



BRIEFING PAPER

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Children and young people's mental health – policy, services, funding and education

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Summary

Mental health problems which begin in childhood and adolescence can have a range of negative impacts on individuals and families, which can continue into adult life unless properly treated. The majority of adult mental health problems begin in childhood, with 50 per cent of adult mental health problems (excluding dementia) start before the age of 15, and 75 per cent start before the age of 18.

The 2010-2015 Coalition Government committed to improving mental health for children and young people, as part of their commitment to achieving “parity of esteem” between physical and mental health, and to improving the lives of children and young people. The 2011 mental health strategy, [No Health without Mental Health](#), pledged to provide early support for mental health problems, and the former Deputy Prime Minister's 2014 strategy, [Closing the Gap: priorities for essential change in mental health](#), included actions such as improving access to psychological therapies for children and young people. The Department of Health and NHS England established a Children and Young People's Mental Health and Wellbeing Taskforce which reported in March 2015 ([Future in Mind](#)) and set out ambitions for improving care over the next five years.

The 2015-2017 Government announced new funding for mental health, including specific investment in perinatal services and eating disorder services for teenagers. Additionally, the 2015 Government committed to implementing the recommendations made in [The Five Year Forward View for Mental Health](#) (February 2016), including specific objectives to improve treatment for children and young people by 2020/21. The *Policing and Crime Act 2017* legislates to end the practice of children and young people being kept in police cells as a “place of safety” whilst they await mental health assessment or treatment.

As a recent joint report from the Health and Education Select Committee's notes, schools have a front line role in children and young people's mental health. There has been a drive to improve the provision of mental health support in schools, and to foster closer working between the health and education systems. In June 2014, the Department for Education published guidance for schools on identifying and supporting pupils who may have mental health problems. In March 2015, DfE provided schools with practical, evidence-based advice on how to deliver high-quality school based counselling, and guidance on teaching about mental health problems.

The Government has said that schools are encouraged to teach about mental health in Personal, Social and Health Education (PSHE) and that the PSHE Association, with Government funding, has produced [a guide on preparing to teach about mental health and emotional wellbeing](#). Since then, the PSHE association has also published a programme of study, which includes mental health at key stages 4-5 and social media at key stages 2-5. The Government is considering making PSHE a statutory requirement.

Following a [January 2017 speech](#) by the Prime Minister on transforming mental health support, a [Green Paper on children and young people's mental health](#) was published in December 2017, which proposed improving mental health support in schools and colleges, and trialling a four week waiting time standard for access to mental health treatment.

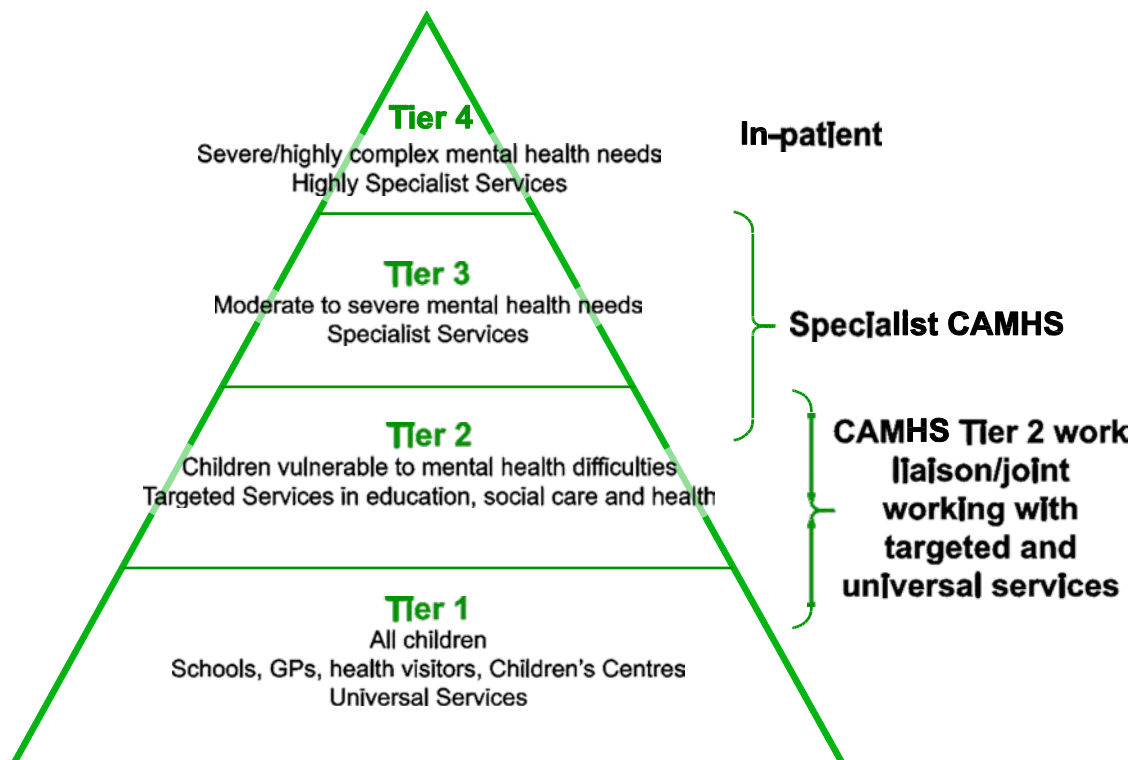
This briefing applies to England only.

