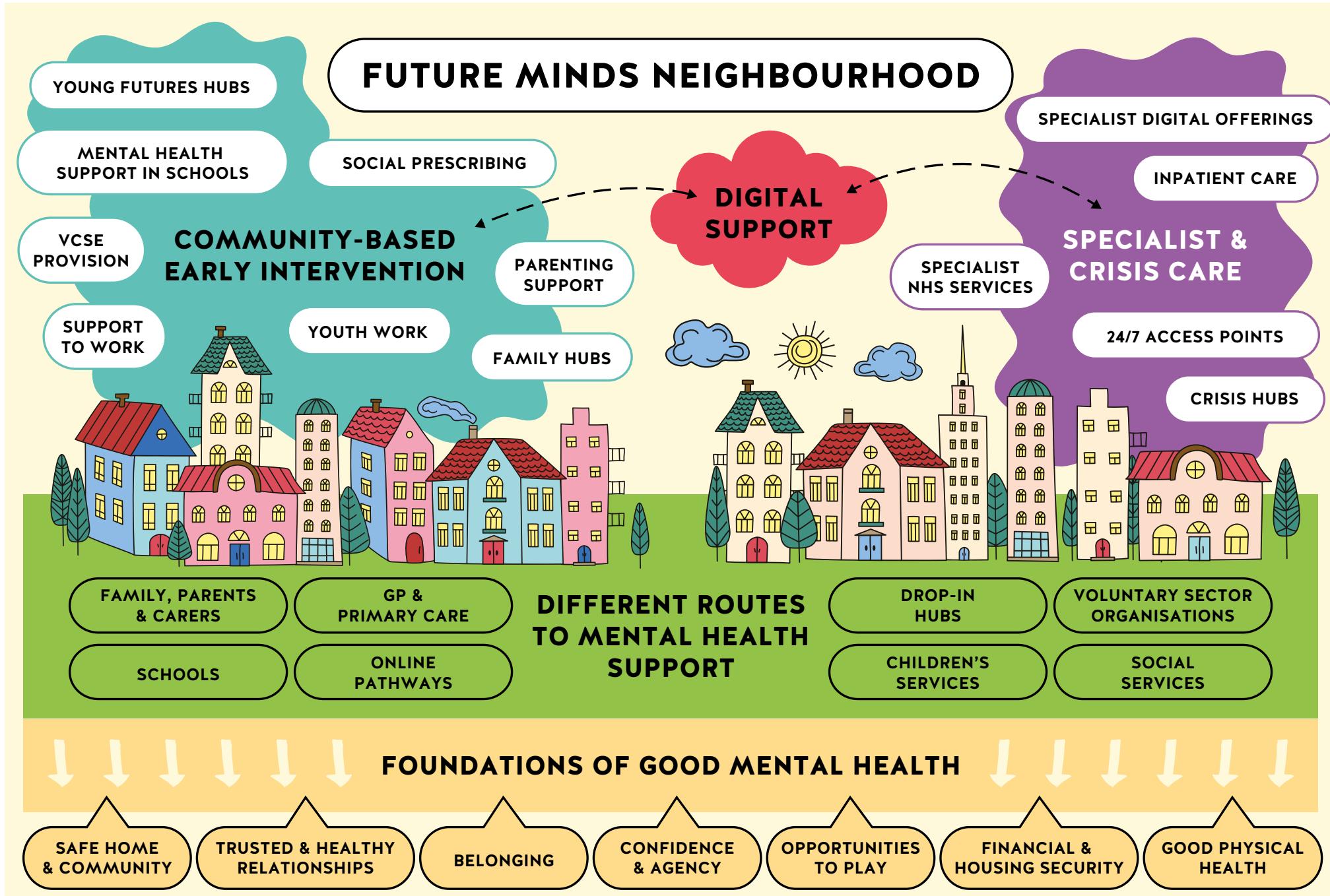
4. HARNESS DIGITAL INNOVATION RESPONSIBLY

- Prioritise need-driven, regulated, and evidence-based digital tools, including purpose-built AI interventions, developed with strong clinical expertise and governance. These tools should widen access to support while complementing, not replacing, the essential human relationships young people need with trusted professionals.
- Support hybrid models (e.g. Kooth, The Mix, 42nd Street) that combine online interventions with community outreach.
- Update regulatory pathways (including NICE and MHRA, as well as wider online safety measures) to safely keep pace with AI and novel digital interventions.
- Prioritise Government support for generative AI mental health products (e.g. Anathem's ambient voice technology) with the potential to drive efficiency, treatment-matching and data collection improvements.

A FRESH APPROACH TO EVIDENCE AND EVALUATION

Reform in children and young people's mental health cannot wait for perfect evidence, but it must be grounded in what works. High-quality evidence is essential to ensure that interventions deliver meaningful, lasting impact. At the same time, an overly narrow view of permissible evidence should not stifle innovation or delay urgently needed support.

We need a 'test, learn, and scale' approach by piloting promising new interventions, particularly in prevention and early support, while embedding robust, proportionate evaluation from the outset. This includes valuing practice-based evidence and learning from real-world implementation, alongside trial data. By balancing rigour with flexibility, we can accelerate access to effective support, adapt quickly to emerging needs and ensure that innovation benefits young people now, without compromising safety or quality.



Introduction

The decline in children and young people's mental health is one of the biggest challenges of our time – with significant public policy implications for health, education, social security, justice and the wider economy. Rates of emotional distress have risen sharply in recent years. Many more children and young people are struggling with how they feel and how this affects their day to day lives – even if they do not have a diagnosed condition.

Around one in five young people aged 8 to 25 report a diagnosable common mental health problem, such as anxiety and depression.¹ While this is a global issue, the UK lags behind comparable countries on key wellbeing measures, including life satisfaction,² and the UK is a notable international outlier in experiencing parallel sharp rises in both mental health needs and the number of young people not in education, employment or training.³

Worsening youth mental health since the period before the pandemic has accompanied major recent societal trends that are having a profound impact on young people – these include stagnant living standards, increased child poverty, fewer employment opportunities, the lasting impacts of the pandemic, the rise in online harms, and the erosion of trusted relationships in young people's lives. There has been a particularly alarming rise in poor mental health among girls and young women, with young women aged 17–25 now experiencing twice the rates of common mental health problems as young men of the same age.⁴

Around one in five young people aged 8 to 25 report a diagnosable common mental health problem, such as anxiety and depression.¹

- 1 NHS Digital (2023). Mental Health of Children and Young People in England, 2023 – wave 4 follow up to the 2017 survey: digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2023-wave-4-follow-up
- 2 UNICEF Innocenti – Global office of Research and Foresight (2025). Innocenti Report Card 19: Child Well-Being in an Unpredictable World: unicef.org/innocenti/media/11111/file/UNICEF-Innocenti-Report-Card-19-Child-Wellbeing-Unpredictable-World-2025.pdf
- 3 PwC (2024). PwC comments on the latest UK NEET rates among young people: pwc.co.uk/press-room/press-releases/research-commentary/2024/pwc-comments-on-the-latest-uk-neet-rates-among-young-people.html
- 4 NHS Digital (2023). Mental Health of Children and Young People in England, 2023 – wave 4 follow up to the 2017 survey: digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2023-wave-4-follow-up

The Prime Minister has described turning the tide for young people as the Government's "moral mission",⁵ a hugely welcome ambition which can only be achieved if decisive action is taken to better support young people's mental health.

This roadmap aims to identify the concrete short-and medium-term steps the Government can take to achieve its mission. By organising support around key core principles – including a focus on prevention and early intervention and the role of both clinical and non-clinical interventions – and building on existing pockets of excellent practice and emerging evidence, a major transformation can be achieved, reducing the treatment gap facing children and young people and ultimately bringing down mental health need by supporting children and young people earlier and better.

THE CHALLENGE

The mental health of children and young people is under unprecedented strain. Rates of distress and diagnosable mental illness have risen sharply in recent years, and mental health services are struggling to keep pace and meet the individual needs of children and young people. Many face long waits or are turned away from specialist care, while early support is often unavailable or insufficient.

This mismatch between rising need and limited provision is compounded by funding gaps. Mental health accounts for 20% of the disease burden in the NHS but receives only 9% of overall NHS funding,⁶ with less than 1% of all NHS spending going to mental health services for children and young people.⁷ While reform is the core priority, both national Government and local commissioners must allocate sufficient and appropriate resources to enable the necessary transformations to take place.

Under the current system, thousands of children and young people go without timely support, while many others receive interventions that fail to address the drivers of their poor mental health. Community-based support services (both NHS and non-NHS) – which evidence set out in this roadmap shows can prevent crises and improve outcomes – remain underdeveloped and unevenly distributed. Their absence places extra pressure on high-cost specialist clinical services that require formal diagnoses and referrals to access help.⁸

5 Department for Media, Culture and Sport (2025). Government unveils ambitious plan to tackle youth isolation crisis and deliver real life opportunities: [gov.uk/government/news/government-unveils-ambitious-plan-to-tackle-youth-isolation-crisis-and-deliver-real-life-opportunities](https://www.gov.uk/government/news/government-unveils-ambitious-plan-to-tackle-youth-isolation-crisis-and-deliver-real-life-opportunities)

6 Department for Health and Social Care (2024). Independent investigation of the NHS in England: [gov.uk/government/publications/independent-investigation-of-the-nhs-in-england](https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england)

7 Duggan, S. (2024). Children's mental health needs more: nhsconfed.org/articles/childrens-mental-health-needs-more

8 epi.org.uk/wp-content/uploads/2024/09/PT-report_FINALpdf-1.pdf#page=15

The consequences of this crisis are far-reaching. Mental health problems are consistently among the largest contributors to health burden, often exceeding other causes such as injuries or infectious disease in older children and young adults, in part because mental health issues emerge early and persist into adulthood.⁹ Poor mental health also disrupts education and reduces future employment opportunities, whose absence can in turn further worsen mental health outcomes by increasing isolation, disconnection and economic problems.¹⁰ It contributes to higher costs to a range of public services, including the NHS and benefits system¹¹ – which are under considerable strain amidst a challenging fiscal context. As our previous report *Why investing in children's mental health will unlock economic growth* found, without a coordinated, long-term policy response, these trends pose a serious risk to both the mental health wellbeing of young people and the future economic prosperity of the UK – including through an estimated total of £1 trillion in lost life earnings across a generation.¹² The Prime Minister indicated in October 2025 that the Government wishes to prioritise spending money on the “resources and support that [are] needed for mental health”, as part of its review of the benefits system.¹³ This roadmap aims to highlight where such investment could best be targeted.