1. Background on child and adolescent mental health services (CAMHS)

Child and adolescent mental health services (CAMHS) are provided through a network of services, which include universal, targeted and specialist services, organised in four tiers;

- Universal services (Tier 1 CAMHS)
- Targeted services (Tier 2 CAMHS)
- Specialist community CAMHS (Tier 3 CAMHS)
- Highly specialist services (Tier 4 CAMHS).¹

Tier 1 CAMHS includes universal services such as early years services and primary care; Tier 2 includes targeted services such as youth offending teams, primary mental health workers, and school and youth counselling (including social care and education); Tier 3 encompasses specialist community CAMHS; and Tier 4 includes both highly specialist inpatient and outpatient services. The Health Committee's 2014 report on CAMHS included the following diagram²:



¹ The [Department of Health](#) website (archived pages) provides a brief overview of children and adolescent mental health services (CAMHS). The [Youngminds](#) website also provides advice for children and young people and parents about CAMHS.

² Health Committee, [Children's and adolescents' mental health and CAMHS: Government Response to the Committee's Third Report of Session 2014-15](#), 10 February 2015, HC 1036

5 Children and young people's mental health – policy, services, funding and education

CAMHS are provided by a range of organisations including NHS mental health and community trusts, local authorities and the private and voluntary sectors. In England services are commissioned by clinical commissioning groups and NHS England (particularly for the most specialist services). Commissioning guidance notes that:

Commissioners will need to liaise with colleagues responsible for other children's health services, as well as schools and local authorities. In many areas, voluntary sector organisations provide services for children, young people and families often at the targeted service level (Tier 2 CAMHS). Such services may have complex funding arrangements and it is important this aspect of provision is not overlooked.³

Some have argued that the 4-tier model is unhelpful and reinforces distinctions between different types of services when an integrated service structured around the needs of children and young people would be more effective.⁴

³ Joint Commissioning Panel for Mental Health, [Guidance for commissioners of CAMHS commissioning guidance](#) (October 2013)

⁴ Health Committee, [Children's and adolescents' mental health and CAMHS: Government Response to the Committee's Third Report of Session 2014-15](#), 10 February 2015, HC 1036,

2. Government CAMHS policy since 2010

The 2011 mental health strategy, [No Health without Mental Health](#)⁵ set out plans to improve mental health outcomes for people of all ages. The foreword stated that:

By promoting good mental health and intervening early, particularly in the crucial childhood and teenage years, we can help to prevent mental illness from developing and mitigate its effects when it does.

The [Implementation Framework](#)⁶ for this strategy, published in July 2012, described how different bodies, such as schools, employers and local authorities, should work together to support people's mental health. It recommended that schools promote children and young people's wellbeing and mental health.

In January 2014, the Department of Health published [Closing the Gap: priorities for essential change in mental health](#).⁷ This outlined areas for immediate change to improve mental health care, including specific commitments for children and young people:

- There will be improved access to psychological therapies for children and young people across the whole of England, so that early access to treatment is available. The government has invested in a psychological therapies programme for children and young people, and aims for this to be available throughout England by 2018.⁸
- Schools will be supported to identify mental health problems sooner through guidance published from the Department of Health. A new Special Education Needs (SEN) Code of Practice will also provide statutory guidance on identifying and supporting children and young people with mental health problems who have a special education need.⁹

In August 2014, Sam Gyimah, in his capacity as Minister for Childcare, was formally given the role of strengthening Department for Education links with child and adolescent mental health services (CAMHS).¹⁰

⁵ Department of Health, [No Health without Mental Health: A cross-government mental health outcomes strategy for people of all ages](#), February 2011

⁶ Department of Health, [No Health without Mental Health: Implementation Framework](#), July 2012

⁷ Department of Health, [Closing the Gap: Priorities for essential change in mental health](#), February 2014

⁸ Department of Health, [Closing the Gap: priorities for essential change in mental health, February 2014, page 15](#)

⁹ Department of Health, [Closing the Gap: priorities for essential change in mental health, February 2014, page 25](#)

¹⁰ Children and Young People Now, [Gyimah handed role to strengthen children's mental health services](#), 15 August 2014

In December 2014, the Government announced five-year funding of £150 million for investment in children and young people's eating disorder services.¹¹

In February 2015, the then Secretary of State for Education, Nicky Morgan, announced an investment of £8.5 million for new schemes to provide families with mental health support and support early intervention for young people¹².