THE OPPORTUNITY

The Government's plans for prioritising young people and reforming public services offer an historic opportunity to turn the tide on this crisis. By increasing the role and capacity of community-based mental health providers and integrating mental health support across schools, youth services, families and local communities, we can provide help earlier, in settings where young people feel comfortable and supported.

Expanding access to diverse therapeutic approaches can help to better meet the full spectrum of need, including pre-clinical early intervention models that reduce pressure on specialist services.¹⁴ Reversing the decline in open-access youth provision can play a pivotal role in increasing the number of trusted relationships held by children and young people. And digital innovation also offers a route to reach greater numbers, allowing online and hybrid interventions to complement face

⁹ Crenna-Jennings, W, Fowler, J, & Hutchinson, J. (2024). Non-specialist mental health support for young people in England: paediatrics2040.rcpch.ac.uk/our-evidence/data-and-evidence/context/

¹⁰ Future Minds (2025). Why investing in children's mental health will unlock economic growth: youngminds.org.uk/media/xgwfjciq/future-minds-report-2025.pdf#page=14

¹¹ McCurdy, C, & Murphy, L. (2024). We've only just begun: Action to improve young people's mental health, education and employment: resolutionfoundation.org/app/uploads/2024/02/Weve-only-just-begun.pdf

¹² Future Minds (2025). Why investing in children's mental health will unlock economic growth: youngminds.org.uk/media/xgwfjciq/future-minds-report-2025.pdf#page=10

¹³ Sir Keir Starmer, R4 Today, 1 October 2025: facebook.com/reel/1179973850710959 (Accessed: January 2026)

¹⁴ Girling, S. (2025). Social Return on Investment analysis of the Making Manchester Fairer Young People's Kickstarter – Sacha Girling, 2025 (Available on request).

to face support – as well as streamlining access to services by making use of evidence-based mental health AI products. Though the safety of digital mental health products must be prioritised in the context of increasing use by young people¹⁵ of large language models for mental health support, around which several risks have been identified.¹⁶

Aligned with the Government's 10 Year Plan for Health and the national Youth Strategy, including the landmark Young Futures programme, rebalancing investment towards prevention and community-based care has both economic and social benefits. Early, localised support reduces the likelihood of crisis, eases pressure on specialist services and improves life chances for young people.¹⁷ Every pound spent on early intervention and community-based care prevents greater costs downstream, including emergency admissions, hospitalisation, lost productivity and higher social security spending.^{18 19}

In the current context, the independent review into mental health conditions, ADHD and autism, chaired by Professor Peter Fonagy, and the Young People and Work Report, led by the Rt Hon Alan Milburn, both provide an important platform to tackle intersecting challenges: rising prevalence, gaps in provision, and increasing economic inactivity among young people, particularly young people with health needs. These reviews provide a critical opportunity to understand children and young people's experiences, address root causes and take achievable steps to build a system where every child receives the support they need to flourish.

Lastly, it is vital that the Government recognises that improving children and young people's mental health is an important part of delivering its wider policy agenda. As such, a truly cross-Government approach to mental health – that recognises the full range of cross-departmental benefits and is supported at Cabinet level – must be prioritised.

Every pound spent on early intervention and community-based care prevents greater costs downstream, including emergency admissions, hospitalisation, lost productivity and higher social security spending.^{18 19}

15 The Guardian (2025). 'I feel it's a friend': quarter of teenagers turn to AI chatbots for mental health support: theguardian.com/technology/2025/dec/09/teenagers-ai-chatbots-mental-health-support

16 Brown (2025). New study: AI chatbots systematically violate mental health ethics standards: brown.edu/news/2025-10-21/ai-mental-health-ethics

17 Yau, K., Obateru, A. & Bell, A. (2025). Investment priorities for mental health 2025. Centre for Mental Health: centreformentalhealth.org.uk/publications/investment-priorities-for-mental-health-2025/

18 Ibid.

19 Northover, G. (2021). Children and Young People's Mental Health Services: GIRFT Programme National Specialty Report: gettingitrightfirsttime.co.uk/wp-content/uploads/2025/01/CYP-Mental-Health-National-Report-22-11h-FINAL.pdf

Principles

CORE PRINCIPLES FOR REFORM

The three shifts outlined in the Government's 10 Year Plan for Health have critical applicability in youth mental health:

- 1. From hospital to community** – stabilising specialist and inpatient services while shifting investment towards earlier, community-based support, across the full spectrum of need.
- 2. From analogue to digital** – harnessing digital tools and AI to widen access, reduce waits, increase productivity and complement relational care.
- 3. From sickness to prevention** – adopting a population mental health approach and embedding wellbeing support in schools, youth services, and families.

To deliver on these shifts, the framework for supporting children and young people's mental health should be underpinned by the following principles:

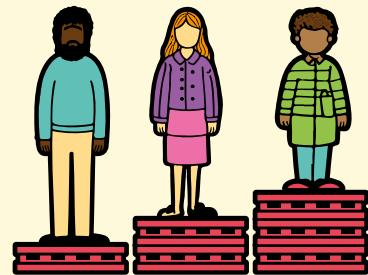
- **Equitable:** Services must tackle inequities in access, as well as prioritising recognising and addressing social determinants of poor mental health as part of care. This should include commitment to tackling the inverse care law.²⁰
- **Holistic focus:** Services should integrate clinical and non-clinical support, recognising that a secure base, safe relationships, and practical stability (such as in education, housing and employment) are foundations of good mental health.
- **Leadership:** Strong and sustained leadership at both national and local level is essential to drive reform and enable delivery. National leadership must set direction and standards, while local leaders are empowered to adapt and deliver services that meet community needs. This is essential to turn ambition into delivery and ensure reform is implemented consistently and at scale.

²⁰ Fisher, R, Allen, L & Malhotra, A. & Alderwick, H. (2022). Tackling the inverse care law. The Health Foundation: [health.org.uk/reports-and-analysis/reports/tackling-the-inverse-care-law](https://www.health.org.uk/reports-and-analysis/reports/tackling-the-inverse-care-law)

- **Needs-led and flexible:** Care should be adapted to a child or young person's needs and personal context. This means offering a meaningful say in their care, a choice of interventions, and continuity of trusted relationships across ages and settings – a crucial mechanism in achieving positive outcomes.
- **No wrong door:** Every child and young person should be able to find support wherever they first ask for help – this means more access points, greater multidisciplinary working and, where necessary, straightforward referral pathways between services.
- **Prevention and early help:** Early intervention and prevention produces better – and less costly – outcomes. This is true across the full spectrum of need, including milder mental health needs – where diagnosis or clinical language and approaches may be unnecessary. The importance of this principle has long been recognised, but the allocation of resources and personnel must better reflect it – including the explicit prioritisation of funding for children and young people's mental health care.
- **Safely embracing digital:** Harnessing the benefits of digital innovation and artificial intelligence can widen access to support and efficiency within the system. However, this progress must not come at the expense of safeguards or trusted human relationships within mental health support.
- **Youth voice and empowerment:** Young people should be active partners in system reform – co-designing services, shaping decisions, and taking on roles such as peer support work. Parent and carer voices must also be involved.

Together, these principles reflect what young people, families, and professionals tell us matters most. By embedding them into policy and practice, we can create a system that not only responds to illness but actively builds and sustains the mental health of the next generation.

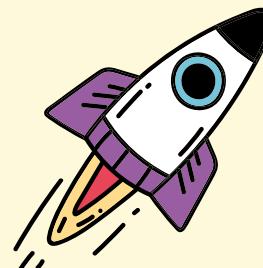
CORE PRINCIPLES FOR REFORM



EQUITABLE



HOLISTIC FOCUS



LEADERSHIP



**NEEDS-LED
& FLEXIBLE**



**NO WRONG
DOOR**



**PREVENTION
& EARLY HELP**



**SAFELY EMBRACING
DIGITAL**



**YOUTH
VOICE**

SECTION 1:

Expand community-based early intervention

WHY?

Around two million children and young people have mental health needs that are not being met, and most NHS services can only support those with the most pressing and severe needs. The mismatch between need and provision in the current context puts mental health care for children and young people on a far weaker footing than physical health care.²¹ It results in hugely lengthy waiting times, closed referrals, and extremely high thresholds for specialist support.^{22 23} Providers of community support – both NHS and non-NHS – hold huge untapped potential in supporting this cohort and reducing the burden of poor mental health on the wider health system.

Children and young people often describe open access community mental health support as more approachable and accessible to their needs, and this provision is 100 times cheaper than help in inpatient settings.²⁴ Many children and young people may never need support from specialist and hospital-based services if their needs are met early, in the community – through open access mental health support, youth provision, sport, adventure, play, access to nature and other activities which are known to boost mental health and wellbeing.

Children and young people often describe open access community mental health support as more approachable and accessible to their needs, and this provision is 100 times cheaper than help in inpatient settings.²⁴

21 Crenna-Jennings, W. & Hutchinson (2020). Access to child and adolescent mental health services. Education Policy Institute: epi.org.uk/wp-content/uploads/2020/01/Access-to-CAMHS-in-2019_EPI.pdf

22 Crenna-Jennings, W. et al (2024). Non-specialist mental health support for young people in England. Education Policy Institute: epi.org.uk/publications-and-research/non-specialist-mental-health-support-for-young-people-in-england/

23 Nottingham Clinical Trials Unit. The STADIA Trial: nctu.ac.uk/Our-Research/Randomised-Trials/Current-Studies/STADIA.aspx (Accessed: January 2026).

24 Northover, G. (2021) Children and Young People's Mental Health Services GIRFT Programme National Specialty Report: gettingitrightfirsttime.co.uk/wp-content/uploads/2025/01/CYP-Mental-Health-National-Report-22-11h-FINAL.pdf

Yet health services have a poor track record in engaging and funding community-based providers to deliver mental health services. Recent research from the Centre for Young Lives found that less than 20% of local mental health commissioning goes on non-NHS services.²⁵ Investing in a wider range of support for children’s mental health across the spectrum will deliver not just better outcomes but far better value for money than the current model of care that misses so many opportunities to prevent problems or intervene earlier, resulting in high-cost specialist, crisis and inpatient care.

The Government’s commitment to prevention and community care, alongside the neighbourhood health approach, presents a key opportunity to gradually rebalance resources towards community-based models of care. While the Ten Year Plan for Health offers promise in terms of these shifts, it lacks specific ambition for children’s mental health and falls short of providing the vision and level of change needed. There is still a historic opportunity to leave a long-lasting legacy of transformative change in children’s mental health – and embedding this within a well-functioning neighbourhood health model – but this will require serious political leadership at both a national and local level.

KEY STEPS TO TAKE THIS PARLIAMENT

FAMILIES AND EARLY YEARS

Efforts to address the growing mental health needs of children and young people must begin from pre-birth through infancy, recognising this critical window to identify and address difficulties before they become lifelong challenges. The Government estimates that around 10% of babies are living in fear and distress, placing them at risk of disorganised attachment and other negative outcomes.²⁶

Fostering healthy family relationships in early childhood is one of the most powerful²⁷ and cost-effective²⁸ levers for preventing mental health problems later in childhood and adolescence. The foundations of mental health are laid in the first years of life, shaped by secure attachment, parental wellbeing, and the stability of a child’s home and caregiving environment. Where families are supported early, babies and children are more likely to cultivate skills that support

25 Centre for Young Lives (2025). Growing Up Well: drive.google.com/file/d/1GRico2sxOt2KeMrrpcbW0ogzDNMo5JBz/view

26 HM Government (2022). Family Hubs and Start for Life programme guide: assets.publishing.service.gov.uk/media/62f0ef83e90e07142da01845/Family_Hubs_and_Start_for_Life_programme_guide.pdf

27 WAVE Trust (2013). Conception to age 2 – the age of opportunity: <https://www.wavetrust.org/conception-to-age-2-the-age-of-opportunity>

28 Early Intervention Foundation (2018). Realising the potential of early intervention: <https://www.eif.org.uk/report/realising-the-potential-of-early-intervention>

emotional regulation, social development and healthy relationships; where families are under strain, risks to mental health accumulate and compound over time.²⁹ Despite this, England's mental health system remains heavily weighted towards responding to problems once they have become entrenched, rather than investing in the family-based and early years interventions that can prevent distress from escalating in the first place.

There is strong evidence that empowering parents and carers can be one of the most effective forms of early intervention, particularly for anxiety, behavioural difficulties and emerging emotional distress.³⁰ Yet many families currently struggle to access timely, practical support on how to help their child, often being left to navigate complex systems alone until problems reach clinical thresholds. The neighbourhood health model and the expansion of community-based provision provide an opportunity to change this. As highlighted in our first Future Minds report, family-focused mental health support could be embedded within Family Hubs. Drawing on support from health visiting, parent-infant mental health teams, early years services and schools, these hubs could offer evidence-based parenting programmes, psychoeducation, and relational support that enables parents to become confident partners in their child's care. This approach would align with a "no wrong door" system, ensuring families can get help early, wherever they first seek support.

To deliver this shift, the Government should ensure that family and early years mental health is a core component of prevention policy and funding.³¹ This should include scaling access to evidence-based parent-led and parent-supported interventions through family hubs, early years settings and primary care, with clear referral pathways from health visitors, schools and children's services. Workforce plans should prioritise training practitioners across education, health and the voluntary sector in family-based and attachment-informed approaches, and commissioning frameworks should explicitly value outcomes that strengthen family relationships and reduce later demand on specialist services. Investing earlier in families is not only one of the most effective ways to improve children's mental health – it is one of the most powerful ways to reduce long-term pressure on the NHS, education and the wider public sector.³²

29 Creswell, C. et al. (2024). Parent-led and parent-supported interventions for child anxiety and emotional disorders: annualreviews.org/doi/10.1146/annurev-devpsych-111323-112637

30 Ibid.

31 HM Government (2021). The Best Start for Life: assets.publishing.service.gov.uk/media/605c5e61d3bf7f2f0d94183a/The_best_start_for_life_a_vision_for_the_1_001_critical_days.pdf

32 Marmot, M. et al. (2020). Health Equity in England: The Marmot Review 10 Years On. The Health Foundation: health.org.uk/publications/reports/the-marmot-review-10-years-on

EMBEDDING AND EXPANDING MENTAL HEALTH SUPPORT IN SCHOOLS

The Mental Health Support Team (MHST) programme aims to increase the availability of early mental health support in education settings. The programme began in 2018, and as of Spring 2025, over 600 MHSTs are now operational, covering 52% of the pupil population in England.³³

An early evaluation of the programme in 2023 found that education settings welcomed the additional support around mental health, with staff reporting increased confidence having faster access to advice.³⁴ However, the evaluation also highlighted some limitations of the model: MHSTs are often unable to support children and young people with more complex or escalating needs, given their remit to work only with “mild to moderate” presentations and the fact that Education Mental Health Practitioners (EMHPs) are not trained to work with active risk, suicidal ideation or self-harm. This has contributed to persistent gaps between MHST provision and specialist NHS children and young people’s mental health services, exacerbated by the lack of availability of other community-based services to meet this “missing middle”.

To strengthen the model, MHSTs should be expanded and adapted to better meet the diverse needs of children and young people. This should include scaling existing local adaptations that support autistic and other neurodivergent pupils through more flexible, neurodiversity-aware and relational approaches, and closer integration with families, SENCOs, and neurodevelopmental pathways. MHSTs should also be more explicitly embedded within a whole-school approach to mental health, with protected capacity to support staff consultation, school culture change and inclusive behaviour practices, rather than focusing disproportionately on individual interventions.

Greater integration with school counselling provision, youth work and enrichment activities is also essential – MHSTs work best when they are embedded in neighbourhood systems rather than operating as a parallel school-only service. MHSTs should work alongside qualified counsellors, youth workers and community partners to ensure that children and young people can access a broader range of therapeutic and non-clinical support, including creative, relational and preventative interventions that go beyond the standard MHST offering. The Department for Education should collect data on counselling provision and outcomes in education settings to support more effective commissioning and integration.

³³ Department for Education (2025). Transforming children and young people’s mental health provision: [gov.uk/government/publications/transforming-children-and-young-peoples-mental-health-provision](https://www.gov.uk/government/publications/transforming-children-and-young-peoples-mental-health-provision)

³⁴ Ellins, J., Hocking, L., Al-Haboubi, M., Newbould, J., Fenton, S. J., Daniel, K., ... & Mays, N. (2023). Early evaluation of the Children and Young People’s Mental Health Trailblazer programme: a rapid mixed-methods study: journalslibrary.nihr.ac.uk/hsdr/XQWU4117#full-report

Finally, additional training should be provided to EMHPs to strengthen relational and systems-based practice, for example through models such as Barnardo's CSSO approach, which is child-centred, strengths-based and outcome-informed.³⁵ In addition, as part of implementing the NHS Patient and Carer Race Equality Framework, South London and Maudsley NHS Foundation Trust has been piloting training for MHSTs on anti-racism and cultural competency. This aims to ensure they can more effectively recognise and respond to the mental health needs of children and young people from racialised communities, who are currently underrepresented in referrals and caseloads relative to the local population.

The Government's clear commitment to school-based support is hugely welcome. The adaptations and improvements listed above would enable the MHST programme to be optimised as an inclusive and integrated component of school-based mental health and wellbeing support, that could both meet more complex needs and help to promote better mental health among pupils.

PROVIDE OPEN ACCESS MENTAL HEALTH SUPPORT THROUGH YOUNG FUTURES HUBS

Young Futures offers the potential of a new, ambitious, "Sure Start for Teenagers" model of support that joins up services with the aim of intervening early to support young people at risk of being drawn into crime and with poor mental health, and also widen access to opportunities.