In March 2015, the Department for Education announced an investment of £25 million for voluntary and community sector grants for organisations that work with vulnerable children and young people. For the first time, mental health was identified as a separate theme within the grants, and organisations specialising in child mental health care were awarded £4.9 million. This includes nearly £400,000 for Mind to develop a pilot promoting positive mental health and wellbeing in schools, and £440,000 for the Anna Freud Centre to create a comprehensive directory of all mental health services to provide an authoritative source of mental health information for schools.¹³

Also in March 2015 the Government published a [blueprint for school counselling services](#), which provides schools with practical, evidence-based advice on how to deliver high-quality school based counselling.¹⁴ At the same time, the PSHE Association published [guidance](#), funded by the Department for Education, on providing age-appropriate teaching about mental health problems. The Association will also be publishing a set of lesson plans spanning key stage 1 to key stage 4 which will be available for schools to use by September 2015.

2.1 Future in Mind (March 2015) and additional funding

In July 2014, a taskforce, led by the Department of Health and NHS England, examined how to improve child and adolescent mental health care.¹⁵ The [Future in Mind](#) report (March 2015) set ambitions for improving care over the next five years, including making better links between schools and specialist services. Key objectives include:

- tackling stigma and improving attitudes to mental illness
- introducing more access and waiting time standards for services
- establishing 'one stop shop' support services in the community
- improving access for children and young people who are particularly vulnerable.¹⁶

¹¹ Gov.uk, [Deputy PM announces £150m investment to transform treatment for eating disorders](#), 2 December 2014

¹² Gov.uk, [Nicky Morgan speaks at Early Intervention Foundation conference](#), 12 February 2015

¹³ Gov.uk, [£25 million injection to help 'life-changing' children's services](#), 25 March 2015

¹⁴ [PO 1025 \[on Mental Health Services: Young People\], 8 June 2015](#)

¹⁵ "Youth mental health care 'in dark ages' says minister, BBC, August 2014

¹⁶ Department of Health and NHS England, [Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing](#), 17 March 2015

In the March 2015 Budget, the Chancellor of the Exchequer announced £1.25 billion of additional investment in children's mental health over the next five years (with the addition of previous announcements of £150 million for eating disorders, this has been presented as a total of £1.4 billion over the five years from 2015-16). Of the additional funding announced in March 2015, £1 billion is to be provided to start new access standards for children and adolescent services, which the 2015-2017 Government anticipated would see 110,000 more children cared for over the next Parliament. The 2015 Government also committed to investing £118 million by 2018-19 to complete the roll-out of the Children and Young People's IAPT (Improving Access to Psychological Therapies) programme, to ensure talking therapies are available throughout England. Alongside this, £75 million will be provided between 2015 and 2020 to provide perinatal and antenatal mental health support for women. The Department for Education will also invest £1.5 million to pilot joint training for designated leads in CAMHS services and schools to improve access to mental health services for children and young people.¹⁷

In August 2015, it was announced that £75 million will also be allocated to support CCGs to work with local partners to develop local transformation plans, which will overhaul mental health services for children and young people in their areas.¹⁸ 123 Local Transformation Plans (LTPs) covering all 209 CCGs were developed setting out how local agencies will work together to improve children and young people's mental health across the full spectrum of need (agencies are expected to design services around the needs of children and young people, rather than around organisational boundaries).

All local areas are refreshing and republishing their LTPs integrating these with the new Sustainability and Transformation Plans (STPs) for 2016/17. LTPs will continue to be refreshed annually in line with business planning cycles and subject to assurance processes by NHS England. These include reporting on local expenditure on children and young people's mental health and on children and young people's eating disorders.

There have been concerns about how much of the additional funding allocated for children and young people's mental health has reached front line services. According to the Mental Health Network of provider trusts some CCGs had seen "*no significant investment*" by March 2016. Stephen Dalton, the Network's Chief Executive, said:

"It doesn't seem to have turned into posts on the front line. We are not hearing any reports of any significant investment at a local level around children's services. Indeed, some services are still experiencing cuts in services."¹⁹

¹⁷ HM Treasury, [Budget 2015](#), March 2015, pages 59-60

¹⁸ Gov.uk, [Better mental health for the young: where, when and how to target funding](#), 12 August 2015

¹⁹ <http://www.bbc.co.uk/news/health-35747167>

2.2 David Cameron speech on life chances (January 2016)

On 11 January 2016, during a speech on improving life chances, the then Prime Minister David Cameron announced investment to enhance mental health services across the country, including specific funding for perinatal mental health and for teenagers with eating disorders:

£290 million to help new and expectant mums who have poor mental health

One in 5 new mothers develop a mental health problem around the time of the birth of their child and some 30,000 more women need specialist services. If untreated this can turn into a lifelong illness, proven to increase the likelihood of poor outcomes to the mother or new baby.

That is why the government is today announcing a £290 million investment in the years to 2020 which will mean that at least 30,000 more women each year will have access to specialist mental healthcare before and after having their baby. For example, through perinatal classes, new community perinatal teams and more beds in mother and baby units, mums with serious mental health problems can get the best support and keep their babies with them.