The Government is now developing the first Young Futures Hubs, announcing in July 2025 that 50 hubs will be established in this Parliament, with eight early adopter Young Futures Hubs operational by March 2026 – each backed with an initial injection of £100,000 for the financial year 2025/26. A further £3.4m (inclusive of capital funding) has been made available for the early adopter local authorities for the financial year 2026/27.³⁶ The Youth Strategy, *Youth Matters*, committed a three-year settlement of £70 million from 2026/27 towards Young Futures Hubs and wider Local Youth Transformation.³⁷

35 Barnardo's (2024). Delivering integrated mental health support: barnardos.org.uk/sites/default/files/2024-03/24745_DeliveringIntegratedMentalHealthSupport_Booklet_final.pdf

36 Department for Culture, Media Sport (2025) Young Futures Hubs: Guidance. [gov.uk/guidance/young-futures-hubs](https://www.gov.uk/guidance/young-futures-hubs)

37 Department for Culture, Media & Sport (2025) Youth Matters: Your National Youth Strategy: [gov.uk/government/publications/youth-matters-your-national-youth-strategy/youth-matters-your-national-youth-strategy](https://www.gov.uk/government/publications/youth-matters-your-national-youth-strategy/youth-matters-your-national-youth-strategy)

The mental health offer through Young Futures

Mental health is a core aim of these Hubs, but it is essential that there is a clear distinction between wellbeing support and mental health support, and that Young Futures Hubs deliver both – in line with the manifesto commitment for the hubs to provide drop-in mental health support in every community, staffed with youth workers and mental health support workers.³⁸ The new Youth Strategy, however, states that Young Futures will “support young people’s wellbeing”, by ensuring that “young people have access to early wellbeing advice and can be signposted to mental health support in the Young Futures Hubs without young people needing a referral or to meet a clinical threshold.”³⁹

Merely signposting to CYPMHS can not only be ineffective in securing appropriate support, but risks breaking the personal connection between a young person and their initial support and increasing the strain on overstretched specialist services. The mental health element of Young Futures should build on the Youth Access model of advice and counselling services,⁴⁰ otherwise known as ‘early support hubs’, which offer flexible, community-based advice and evidence-based mental health support to children and young people aged up to 25, on a self-referral basis.⁴¹ These hubs are often delivered in partnership between the NHS, local authorities or the voluntary sector depending on local need and infrastructure, enabling young people to step up or step across services without having to re-tell their story.

The Future Minds Campaign and partners have produced a joint briefing⁴² on the key criteria for a successful Young Futures Hubs model of mental health support. The briefing calls for an in-reach model of mental health support, which acts as an integrated pathway, providing a bridge between Young Futures Hubs and specialist CYPMHS. This would be facilitated by embedded NHS support and clinical oversight and supervision in hubs to ensure children and young people with a wide range of needs can be appropriately supported with effective psychologically informed assessment and triage, safeguarding, and evidence-based interventions. These interventions should be delivered in the non-clinical environment of Young Futures Hubs and supported by embedded working relationships with specialist services.

38 Labour Party (2024). Change: Labour Party Manifesto 2024: labour.org.uk/wp-content/uploads/2024/06/Labour-Party-manifesto-2024.pdf

39 Department for Culture, Media & Sport (2025). Youth Matters: Your National Youth Strategy: gov.uk/government/publications/youth-matters-your-national-youth-strategy/youth-matters-your-national-youth-strategy

40 Youth Access (2025), Youth Access Model: youthaccess.org.uk/our-work/championing-our-network/youth-access-model

41 Youth Access (2025), Quality Framework: youthaccess.org.uk/qualityframework

42 Centre for Young Lives (2025). Future Minds Campaign and Fund the Hubs publish new paper setting out the key principles for delivering an ‘in-reach’ mental health and wellbeing offer through the Government’s new Young Futures Hubs: centreforyounglives.org.uk/news-centre/future-minds-campaign-and-fund-the-hubs-publish-new-research-paper-setting-out-the-key-principles-for-delivering-an-in-reach-mental-health-and-wellbeing-offer-through-the-governments-new-young-futures-hubs

Hubs also must be accessible to all children and young people, but especially to vulnerable and marginalised groups, ensuring that they are actively engaged in Young Futures through proactive outreach and by locating Hubs in areas of high need.⁴³

Extending support to young adults aged 18–25

Young Futures Hubs present an important opportunity to address the longstanding gap in mental health provision for young adults. While NHS England has been committed to transitioning towards a 0–25 model of youth mental health care since 2019, provision for this age group remains limited. The major challenges in continuity of care and transition from child to adult services in mental health are well established.⁴⁴ Support is weakest precisely where need is greatest: the highest rates of mental ill health at any age are found among 16–24-year-olds.^{45 46} By including provision for young adults up to age 25, Young Futures Hubs could bridge this critical gap, complementing the school-based offer of Mental Health Support Teams and reaching those not in education or employment who are often falling through the cracks of existing services.

The cost

Sustained and long-term funding is required to ensure that the aims of Young Futures are not undermined by instability and uncertainty. Trust and recognition of the Hubs and their services will only be developed through embedding them in communities with long-term investment. To date, the government has allocated £70 million over three years to deliver Local Youth Transformation and the Young Futures programme through the National Youth Strategy. The Labour manifesto, however, includes a commitment to allocate £95 million over the course of this government to support this vision. We recommend each Hub is backed by £1 million per year, jointly funded by government departments to cover staff and administrative costs, as well as rent and activities. This would enable Young Futures Hubs to provide dedicated senior and junior mental health practitioners qualified to provide effective psychologically informed assessment and triage, safeguarding, and evidence-based interventions – ensuring these hubs can meet the manifesto commitment of delivering open access mental health support. We also want to see the expansion of the Young Futures Hubs programme beyond the first 50 areas to meet the manifesto commitment of delivering open-access support to young people in every community.

43 Centre for Young Lives (2025). Transforming opportunities for the most vulnerable young: How Young Futures Hubs can keep vulnerable teenagers safe and support them to succeed: [cdn.prod.website-files.com/65b6b3c3bd2e7d160db2dbc0/68dbe3d59e4f05bb7c8ede17_Transforming%20opportunities%20for%20the%20most%20vulnerable%20young%20people%20\(1\).pdf](cdn.prod.website-files.com/65b6b3c3bd2e7d160db2dbc0/68dbe3d59e4f05bb7c8ede17_Transforming%20opportunities%20for%20the%20most%20vulnerable%20young%20people%20(1).pdf)

44 Ford, T., & Anderson, J. K. (2022). A MILESTONE study of youth service transitions in Europe. *The Lancet. Psychiatry*, 9(12), 930–931: [doi.org/10.1016/s2215-0366\(22\)00371-6](doi.org/10.1016/s2215-0366(22)00371-6)

45 NHS Digital (2025). Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England: <digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey#summary>

46 NHS Digital (2023). Mental Health of Children and Young People in England, 2023 – wave 4 follow up to the 2017 survey: <digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2023-wave-4-follow-up>

EXPANDING EMPLOYMENT-LINKED SUPPORT THROUGH IPS FOR YOUNG PEOPLE

We strongly welcome the Department of Work and Pensions' strong emphasis on importance of promoting youth mental health as part of the policy focus on reducing economic inactivity in young people, particularly through the expansion of Youth Hubs and the focus of the Milburn Review. Good mental health is often a foundational aspect of productive and fulfilling employment.

Emerging pilots are exploring how Individual Placement and Support (IPS) – a model with strong evidence⁴⁷ for helping people with severe mental health conditions into work – could also benefit young people with mild to moderate mental health needs. The People's Health Trust is funding a pioneering programme at early support hub sites in Manchester, Norwich and Southampton that embeds IPS roles within open access community mental health support.⁴⁸ Early indications suggest this approach could create new, cost-effective pathways into work that support recovery from mental ill health. By restoring a sense of agency, predictability and future orientation, IPS can build confidence and enhance wellbeing – helping break the cycle between poor mental health and youth unemployment.

While this programme is being independently evaluated by the NIHR School for Public Health Research, given the strength of existing evidence for IPS cost effectiveness and the Government's core priority to tackle economic inactivity amongst young people, we recommend Department of Health and Social Care and Department for Work and Pensions work together to jointly expand the scope of this pilot, building on learning from the evaluation. This could take place in each of DWP's Youth Hubs, which include a commitment to provide mental health and wellbeing support, as well as through early support hubs (building on the pilot sites) and Young Futures hubs.

⁴⁷ Marsden, J, Anders, P, Shaw, C, Amasiatu, C, Collate, W, Eastwood, B, Horgan, P, Khetani, M, Knight, J, Knight, S, Melaugh, A, Clark, H, & Stannard, J. (2024). Superiority and cost-effectiveness of Individual Placement and Support versus standard employment support for people with alcohol and drug dependence: a pragmatic, parallel-group, open-label, multicentre, randomised, controlled, phase 3 trial. *EClinicalMedicine*, 68, 102400: doi.org/10.1016/j.eclinm.2023.102400

⁴⁸ People's Health Trust (2025). Pioneering approach to support young people five times more likely to be out of work: [peopleshealthtrust.org.uk/news/press-releases/pioneering-approach-to-support-young-people-out-of-work](https://www.peopleshealthtrust.org.uk/news/press-releases/pioneering-approach-to-support-young-people-out-of-work)

KEY STEPS FOR FUTURE INNOVATION

HARNESSING THE ROLE OF THE YOUTH SECTOR

Evidence suggests that youth provision can support improved wellbeing. A 2025 systematic suggests that universal, community-based arts/recreation programmes may have a positive impact on mental-health outcomes including emotional/behavioural difficulties and, in several studies, depressive symptoms.⁴⁹ With the right support and close engagement with local systems, youth provision could be pivotal in reducing mental health need and reducing cost burdens to the NHS, education and benefits systems.^{50 51} Youth work is voluntary, relational and rooted in young people's everyday lives, enabling trusted relationships to develop over time and supporting engagement among those who may be reluctant to access more formal services. Group-based and strengths-focused approaches promote belonging, confidence and wellbeing, while helping to spot emerging needs early and reduce stigma. When youth services are well connected to local mental health, safeguarding and referral pathways, they can play a preventative and complementary role within a joined-up system of support.

Youth workers are already engaging with young people around their mental health and wellbeing, with 87% of youth workers supporting young people with their mental health frequently.⁵² It is critical that the role of youth provision in supporting good mental health is recognised at a national level – particularly in the context of population mental health policy development, and associated allocation of cross-departmental resources – as well as by commissioners at a local level. This is a major opportunity to reach young people where they are – the UK Youth Network of youth organisations, for example, reaches 4.1 million young people per year.⁵³ Youth work settings can support the systematic early identification of vulnerability, which is a key Government priority within prevention.

However, given the prevalence of mental ill health and wellbeing problems presenting in these contexts, it is also important that youth services have access to advice and support from suitably qualified workers. One such model is found at four of

49 Hayes, D, Bradbury, A, Arslanovski, N. & Fancourt, D. 2025. The impact of youth sector provision on mental health outcomes: A systematic literature review: sbbresearch.org/wp-content/uploads/2025/03/The-impact-of-youth-sector-provision-on-mental-health-outcomes.pdf

50 UK Youth & Frontier Economics (2022) Untapped: The Economic Impact of Youth Work: ukyouth.org/untapped/

51 Hayes et al. (2025) The impact of youth sector provision on mental health outcomes: A systematic literature review: sbbresearch.org/wp-content/uploads/2025/03/The-impact-of-youth-sector-provision-on-mental-health-outcomes.pdf

52 YoungMinds. Youth work and the role of community: youngminds.org.uk/professional/community-support/someone-to-turn-to/youth-workers-and-the-role-of-community/ (Accessed: January 2026).

53 UK Youth. UK Youth Network: ukyouth.org/what-we-do/uk-youth-network/ (Accessed: January 2026).

Onside's Youth Zones, in which trained wellbeing workers have been employed to provide one-on-one mental health support as part of an enhanced youth offer.⁵⁴ Alongside providing this support, the workers triage and refer into additional support services, including mentoring, sexual health provision and mental health support. Young people have reported improvements across all outcome areas, with the most significant gains in resilience (17.8%), mental wellbeing (16.13%), and self-esteem (15.7%).⁵⁵

The commitments made in the Youth Strategy to fund local youth transformation were promising – and we hope to see great strides in embedding youth voice within local decision-making this parliament. The £70m funding package for local youth transformation is welcome, though sufficient funding should be allocated to Young Futures hubs trailblazer sites to ensure hubs can meet their proscribed aims. The Government should consider expanding this work in the next Spending Review period to cover further wellbeing workers across local authority youth clubs, maximising the £500 million investment in youth provision through the strategy to ensure it delivers for young people's mental health. Just £50m a year would provide sufficient funding for two wellbeing workers in all 580 local authority youth clubs, and £115.5m a year would ensure every young person accessing youth work could have access to a wellbeing worker. This should also include funding to deliver high-quality training and supervision to ensure children and young people receive safe, appropriate and effective support. Moreover, the broader role of youth work in supporting children and young people's mental health should be recognised in national workforce planning processes, including the coming NHS Workforce Plan assumptions and the development of neighbourhood health team models.

UNLOCKING THE POTENTIAL OF SOCIAL PRESCRIBING IN CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH

Social prescribing plays an important role in supporting children and young people's mental health by linking them to community-based activities, relationships and services that promote and protect mental health and wellbeing. It offers a preventative, strengths-based approach that complements clinical care and helps reduce pressure on overstretched health services. A recent report by the National Academy for Social Prescribing examined social prescribing in children and young people's services, highlighting 17 examples of innovative programmes. One such project is Turn the Page, a creative wellbeing initiative run by Comics Youth CIC in Merseyside.⁵⁶ The programme supports young people aged 16 to 25 experiencing anxiety and depression through an autobiographical narrative tool. An independent evaluation by the University of Liverpool found that 86% of participants reported improvements in their mental health.⁵⁷

54 OnSide. Wellbeing Worker Project: onsideyouthzones.org/projects/wellbeing-worker-project/ (Accessed: January 2026).

55 Onside. Wellbeing Worker Project. (Impact data provided to the Future Minds campaign).

56 National Academy for Social Prescribing (2025). Children and Young People's Social Prescribing: connecting the system flipbook: socialprescribingacademy.org.uk/resources/children-and-young-peoples-social-prescribing-connecting-the-system-flipbook/

57 Ibid

Evaluations carried out in nine local health systems across England found that social prescribing can substantially reduce funding and capacity pressures on the NHS, including through reduced GP appointments, reduced hospital admissions and reduced A&E visits.⁵⁸ In some areas, GP appointments have been reduced by as much as 50% for those participating in social prescribing, and A&E attendances by as much as 66% – with even higher gains for regular health service users. In Newcastle, secondary care costs in 2019–20 were 9% lower than a matched-control group where social prescribing was not available.

Moreover, emerging evidence from the “INSPYRE” study suggests that targeted social prescribing programmes for children and young people waiting for support from CAMHS can produce measurable improvements in young people’s behaviour and social functioning. Qualitative feedback suggests that having a trusted person ‘in their corner’ and help navigating support makes the waiting period more manageable for young people and families – and may help them engage more effectively with later treatment.⁵⁹

It is critical that the availability of youth friendly social prescribing options is prioritised, including those directly funded by ICBs and those delivered by voluntary sector providers who receive, or previously received, funding from a range of central Government departments.

As well as funding for services, the link worker workforce must be prioritised. The 2023 NHS Workforce Plan included a commitment to increase the number of link workers from 3,300 to 9,000, enough for at least one link worker for every GP practice. However, social prescribing for children and young people is underdeveloped, with fewer services dedicated to young people and concerns about a greater reliance on adult or all-age link workers through the expansion. With greater practitioner and commissioning confidence in delivering social prescribing for adults, it is vital that sufficient funding for this workforce is allocated to child-specific provision. This must be prioritised in the delivery of the forthcoming updated NHS Workforce Plan. Additionally, the National Youth Strategy commits to prioritising young people in future research led by the Department of Health and Social Care on the role of social prescribing in children and young people’s health. This presents an important opportunity to learn from existing practice, scale up what works, and develop clear principles and guidance for effective social prescribing to support children and young people’s mental health.⁶⁰

58 The impact of social prescribing on health service use and costs, NASP Nov 24

59 Reference available on request. See here for study details: ucl.ac.uk/population-health-sciences/epidemiology-health-care/research/behavioural-science-and-health-research/social-biobehavioural-research-group/inspyre

60 Department for Media, Culture & Sport (2025). Youth Matters: Your National Youth Strategy: gov.uk/government/publications/youth-matters-your-national-youth-strategy/youth-matters-your-national-youth-strategy

RECOMMENDATIONS

- Embed family and early years mental health support within community provision by scaling access to evidence-based parent and carer interventions, attachment-informed practice and early help pathways that prevent problems from escalating.
- Broaden the Mental Health Support Teams model, offering tailored support for neurodiverse young people and integrating school counselling services and relational care approaches, and thereby meet a wider range of need.
- Deliver manifesto commitment to open access mental health support in every community. Young Futures hubs, if supported by a cross-departmental plan, £200,000 investment per hub and integration of therapeutic interventions, GPs, family support, employment advice, and youth programmes under one roof, will contribute to meeting this commitment – but further expansion of community support may be needed to reach all young people.
- Support the expansion of pilots for IPS for young people with mild to moderate mental health needs, to be delivered by community-based mental health providers such as DWP Youth Hubs, YIACS early support hubs or Young Futures hubs.
- Invest in mental health and wellbeing support within youth provision, creating trusted relationships and early help in settings where young people are already spending time.
- Ensure social prescribing expansion is focused on children and young people, with dedicated link workers in every primary care network and the creation of pathways to NHS-funded wider provision of social prescribing options.

SECTION 2:

Strengthen specialist mental health care

WHY?

Access to specialist mental health services for children and young people remains one of the most pressing challenges in our system. As the Darzi review highlighted, referrals to NHS Children and Young People's Mental Health Services (CYPMHS) have tripled, rising from 40,000 in 2016 to nearly 120,000 in 2024. Long waiting times have become normalised, and overall funding for NHS mental health services remains insufficient.⁶¹ Currently, NHS CYPMHS meets around 40% of diagnosable levels of mental ill-health, leaving many children and young people without timely or appropriate support.⁶² While broader reforms to prevention and community-based support are essential, specialist services must be effective today, offering integrated care across mental health, social care, education and community services and expanding therapeutic options to ensure a more accessible and inclusive system. Specialist mental health services can work closely with wider community provision on consultation, advice, and shared care.

Referrals to NHS Children and Young People's Mental Health Services (CYPMHS) have tripled, rising from 40,000 in 2016 to nearly 120,000 in 2024.

A skilled and supported workforce is essential to ensure specialist services meet children and young people's evolving needs. This includes ensuring professionals have access to training in evidence-based interventions, support to deliver relational care, and sufficient capacity to respond quickly when children and young people need support. By prioritising these changes in this Parliament and beyond, we can ensure specialist services are able to support every child and young person effectively today, while also creating a foundation for future system wide improvements.

⁶¹ Department for Health and Social Care (2024). Independent investigation of the NHS in England: [gov.uk/government/publications/independent-investigation-of-the-nhs-in-england](https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england)

⁶² Future Minds (2025). Why investing in children's mental health will unlock economic growth: youngminds.org.uk/media/xgwfjciq/future-minds-report-2025.pdf#page=14

KEY STEPS TO TAKE THIS PARLIAMENT

MAKING CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH A PRIORITY IN THE SHIFT TOWARDS NEIGHBOURHOOD HEALTH

The 10 Year Plan for Health sets out a vision to shift care from hospital to the community, with integrated neighbourhood teams at the heart of this transformation. Early steps, such as the development of 24/7 neighbourhood mental health hubs, demonstrate how this can improve access, continuity, and outcomes. Key principles underpinning this approach include integration, prevention, equity, person-centred care, community-led initiatives, and care close to home.⁶³ Mental health must be embedded as a core component of multidisciplinary neighbourhood health teams, ensuring services are coordinated, responsive and centred on the needs of children and young people. The CHILDS model in Lambeth⁶⁴ provides a promising example of this in action, building on lessons learned from its implementation in paediatric services across Lambeth and Southwark.⁶⁵ By integrating mental health expertise into neighbourhood teams, it supports children and young people who do not meet NHS CYPMHS thresholds, using local data to proactively identify needs and provide personalised, preventative, and early-intervention support alongside broader health and wellbeing services.