[...]

Faster care and expanded services for teenagers with eating disorders

We know that eating disorders are most likely to affect those aged between 14 and 25 and, if they go untreated for more than 3 to 5 years, the chances of recovery are greatly reduced, while incidents of self-harm increase. We also know that anorexia kills more than any other mental health illness.

As investment in new services expands access to care, teenagers suffering from eating disorders like anorexia will get help much more quickly, and from 2017/2018 a new waiting time measure will track the increasing number of patients being seen within a month of being referred, or within a week for urgent cases.²⁰

2.3 The Five Year Forward View for Mental Health (February 2016) and Government response

[*The Five Year Forward View for Mental Health: A report from the independent Mental Health Taskforce to the NHS in England*](#) was published in February 2016. The Taskforce was launched by NHS England and was independently chaired by Paul Farmer, Chief Executive of Mind.

The Mental Health Taskforce made a series of recommendations for improving outcomes in mental health by 2020/21. This included specific objectives for children and young people, such as:

²⁰ Gov.uk, [Prime Minister pledges a revolution in mental health treatment](#), 11 January 2016

- providing mental health care to 70,000 more children and young people by 2020/21;
- supporting 30,000 more new and expectant mothers through maternal mental health services by 2020/21;
- ending the practice of sending people out of their local area for acute inpatient care as soon as possible.

The taskforce also called for the recommendations of the 2015 children and young people's taskforce report - *Future in Mind* - to be implemented in full.²¹

The Government has said it welcomes the report's recommendations, and will work with NHS England and other partners to establish a plan for implementing its recommendations.²² The then Minister for Community and Social Care, Alistair Burt, said:

By the end of this Parliament we will make the Taskforce's recommendations a reality.²³

The Government's Mandates to the NHS for 2016-17 and 2017-18 also contained a directive for the NHS to implement agreed actions from the Mental Health Taskforce.²⁴

The Taskforce called for an additional investment of £1 billion by 2020/21 to implement change in the priority areas identified by their report. In response, the 2015-2017 Government pledged that an extra £1 billion will be invested in mental health care by 2021 and a million more people will get mental health support.²⁵

Alistair Burt, then Minister for Mental Health, said:

"Today's report gives a fantastic boost to changes in mental health services, with more care available close to people's homes. I particularly welcome the fact that young people and new and expectant mums will get the mental health care they need. For our part, we are investing more than ever before in mental health and will make sure the NHS delivers on this plan."²⁶

In July 2016, NHS England published its plan for [Implementing the Five Year Forward View for Mental Health](#), setting out how the NHS will put the recommendations from the Mental Health Taskforce into practice.

For 2016/17 NHS England announced that £149m was awarded to Clinical Commissioning Groups (CCGs) to fund improvements in CAMHS. In addition, in September 2016 NHS England [announced](#) that it had "reprioritised spending" to free up an extra £25m to go to CCGs to spend on CAMHS. In order to receive the extra funds, CCGs will need to provide details of how they will reduce average waiting times for CAMH treatments by March 2017.

²¹ [The Five Year Forward View for Mental Health: A report from the independent Mental Health Taskforce to the NHS in England](#) (February 2016)

²² [HC Deb 23 February 2016 c153-4](#)

²³ [PO 28310 \[on Mental Health Services: Finance\], 29 February 2016](#)

²⁴ Department of Health, [The Government's mandate to NHS England for 2016-17](#), page 18; [The Government's mandate to NHS England for 2017-18](#), p22

²⁵ Department of Health, [New investment in mental health services](#), 16 February 2016

²⁶ Department of Health, [New investment in mental health services](#), 16 February 2016

11 Children and young people's mental health – policy, services, funding and education

In January 2017 the Prime Minister announced a package of reforms to improve mental health, which emphasised the importance of early intervention for children and young people. It included:

- new support for schools with every secondary school in the country to be offered mental health first aid training and new trials to look at how to strengthen the links between schools and local NHS mental health staff;
- a major thematic review of children and adolescent mental health services across the country, led by the Care Quality Commission, to identify what is working and what is not;
- a new green paper on children and young people's mental health to set out plans to transform services in schools, universities and for families; and
- support for NHS England's commitment to eliminate inappropriate placements to inpatient beds for children and young people by 2021.²⁷

Alongside the Prime Minister's announcement, the Government published its [response to the work of the Mental Health Taskforce](#), accepting its recommendation in full. This response also set out measures to address Taskforce recommendations that apply beyond the NHS, for education, employment and the wider community.²⁸

In particular the Government's response announced plans to make further progress in relation to children and young people, including:

- Publishing a Green Paper on children and young people's mental health later this year, to contain new proposals for both improving services across the wider system and increasing focus on preventative activity across all delivery partners
- Supporting schools, colleges and local NHS services to work more closely together to provide dedicated children and young people's mental health services, by evaluating emerging models and approaches, to explore the impact closer working can have. We will support this by funding the provision of mental health first aid training for teachers in secondary schools
- Launching a programme of pilot activity on peer support for young people with their mental wellbeing. The pilots will test the provision of well-trained mentors within a comprehensive support structure in schools, colleges and community settings, as well as online support and resources, to help identify issues and prevent them from escalating
- A programme of randomised control trials of promising preventative programmes, to test three different approaches to mental health promotion and the prevention of mental health illness. The results of these trials will help

²⁷ Prime Minister's Office, '[Prime Minister unveils plans to transform mental health support](#)', 9 January 2017

²⁸ HM Government, '[The Government's response to the Five Year Forward View for Mental Health](#)', January 2017

to give schools the information they need in deciding which programmes are most effective for their pupils

- Requesting that the Care Quality Commission undertakes an in depth thematic review of children and young people's mental health services in 2017/18 – the first of its kind.²⁹

The Government's January 2017 response to the Taskforce also provided the following on the children and young people's mental health workforce

A strong and dynamic workforce will be critical for the delivery of Future in Mind. The Health Education England Workforce Strategy due to be published in early 2017 will support this. By 2020/21, at least 1,700 more therapists and supervisors will need to be trained and employed to meet additional demand, and the strategy will also outline actions needed to improve retention of existing staff.

In addition to these new therapists, all localities should work with the existing Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme to deliver post-graduate training in specific therapies, leading to at least 3,400 existing children and young people's mental health service staff being trained by 2020/21.³⁰

2.4 Children and Young People's Mental Health Green Paper (December 2017)

In December 2017, the Department of Health and Department of Education jointly published the Green Paper announced in Theresa May's January speech, [Transforming children and young people's mental health provision](#).

The Green Paper noted that there were significant differences between referral times for treatment across different areas, with the shortest waits being around four weeks, and the longest in one provider being 100 weeks. As a result, the Green Paper proposed to introduce a new waiting time standard, alongside improving mental health support in schools. The three key elements set out by the Government are:

1. We will incentivise every school and college to identify a Designated Senior Lead for Mental Health to oversee the approach to mental health and wellbeing. All children and young people's mental health services should identify a link for schools and colleges. This link will provide rapid advice, consultation and signposting.
2. We will fund new Mental Health Support Teams, supervised by NHS children and young people's mental health staff, to provide specific extra capacity for early intervention and ongoing help. Their work will be managed jointly by schools, colleges and the NHS. These teams will be linked to groups of primary and secondary schools and to colleges, providing interventions to support those with mild to moderate needs and supporting the promotion of good mental health and wellbeing.

²⁹ HM Government, [The Government's response to the Five Year Forward View for Mental Health](#), January 2017

³⁰ HM Government, [The Government's response to the Five Year Forward View for Mental Health](#), January 2017

3. As we roll out the new Support Teams, we will trial a four week waiting time for access to specialist NHS children and young people's mental health services. This builds on the expansion of specialist NHS services already underway.³¹

Consultation on these proposals is open until 2 March 2018. The four week waiting time trial builds on previous work on waiting time standards, which is set out below in section 2.5. In response, the Shadow Health Secretary Jonathan Ashworth raised concerns that this four week target may only be met by raising the threshold for accessing CAMHS services.³² Concerns were also raised about the proposed rollout time in the Green Paper:

We will roll out our new approach – incorporating all three pillars, including Designated Senior Leads for mental health in schools, creating Mental Health Support Teams and reducing waiting times – to at least a fifth to a quarter of the country by the end of 2022/23. We will start with a number of trailblazer areas, operational from 2019, which will be supported by robust evaluation so that we understand what works. The precise rollout will be determined by the success of the trailblazers, and securing funding after 2020/21, the end of the Government's current spending period.³³

Other proposals in the Green Paper included convening a working group of social media and digital companies to look at the impact of social media on children's mental health, and funding to tackle stigma (see section 7).

The proposals in the Green Paper on mental health support in schools are explored in more detail in section 6.1.

2.5 Waiting time standards

In October 2014, the 2010-2015 Coalition Government announced the first waiting time standards for mental health services, to bring waiting times for mental health in line with those for physical health and achieve parity. From 1 April 2015 (to be fully implemented by April 2016), the new waiting time standards will be as follows:

- 75% of people referred for talking therapies for treatment of common mental health problems like depression and anxiety will start their treatment within six weeks and 95% will start within 18 weeks
- at least 50% of people aged 14 and over going through their first episode of psychosis will get help within two weeks of being referred: the aim is to increase this percentage in future years.³⁴

The Coalition Government said that their ambition was for access and waiting time standards to be implemented for all mental health services

³¹ DH and DfE, [Transforming children and young people's mental health provision](#), December 2017, p4

³² '[£300m mental health initiative for schools is inadequate, says Labour](#)', *The Guardian*, 3 December 2017

³³ DH and DfE, [Transforming children and young people's mental health provision](#), December 2017, p4