To fully realise neighbourhood health for children and young people, local teams need consistent investment in mental health and youth work roles, closer alignment with schools and youth services, and mechanisms to capture outcomes and impact. Embedding mental health into community-based provision ensures care is accessible, timely and tailored, reducing pressure on specialist services while promoting holistic wellbeing.

Embedding mental health into community-based provision ensures care is accessible, timely and tailored, reducing pressure on specialist services while promoting holistic wellbeing.

63 Morris, L, Baird, B. & Charles, A. (2025). What is neighbourhood health?, The King's Fund: kingsfund.org.uk/insight-and-analysis/long-reads/what-is-neighbourhood-health

64 CHILDS Framework. The CHILDS Framework: childsframework.org/childsf-framework (Accessed: January 2026).

65 NIHR Applied Research Collaboration South London (2023). Research shows promise of integrated care model for children in south London, but highlights need for broader coverage: arc-sl.nihr.ac.uk/news-insights/latest-news/research-shows-promise-integrated-care-model-children-south-london

Scaling the Vanguard models of integrated, trauma-informed care for complex mental health needs

The Future Focus Newcastle Vanguard model demonstrates how multi-agency, trauma-informed approaches can transform support for children and young people with complex or overlapping needs. Its core components include:

- **Integrated pathways:** Coordinated delivery across health, social care, education, and voluntary services, reducing fragmentation and improving access.
- **Trauma-informed practice:** Tailored interventions that recognise the impact of early adversity on mental health and behaviour.
- **Early advice and consultation:** Support for frontline staff in schools, youth services, and community settings to intervene before crises escalate.
- **Flexible, needs-led care:** Individualised support plans that adapt to the circumstances and priorities of each young person

Evidence from Newcastle shows these approaches improve engagement, prevent escalation into crisis, and deliver better outcomes across mental health, education, and wellbeing. Expanding this model nationally would embed a whole-system, community-centred approach, ensuring young people with complex needs receive coordinated, timely, and effective support wherever they live.

KEY STEPS FOR FUTURE INNOVATION

EXPANDING THE CHOICE OF TALKING THERAPIES

While patient choice and autonomy is a core priority for current NHS reform, it is often challenging to provide young people with a meaningful choice of treatments due to commissioning and workforce limitations. Cognitive Behavioural Therapy (CBT) has an excellent evidence base, strong workforce development pathways and is widely available in NHS services. For many young people, accessing CBT can have a transformative impact. However, as with any therapeutic intervention, it doesn't work for everyone – and a range of youth mental health organisations report hearing regular frustrations from young people for whom CBT has not been effective but were offered no other choice of talking therapy.

To create greater choice in CYPMH services, there are several existing therapeutic models whose role could be expanded. Family and systemic therapy, psychodynamic therapy, dialectical behaviour therapy, person-centred therapy, integrative therapy, art therapy, play therapy, music therapy and drama therapy are some of the models with an established evidence base for children and young people whose greater availability could be supported through NHS workforce planning processes – in partnership with professional bodies, training providers and voluntary sector organisations who already routinely provide these interventions.

Interventions for which there is an established workforce and existing practice in non-NHS settings – but have limitations in the evidence base – should be supported to develop practice-based evidence to further evaluate their clinical effectiveness, as long as they are underpinned by governance, supervision, and outcome monitoring. This will open the door to further expanding treatment choice and personalised care, grounded in evidence, and greater recognition of a wider group of interventions in future clinical guidelines.

Increasing the range of talking therapies available through NHS and NHS-funded services would enable services to cater to a wider range of needs and manage greater complexity. Many of the therapies listed above are context-focused, meaning that a young person's wider circumstances are given significant weight during the therapeutic process. As such, their expansion should come alongside a focus on coordinating mental health support with the work of other statutory agencies, so that issues such as poor housing or family relationships can be appropriately tackled alongside therapy.

RECOMMENDATIONS

- Make mental health a central component of multidisciplinary neighbourhood health offerings (see the CHILDS model in Lambeth), ensuring cross-team working and delivering specialist mental health care to those who need it most – alongside wider health and wellbeing support
- Scale the Vanguard models of integrated, trauma-informed care for complex mental health needs building on the excellent progress made, for example, by Future Focus Newcastle.
- Expand access to a wider range of therapeutic interventions within NHS CYPMHS, while strengthening outcome data collection to build the evidence base and ensure services can respond effectively to the diverse needs of children and young people.

SECTION 3:

Transform hospital and crisis care for young people

WHY?

For children and young people with complex, serious, or multiple mental health needs, specialist inpatient care is sometimes necessary. Yet research consistently shows that their experiences in these settings are often deeply distressing. Insights gathered by the Children's Commissioner for England highlight how children and young people can find them frightening places to be, separated from their friends and families, and often see and experience high levels of restraint.⁶⁶ These experiences can compound existing mental health difficulties rather than support recovery.

Despite a reduction in admissions over recent years, pressures on inpatient care remain significant and capacity is constrained. According to NHS England's Mental Health Dashboard, there were 2,268 hospital admissions for 0–17-year-olds in 2023/24, compared with 4,657 in 2018/19. Over the same period, the average length of stay rose from 95 to 129 days. A lack of local beds in some areas, alongside the scarcity of appropriate community-based support for earlier intervention, means many young people are placed in inappropriate settings, including adult wards or out-of-area units, with analysis by the Royal College of Psychiatrists showing nearly one young person a day was treated outside their local area between December 2023 and November 2024.⁶⁷

Gaps and delays in early support mean many children and young people reach crisis point and turn to Accident and Emergency (A&E) departments for help. In 2023/24, 64,000 children and young people attending A&E, of the 5 million who had presented, had a primary mental health diagnosis, and over 85% were already known to mental health services. Yet A&E departments are very rarely the appropriate setting for mental health crises: they are designed for physical health emergencies, can be distressing for young people, and often involve long waits at a time when timely support is critical.

⁶⁶ Children's Commissioner (2023). Children's mental health services 2021–2022: childrenscommissioner.gov.uk/resource/29751/

⁶⁷ Royal College of Chartered Psychiatrists (2025). Time to act: Hundreds of children sent out of area for mental health treatment: rcpsych.ac.uk/news-and-features/latest-news/detail/2025/02/08/time-to-act--hundreds-of-children-sent-out-of-area-every-day-for-mental-health-treatment

Attendance at A&E is also a strong predictor of more intensive and costly care, with research showing that 78% of young people admitted to adolescent psychiatric units had attended A&E or a paediatric ward in the previous six months.⁶⁸

Providing community-based alternatives for crisis and urgent care offers both better outcomes and cost savings. The current spend on inpatient services for children and young people is £434 million annually.⁶⁹ Strikingly, the cost of a single inpatient admission could fund a year of community-based support for almost 100 young people,⁷⁰ highlighting the potential value of investing in alternatives closer to home.

78% of young people admitted to adolescent psychiatric units had attended A&E or a paediatric ward in the previous six months.

KEY STEPS TO TAKE THIS PARLIAMENT

MAKING THE MENTAL HEALTH ACT REFORMS WORK FOR CHILDREN AND YOUNG PEOPLE

Reforms to the Mental Health Act represent a positive shift towards a more humane, rights-based mental health system, with the potential to improve experiences of hospital and crisis care while supporting a long-term move away from detention and towards stronger community support, including for children and young people.

The modernised Act places greater emphasis on patient rights and on increasing the capacity of community services to reduce the need for detention. Alongside the Mental Health Act, a new Modern Service Framework for severe mental illness, committed to in the Government's 10-Year Health Plan, has the potential to improve children and young people's experiences of inpatient care.

However, without serious investment in intensive community alternatives, the aspirations of the Act will not be realised. Legislative reform without service reform risks being performative rather than transformative. Several significant challenges must be addressed if the ambitions of the Act are to be realised:

68 Northover, G. (2021). Children and Young People's Mental Health Services GIRFT Programme National Specialty Report: gettingitrightfirsttime.co.uk/wp-content/uploads/2025/01/CYP-Mental-Health-National-Report-22-11h-FINAL.pdf.

69 NHS England (2025) Children and Young People Mental Health, Learning Disability and Autism Inpatient Review. Mental Health, Learning Disability and Autism Quality Transformation programme. (Unpublished).

70 Northover, G. (2021). Children and Young People's Mental Health Services GIRFT Programme National Specialty Report: gettingitrightfirsttime.co.uk/wp-content/uploads/2025/01/CYP-Mental-Health-National-Report-22-11h-FINAL.pdf.

- **More clarity on how parts of the Act will apply to children and young people.** There is still no statutory criteria for assessing competence for under 16s in relation to mental health decisions or clarity on how appointing a 'Nominated Person' will interact with existing regulations in the Children Act (CA) 1989, potentially limiting the benefit children and young people will have of the increased patient choice and autonomy.
- **Concerns children and young people will continue to be placed in inappropriate settings.** Chief among these is the risk that children will continue to be placed far from home or admitted to adult wards, practices known to heighten distress, disrupt recovery and sever vital family and community ties.
- **Concerns regarding implementation.** Although a new model of care and a revised service specification for specialised mental health services have been developed, no dedicated funding has been committed, and timelines remain unclear. With government working to a ten-year horizon for enacting the reforms, children and young people face the prospect of prolonged gaps in provision and continued strain on already stretched services. There are particular concerns about the urgency of investment in intensive community-based services for autistic people as alternatives to long-term use of the Act in institutional settings.
- **Concerns regarding workforce.** Expanding community alternatives, improving inpatient care and delivering new safeguards all require a skilled, stable workforce – yet current shortages pose a significant barrier to change.

NEW CARE MODELS FOR INPATIENT CARE

There is a pressing need to shift investment in children and young people's mental health towards community-based services, providing support earlier and closer to home. While inpatient care will always be necessary for safety in some cases, no young person should experience poor-quality care, unsafe environments or the risk of restraint.

Promising policy initiatives are already under way, including the development of new neighbourhood mental health centres as part of the 10 Year Plan for Health. In 2025, six neighbourhood mental health centres opened across England, bringing together crisis services, community mental health teams, short-stay beds and wider support such as housing and employment.⁷¹ These centres represent a bold move towards integrated, community-based, round-the-clock mental health care.

⁷¹ NHS England (2025). First NHS round-the-clock mental health unit opens under 10 Year Health Plan: england.nhs.uk/2025/07/first-nhs-round-the-clock-mental-health-unit-opens-under-10-year-health-plan/

In 2025, NHS England reviewed children and young people's inpatient provision to examine the specialist end of the pathway and co-produce recommendations for transforming care. A key proposal was the creation of local 'Acute' and 'Intensive' Mental Health Centres, designed to deliver more local, therapeutic, and integrated care.⁷² These centres aim to support children in acute distress, reduce the use of restrictive environments, and offer shorter, more focused admissions. The review also produced a 'Developmental Specification' outlining a new clinical model for providers, though funding has not yet been allocated to implement these centres or the wider recommendations.⁷³

This approach should build on learning from NHS England's New Care Models (NCM) Programme, which piloted local alternatives to out-of-area treatment. Six sites introduced intensive home treatment, clinical support in A&E, Care Navigators, home assessments, Dialectical Behaviour Therapy, and short-term in-area admissions. The programme reduced out-of-area placements, shortened hospital stays, and expanded community-based care. A 2020 evaluation of this programme by Centre for Mental Health found that it enabled areas to make significant changes in expenditure. They achieved overall reductions of between £1.1m and £4.1m for 2017/18; a total of £15.3m that can be reinvested in local services.⁷⁴ This change was driven by reductions in out of area bed days and lengths of stays in hospital, by varying degrees.

KEY STEPS FOR FUTURE INNOVATION

SUPPORTING YOUNG PEOPLE IN CRISIS IN THE COMMUNITY

Promising models of community-based crisis support are beginning to emerge, offering more accessible and responsive options for young people. For example, crisis cafes have a more fluid, open-door approach – people are able to drop in, or attain specialist support, through much lower thresholds, while remaining connected to local clinical pathways as needed. An evaluation of crisis hubs in London, conducted by the Health Innovation Network,⁷⁵ found that the hubs in scope of the evaluation reduced the number of people attending emergency departments in crisis and later onward referral to services.

72 NHS England (2025). Children and Young People Mental Health, Learning Disability and Autism Inpatient Review. Mental Health, Learning Disability and Autism Quality Transformation programme. (Unpublished).

73 NHS England (2025). Children and Young People's Inpatient Mental Health Services Developmental Specification. (Unpublished).

74 O'Shea, N. (2020). Bringing care back home. Centre for Mental Health: centreformentalhealth.org.uk/publications/bringing-care-back-home/

75 Health Innovation Network South London (2022). London Mental Health Crisis Hubs Evaluation: healthinnovationnetwork.com/resources/london-mental-health-crisis-hubs-evaluation/

Targeted interventions are also being developed to support young people presenting at A&E with mental health concerns who do not meet thresholds for specialist services. Barnardo's Inner Resilience and Development (BIRD) offers six to eight tailored sessions over six to ten weeks, often delivered in the young person's home, focusing on building trust, reducing distress, and strengthening coping skills. An independent evaluation by Centre for Mental Health found 97% of participants reported improved wellbeing, greater confidence in managing their mental health and strong relationships with staff.⁷⁶ The service also reduced system pressures: only 2.8% were readmitted within six months, compared with 21.4% in wider data, and there were strong social return on investment observed with every £1 invested having the potential return of £3.04.

Models of digital crisis support are also emerging. Services such as 'Shout' provide immediate support to people in crisis 24/7 via a free text messaging support service. An evaluation of the 'Shout' service has found positive impacts on those accessing support, with 83% of service users saying they felt calmer after their intervention. Since the service began, Shout has developed more than 38,000 safety plans for people whose lives were at risk.

RECOMMENDATIONS

- Ensure funding is available to deliver NHS England's new model of inpatient care and Mental Health Act reforms – local decision-making on this should be driven by the new modern service framework.
- Set clear, time-bound targets to reduce the number of children and young people in inpatient settings, underpinned by investment in earlier intervention and community-based support that prevents escalation to crisis.
- Provide dedicated, multi-year funding for Integrated Care Boards to implement the new model of care for children and young people's mental health, ensuring consistency, workforce capacity and equitable access across the country.
- The Use of Force Act should be implemented in full to bring down the use of restraint. Inappropriate use of out-of-area placements and adult wards for under-18s should be banned. These changes should be prioritised in the new modern service frameworks for severe mental illness and children and young people's mental health.
- Expand community-based crisis alternatives (e.g. crisis hubs, safe havens, digital helplines).

76 Nava, R. et al. (2025). Bridging the gap. Centre for Mental Health: centreformentalhealth.org.uk/publications/bridging-the-gap/

SECTION 4:

Harness digital innovation responsibly

WHY?

There is significant and growing evidence of the efficacy and utility of digital interventions in children and young people's mental health care, as well as significant political and public appetite for exploring increased use of digital technologies in the NHS.

Given this rapid shift in how young people seek support, we support the shift from analogue to digital within mental health care. However, we urge decision-makers to ensure this transition is grounded in **six key principles for high-quality digital interventions:**

1. START WITH THE PROBLEM

It is critical that commissioners first identify gaps in provision and needs of certain communities and then work out where digital interventions can be appropriately employed. For example, starting by acknowledging the impact stigma around mental health has on access for some communities as the problem to solve, and then developing a digital intervention that negates the need for 'real world' referrals, circumventing stigma; we believe this approach will lead to more effective interventions that complement existing mental health provision, as well as making access more equitable. NHS and Department for Health and Social Care leadership should be cautious of how their guidance on digital interventions is framed, avoiding pushing digital for digital's sake and instead showcasing examples of successful digital interventions well matched to the communities they serve.

2. ENSURE SERVICES RETAIN EMPHASIS ON RELATIONAL CARE

It is vital that care remains relational even if provision is digital. In practice, this means using digital tools to connect young people and health care practitioners, or supporting young people to use materials created and assessed by clinicians; there are many options for maintaining relationships through digital service offerings, and we would want to ensure

commissioners understand the importance of this when determining which services to offer to their service users. The National Counselling and Psychotherapy Society has created a guide to relational safeguards in AI Mental Health Tools to provide a therapeutic perspective on this rapidly expanding area of provision.⁷⁷

3. EMBED DIGITAL INTERVENTIONS WITHIN COMMUNITIES

Digital service providers are clear that their success remains dependent on the analogue and real-world elements that surround the digital tool – from targeted real-world referral pathways, to being properly embedded in the communities they serve. Providers can both grow organically from community need – as with 42nd Street in Manchester – or, for national providers, can undertake outreach work to embed themselves, as Kooth’s community outreach programme exemplifies.⁷⁸

The importance of these values needs to be seen in how ICBs and health boards are making commissioning decisions: as a first step, national guidance outlining the evidence-based importance of community outreach should be introduced to support commissioners to make balanced decisions and commission higher quality digital services with sufficient community relationships. Resources should also be allocated for providers to conduct community outreach work to ensure meaningful engagement with the young people they’re serving and greater take up.

When embedding digital interventions it’s critical to ensure all service users and communities are able to access them; there is a significant risk that as digital interventions rise, those already experiencing digital exclusion, or at risk of digital exclusion, are left behind, actively widening inequalities. Work to address digital exclusion must therefore be done in parallel with growth of digital interventions, and commissioners and service providers must consider safeguards – particularly for young people who may need to use parents’ or carers’ computers or tablets – and appropriate workarounds, such as feasibility of using school or youth club computers for sessions.

4. ADDRESS GAPS IN REGULATION AND ADAPT TESTING AND EVALUATION PROCESSES TO KEEP PACE WITH TECHNOLOGICAL ADVANCES

Current regulatory pathways aren’t fit for purpose for ensuring digital interventions are assessed in a way that both ensures safety of users, and allows for the interventions to be updated. This is particularly a concern for interventions which use

77 NCPS (2025). Principles for Relational Safeguards in AI Mental Health Tools: ncps.lion1.digitaloceanspaces.com/files/Principles-for-Relational-Safeguards-in-AI-Mental-Health-Tools.pdf

78 Kooth. Kooth in the community: <https://connect.kooth.com/Kooth-in-the-community> (Accessed: January 2026)

some form of artificial intelligence; in these cases models may need to be updated to ensure ongoing safety of users. We argue that these updates should be able to be made without the intervention needing to again go through long, expensive regulatory processes, to avoiding stunting innovation and investment in this space.

To achieve this, we are calling for NICE, MHRA and NHSE guidance on regulation for digitally enabled therapies to be reviewed and where possible, combined. These updates should include updating definitions of types of tools in this space, embedding evaluation processes like validated outcome measures, and creating a rolling compliance policy which allows for a certain proportion of the model to be adjusted, or adjustments within certain criteria to be made, without forcing the tool to go through the full regulatory process again.

5. BUILD ON WHAT WORKS

The Government should play a strong enabling role by actively encouraging the NHS to back and scale digital services that are already working, and by investing in robust research to build the evidence base for their efficacy and impact. It should move the system away from an over-reliance on digital replicas of analogue or face-to-face provision, and instead support the NHS to prioritise more innovative, often hybrid, models that may already be delivering meaningful improvements for young people across the country, and offering these services while continuing to gather outcome measurements to assess efficacy.