³⁴ Gov.uk, [First ever NHS waiting time standards for mental health announced](#), 8 October 2014

by 2020. With regard to waiting time standards for children and young people, then Minister for Care Services Norman Lamb said:

The vision is for comprehensive standards to be developed over the coming years for all ages, including for children and young people. Where adult IAPT services are commissioned to provide a service to 16 and 17 year olds, the new waiting time standard will apply.³⁵

In December 2014, the Government also announced five-year funding of £150 million for investment in children and young people's eating disorder services.³⁶ This funding package will allow the development of waiting time standards for the treatment of eating disorders from 2016.³⁷ New access and waiting times standards for children and young people with an eating disorder were published by NHS England in August 2015, and came into force in April 2017. The target is that children and young people referred routinely to services should be seen within four weeks, and those referred for urgent help should be seen within one week. 95% of those in need should receive treatment in accordance with the standards by 2020/21.

2.6 Mental health data collection

With the Health and Social Care Information Centre, the Department of Health is commissioning the first national survey of children and young people's mental health since 2004.³⁸ Final publication is expected in 2018. The findings of the survey will help identify where best to target improvements.³⁹

A new Mental Health Services Dataset has also been established, with the first ever provider-level data on children's mental health services being collected from January 2016. The new dataset will provide data for children on outcomes, length of treatment, source of referral, location of appointment and demographic information.⁴⁰

³⁵ PQ 217112 [on mental health services: children], 10 December 2014

³⁶ Gov.uk, [Deputy PM announces £150m investment to transform treatment for eating disorders](#), 2 December 2014

³⁷ [HC Deb 3 March 2015 c915](#)

³⁸ Gov.uk, [Improving children and young people's mental health](#), 22 October 2015

³⁹ [PQ HL2034 \[on mental illness: children\], 16 September 2015](#)

⁴⁰ <http://content.digital.nhs.uk/mhsds>

3. Improving health based places of safety

Sections 135 and 136 of the *Mental Health Act 1983* give the police powers to detain and remove persons who appear to be suffering from a mental disorder and take them to a designated “place of safety” until an assessment can take place and appropriate treatment arranged.

There have been long-standing concerns about the practice of using police cells to detain people under the *Mental Health Act 1983*. In its inquiry on CAMHS in 2014, the Health Committee expressed particular concern about the practice of young people being detained in police cells under Section 136 of the *Mental Health Act 1983*, due to a lack of appropriate health-based places of safety and inpatient beds. The Crisis Care Concordat, published in February 2014, also set a commitment to end the practice of children going into police cells.

In February 2015, the Home Affairs Committee published its report on Policing and mental health. The Committee recommended that the specific reference to a police station should be removed from the definition of “places of safety” in Section 135 and 136 of the Mental Health Act 1983. The Committee also advocated an absolute ban on detaining children in police cells as a place of safety, and reported that some areas of the country do not currently have any health-based places of safety for people under 16.

In May 2015 Theresa May, who was then Home Secretary, announced measures to reduce instances where people experiencing a mental health crisis are held in a police cell as a “place of safety” whilst waiting an assessment.⁴¹

The 2015-2017 Government legislated in the [Policing and Crime Act 2017](#) to amend the *Mental Health Act 1983*, banning the use of police cells as a place of safety for under 18s.⁴² The 2017 Act also decreases from 72 to 24 hours the length of time a person can be detained in a place of safety whilst waiting for an assessment. This may only be increased by 12 hours with the authorisation of a medical practitioner and, if the place of safety is a police station, with the approval of a police officer of the rank of superintendent or above.

In May 2015, the Department of Health and Home Office announced a £15 million fund to provide more health and community based places of safety, to reduce the use of police cells. Example of projects that could be eligible for funding are:

- New health based places of safety
- Refurbishments or improvements to health based places of safety, for example to increase capacity

⁴¹ Gov.uk, [Home Secretary's Police Federation 2015 speech](#), 20 May 2015

⁴² The 2017 Act also gave the Secretary of State powers to introduce regulations to restrict the circumstances in which police cells may be used as a place of safety for adults.

- Making existing health based places of safety suitable for use for people aged 18 or under
- Ambulance vehicles for transportation to places of safety
- Vehicles for mobile street triage services⁴³

The first use of the fund will be to support areas of the country that still have significant number of people being taken to police custody as a place of safety. Bids are being invited from select local Crisis Care Concordat groups.⁴⁴

A second round of bids will be invites from local Crisis Care Concordat groups not invited in the first round. All funding awarded under this scheme must be spent before 31 March 2018.