6. HARNESS BENEFITS OF AI, WITH CAUTION

There is at the moment, a clear opportunity for Government to capitalise on the development and expansion of AI mental health products; however, we urge commissioners to prioritise models that alleviate administrative burden rather than remove human interaction from mental health care.

There are promising new examples which Department for Health and Social Care could champion. Dr Jaime Delgadillo at the University of Sheffield has developed a model which uses machine learning to allocate patients to the treatment pathway from which they will benefit most; while this work is in adult Talking Therapies, an adapted version could usefully be applied within children's services.⁷⁹ Further, ambient voice AI products – such as Anathem⁸⁰ – are already in use across several

⁷⁹ University of Sheffield. Reshaping the UK's mental health care with technology: sheffield.ac.uk/research/features/reshaping-uks-mental-health-care-technology (Accessed: January 2026).

⁸⁰ Anathem. AI for Mental Health: <https://anathem.ai/mental-health> (Accessed: January 2026).

NHS trusts, supporting clinicians by automating routine documentation and pre-assessment data collection, which aims to increase clinical efficiency and may reasonably be assumed to free up time for face-to-face support. These products can also facilitate outcome tracking and treatment matching, ensuring that interventions can be adapted and improved and that young people receive timely, appropriate interventions. Government should work alongside funders in this space, such as the Wellcome Trust, and product developers to ensure mental health services are able to capitalise on this ongoing technological innovation.

That said, the improvements to regulatory processes as in point five, are critical to ensuring young people are safe when using digital services that have an AI component.⁸¹ It's also vital, while harnessing this opportunity in digitally enabled therapies, to continue signposting young people to support services where they can interact with humans, avoiding the pitfalls of iterative AI models as a model of mental health support.⁸²

RECOMMENDATIONS

- Prioritise need-driven, regulated, and evidence-based digital tools, including purpose-built AI interventions, developed with strong clinical expertise and governance. These tools should widen access to support while complementing, not replacing, the essential human relationships young people need with trusted professionals.
- Support hybrid models (e.g. Kooth, The Mix, 42nd Street) that combine online interventions with community outreach.
- Update regulatory pathways (including NICE and MHRA, as well as wider online safety measures) to safely keep pace with AI and novel digital interventions.
- Prioritise Government support for generative AI mental health products (e.g. specialised ambient voice technology) with the potential to drive efficiency, treatment-matching and data collection improvements.

⁸¹ Regulatory Horizons Council (2022). The Regulation of Artificial Intelligence as a Medical Device: assets.publishing.service.gov.uk/media/6384bf98e90e0778a46ce99f/RHC_regulation_of_AI_as_a_Medical_Device_report.pdf

⁸² Titheradge, N. & Malchevska, O. (2025). I wanted ChatGPT to help me. So why did it advise me how to kill myself? BBC News: bbc.co.uk/news/articles/cp3x7lpvlqno

A fresh approach to evidence and evaluation

Good evidence in children's and young people's mental health matters. It is how systems remain safe, effective and accountable, and how we ensure that public investment genuinely improves young people's lives. In practice, however, policy decisions are rarely made in conditions of complete or settled evidence. In the face of uncertainty, a rigorous approach to research and evaluation can enable policymakers to act with clarity to implement promising approaches, while continually assessing what is working and changing course when needed. This requires methods that are robust, responsive, and well matched to the realities of children's and young people's lives.

MENTAL HEALTH RESEARCH NEEDS THE RIGHT QUESTIONS AND METHODS

Good research asks not only what works, but for whom, in what circumstances, and why. Traditional evidence hierarchies often place meta-analyses and randomised controlled trials at the top. These methods are highly effective for testing discrete, standardised interventions where delivery can be replicated and outcomes clearly isolated. However, they cannot answer all the questions that matter when designing effective systems for children's and young people's mental health. Early support and prevention for young people's mental health is often relational, tailored to individual needs, delivered through multiple contacts over time, and outcomes are shaped by trust and continuity.

Good research asks not only what works, but for whom, in what circumstances, and why.

Mixed method approaches are essential for understanding service-level impact, and for assessing outcomes such as trust that are harder to measure quantitatively. Using a broader evidence base allows services to be designed that better meet young people's needs, while maintaining high standards of safety and effectiveness. Quantitative measures are important, but when a measure of quality becomes a target, it can stop being a good measure. Combining strong quantitative data with qualitative insight gives a clearer picture of real-world impact.

We need a ‘test, learn, and scale’ approach by piloting promising new interventions, particularly in prevention and early support, while embedding robust and proportionate evaluation from the outset. This includes valuing practice-based evidence and learning from real-world implementation, alongside trial data. A major weakness of the system is that lessons from past programmes are not consistently captured, meaning ideas are often recycled under new branding. Evaluation should support learning during delivery, not only at the end, to avoid pilot churn where promising programmes are repeatedly replaced rather than improved. Cost-effectiveness analysis must include prevention, where early support improves lives and reduces long-term pressure on health, education and social care. We must recognise that outcomes that often derive from less clinical work – such as belonging, confidence and agency – are predictive of later mental health outcomes.⁸³

MENTAL HEALTH RESEARCH NEEDS YOUNG PEOPLE’S VOICES

Children and young people should be involved throughout the research process, not only as participants but in shaping the questions being asked. This improves relevance, ethics and impact.

Inclusion must be genuine and systematic, reaching children and young people across ages, backgrounds, geographies and experiences. This requires robust and accessible methods to engage those least likely to be heard, including young people facing poverty, discrimination, disability or social exclusion.

MENTAL HEALTH RESEARCH NEEDS SUSTAINED INVESTMENT

Young people’s mental health is changing alongside rapid social, economic and technological shifts. New challenges require new knowledge. Good work is already happening. For example, the Child Outcomes Research Consortium provides evidence-based, pragmatic approaches to outcomes measurement that are meaningful to both practitioners and young people.

Building on this foundation, sustained investment in rigorous research and a dedicated What Works centre for children and young people’s mental health would accelerate learning at a pace that matches need, improve impact for young people, and support better value-for-money decisions in policy and commissioning.

⁸³ Hayes et al. (2025) The impact of youth sector provision on mental health outcomes: A systematic literature review: sbbresearch.org/wp-content/uploads/2025/03/The-impact-of-youth-sector-provision-on-mental-health-outcomes.pdf

BALANCING RIGOUR WITH ACTION

Inaction is still a choice. Waiting for perfect evidence risks allowing problems to worsen and inequalities to deepen. By balancing rigour with flexibility, we can accelerate access to effective support, adapt quickly to emerging needs and ensure that innovation benefits young people now, without compromising safety or quality.

Reforming a health system with imperfect evidence is challenging. If it were easy, it would already be done. By combining humility about the limits of what we know, investment in high-quality research and evaluation, and the courage to act on the best available evidence, we can make a real and lasting difference to young people's lives.

ACTIONS IN THIS PARLIAMENT

- SCALE UP MENTAL HEALTH SUPPORT TEAMS
- DELIVER YOUNG FUTURES HUBS
- EMBED NEIGHBOURHOOD MENTAL HEALTH TEAMS
- FUND EXPANSION OF COMMUNITY-BASED NON-NHS PROVIDERS
- EXPAND THE ROLE OF YOUTH WORK & MENTAL HEALTH SUPPORT IN YOUTH SETTINGS
- CREATE FOCUSED MENTAL HEALTH SUPPORT FOR CHILDREN & YOUNG PEOPLE NOT IN EDUCATION, EMPLOYMENT OR TRAINING

ROADMAP TO REFORM

OUTCOMES



INNOVATION & FURTHER REFORMS

- WORKFORCE & TRAINING PLANNING ACROSS THE SPECTRUM OF NEED
- BUILD UP YOUTH-FRIENDLY SOCIAL PRESCRIBING OPTIONS
- HARNESS DIGITAL INTERVENTIONS & AI SAFELY & EFFECTIVELY
- SUPPORT DEVELOPMENT OF PRACTICE-BASED EVIDENCE FOR PREVENTION & EARLY INTERVENTION

Conclusion

Transforming children and young people's mental health in England could have huge and far-reaching benefits for them, for society and for the economy. It must be central to the Government's "moral mission" to change the course for the current generation of children and young people. The evidence is clear: rising rates of distress, limited access to effective support, and limited action to support mental health at a population level threaten the wellbeing of a generation – while also placing substantial pressure on public services and the economy.

This roadmap shows that decisive action – to expand community-based early intervention, reform specialist and crisis care, and harness digital innovation – can close the treatment gap, improve outcomes for children and young people, and reduce long-term costs to society. By prioritising community-based support across the spectrum of need, expanding access to diverse and effective interventions and harnessing the power of digital innovation, we can ensure help reaches children and young people where they are, before crises occur.

The journey towards a transformed system requires integration, innovation, and political leadership at all levels. Models of care such as Young Futures and YIACS hubs, IPS employment support, social prescribing, and the Vanguard model of integrated care for complex needs, all demonstrate what is possible when services are coordinated, flexible, and responsive to the lived experiences of young people. Effective digital and AI innovations, when deployed safely, offer additional tools to widen access and improve efficiency.

These advances offer huge promise – but must be coupled with adequate resourcing, workforce planning, and cross-government collaboration at a national and local level to realise their potential.

By embedding the core principles and examples of best practice outlined in this roadmap, policymakers have an unprecedented opportunity to build a system that not only responds to mental illness but actively promotes mental health and wellbeing. Achieving this vision will require commitment and leadership, but the potential rewards are enormous: healthier, more confident and better supported children and young people, stronger communities, higher employment rates and a long-lasting legacy of transformative change for the country.

By prioritising community-based support across the spectrum of need, expanding access to diverse and effective interventions and harnessing the power of digital innovation, we can ensure help reaches children and young people where they are, before crises occur.



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