⁴³ Department of Health, [Improving health based places of safety: guidance for applications for capital funding](#), May 2016

⁴⁴ For the full list of local areas, see Annex A: [Improving health based places of safety: guidance for applications for capital funding](#), May 2016

4. Specialist CAMHS

Child and adolescent mental health services (CAMHS) are provided through a network of services, which include universal, targeted and specialist services, organised in four tiers;

- Universal services such as early years services and primary care (Tier 1 CAMHS)
- Targeted services such as youth offending teams, primary mental health workers, and school and youth counselling (including social care and education) (Tier 2 CAMHS)
- Specialist community CAMHS (Tier 3 CAMHS)
- Highly specialist services such as inpatient services and very specialised outpatient services (Tier 4 CAMHS).⁴⁵

In July 2014, NHS England published a report on Tier 4 CAMHS services. NHS England took on responsibility for the national commissioning of Tier 4 services in April 2013, and the report assessed the current provision of services and areas for improvement since national commissioning began. The report found that distribution of Tier 4 services is not even across the country; in some areas of the country inadequate provision of inpatient services means that children and young people are admitted to services a long way from home. The report also found evidence of people being admitted inappropriately to CAMHS inpatient services, because of a lack of lower-level community provision.⁴⁶

In response to its findings, NHS England committed to the following urgent actions to improve Tier 4 CAMHS provision:

Increase general CAMHS specialised beds for young patients – there will be up to 50 new beds around the country with further beds moved according to need;

Recruit 10 to 20 new case managers working across the country responsible for ensuring that young people receive appropriate levels of care;

Improve the way people move in and out of specialised care; with consistent criteria for admission and discharge, based on best practice⁴⁷

During a debate on child and adolescent mental health services in February 2015, the then Minister for Care Services Norman Lamb gave an update on implementing these recommendations:

In 2014, NHS England reviewed in-patient tier 4 CAMHS and found that the number of NHS-funded beds had increased from 844 in 1999 to 1,128 in 2006. That has now risen to more than 1,400 beds, the highest this has ever been. These data are now being collected nationally for the first time, but despite the overall

⁴⁵ The [Department of Health](#) website (archived pages) provides a brief overview of children and adolescent mental health services (CAMHS). The [Youngminds](#) website also provides advice for children and young people and parents about CAMHS.

⁴⁶ NHS England, [NHS England takes action to improve access to specialised mental health services for children and young people](#), 10 July 2014

⁴⁷ NHS England, [NHS England takes action to improve access to specialised mental health services for children and young people](#), 10 July 2014

increase, NHS England also found relative shortages in the south-west and areas such as Yorkshire and Humber.

In response, the Government provided £7 million of additional funding, allowing NHS England to provide 50 additional CAMHS specialised tier 4 beds for young patients in the areas with the least provision—46 of these beds have now opened. NHS England has also introduced new processes for referring to and discharging from services, to make better use of existing capacity. A key objective of these actions is to help prevent children and young people from being referred for treatment long distances from home, except in the most specialised cases.⁴⁸

5. Select Committee inquiries into children and young people's mental health

5.1 Health Committee inquiry on CAMHS (2014)

In February 2014, the House of Commons Health Select Committee launched an inquiry into children's and adolescent mental health services (CAMHS). The Committee stated that it had decided to undertake the inquiry in light of concerns about "the extent to which children and adolescents are affected by mental health problems and difficulties with gaining access to appropriate treatment".⁴⁹

The inquiry took evidence on:

- The current state of child and adolescent mental health services, including service provision, access and funding
- Trends in children's and adolescent mental health, including the impact of bullying and of digital culture
- Preventative action and public mental health

The then Minister for Care Services, Norman Lamb, gave evidence to an inquiry session in July 2014. He stressed the 2010-2015 Coalition Government's commitment to improving CAMHS services and raised concerns about funding:

Is it really rational that 6% of the mental health budget is applied to children and young people when we know that a very significant proportion of mental health problems start in the teenage years? ...I think there is overall a funding issue and I will, for as long as I have this job, fight for a better deal for mental health.⁵⁰

The Committee published its report in November 2014. They concluded that "there are serious and deeply ingrained problems with the commissioning and provision of children's and adolescents' mental health services". The Committee reported key concerns around access to inpatient services; increased waiting times; high referrals thresholds; and many CCGs reporting that they have frozen or cut their budgets:

Providers have reported increased waiting times for CAMHS services and increased referral thresholds, coupled with, in some cases, challenges in maintaining service quality. In the view of many providers, this is the result of rising demand in the context of reductions in funding. Not all services reported difficulties—some state that they have managed to maintain standards of access and quality—but overall there is unacceptable variation

[...]

⁴⁹ Health Select Committee, [Terms of Reference: Children's and adolescent mental health and CAMHS](#), 14 February 2014

⁵⁰ Health Select Committee, [Children's and adolescents' mental health and CAMHS](#), 15 July 2014, HC 342 2014-15, Q387

Young people and their parents have described “battles” to get access to CAMHS services, with only the most severely affected young people getting appointments; they also described the devastating impact that long waits for treatment can have. Even amongst those providers implementing quality and efficiency improvement programmes there was concern that improvements were being stalled or even reversed because of increasing demand and reduced funding.⁵¹

The 2010-2015 Coalition Government’s response to the Committee’s report was published in February 2015. This accepted the Committee’s view that more needed to be done to drive improvements in standards for children and young people’s mental health services.⁵²

The Coalition Government highlighted that many of the Committee’s recommendations were being considered by the taskforce on children and young people’s mental health. This includes work on areas such as increasing collaborative commissioning; ways of incentivising investment in early intervention and community services and improving data on children and young people’s mental health services.

5.2 Education Committee inquiry on mental health and well-being of looked after children (2016)

In April 2016, the Education Committee published a report on the mental health and well-being of looked after children.

The Committee found that looked-after children face significant challenges in getting access to mental health support. The report states that child and adolescent mental health services are turning away young people in care because they have not met diagnostic thresholds for treatment or because the children are without a stable placement. The Committee said that this is contrary to statutory guidance - [Promoting the health and well-being of looked-after children](#) (March 2015) - which states that looked-after children should never be refused a service on the grounds of their placement being short-term or unplanned.

The report recommended that looked-after children are given priority access to mental health assessments by specialist practitioners, with subsequent treatment based on clinical need.

For the full report, see House of Commons Education Committee, [Mental health and well-being of looked-after children](#), Fourth Report of Session 2015–16, HC 481. In September 2016 the Government published its [response](#) to the Committee’s report.

⁵¹ Health Select Committee, [Children's and adolescents' mental health and CAMHS](#), HC 342 2014-15, page 5

⁵² Health Committee, [Children's and adolescents' mental health and CAMHS: Government Response to the Committee's Third Report of Session 2014-15](#), 10 February 2015, HC 1036, para 78

5.3 Joint Education and Health Committee inquiry on children and young people's mental health – the role of education (2017)

Following the two recent reports on children and young people's mental health by the Health and Education Committees, late in 2016 the two Committees started a [joint inquiry](#) into education and children's mental health. They considered the co-ordination between health and education services, the success of early intervention and prevention in schools and colleges and the impact of budget pressures. They also examined how far teachers should go to support children who are experiencing mental health problems and whether further training and skills are required. The role of Ofsted and the influence of social media, including whether technology companies need to take more responsibility for cyberbullying and other online threats, were also scrutinised.

The Committee's report⁵³ welcomed the Government's commitment to make PSHE mandatory in schools and colleges, and called for the promotion of well-being to be embedded throughout the education system. They also noted that strong partnerships between the education sector and mental health services improve the provision for children's mental health and well-being. However, the report raised concerns about significant variation in the quality of the links between schools and colleges and CAMHS and in the level of financial support. Their report included the following specific recommendations:

- Schools' approach to mental health and well-being should be properly taken into account and reflected in Ofsted's inspection regime and reporting.
- The Government should strengthen mental health training and continuing professional development for teachers to ensure they are properly equipped to recognise the early signs of mental illness in their pupils and have the confidence to be able to signpost or refer to the right support.
- The Government should commit sufficient resource and build on the CAMHS link pilot to ensure that effective services can be established in all parts of the country.
- While recognising the important role of parents and social media providers, schools and colleges should help children and young people develop the skills and ability to make wiser and more informed choices about their use of social media.

The Government provided its response in September 2017.⁵⁴ The Government welcomed the Committees' focus on the role of education in mental health, and said it is important that children are taught about

⁵³ For the full report, see House of Commons Education and Health Committees, [Children and young people's mental health – the role of education](#), First Joint Report of Session 2016–17, HC 849.

⁵⁴ Children and young people's mental health—the role of education: [Government Response to the First Joint Report of the Education and Health Committees of Session 2016–17](#)

the risks of social media, and the potential impact on their mental wellbeing. The Government will be considering how relationships education, relationships and sex education (RSE), and PSHE can contribute to what pupils are already taught about internet safety as part of the curriculum.

The Government agreed with the Committee that it is important for teachers to understand mental health issue and be able to identify where pupils might have an underlying mental health problem, and noted a new initial teacher training framework, published in July 2016, which includes specific detail on mental health, in order to fulfil the commitment that every secondary school in the country will be offered mental health first aid training.

6. Mental health in schools

Schools are able to decide on the provision of mental health support for their pupils. Schools are not required to report centrally on the services they provide, but it has been estimated that 70% of secondary schools and 52% of primary schools in England offer counselling services.⁵⁵

The Government wants to increase teaching about mental health in schools, as well as improving access to mental health support in schools and referrals to more specialist services.

Education Minister, Nick Gibb, said in a recent debate that the Government “want to ensure every child is taught about mental wellbeing”, including being taught about the risks of the internet and its potential impact on mental health.⁵⁶

The Government has reiterated that although schools play an important part in promoting mental wellbeing, teachers are not mental health professionals, and need backing from a range of specialised services.⁵⁷ There has been work to strengthen partnerships between education providers and mental health services, through a new pilot linking schools with single points of contact in child and adolescent mental health services (CAMHS). The Government has said the pilot has led to improvements in higher quality and more timely referrals to specialist services for pupils.⁵⁸ The pilot initially reached 255 schools, and will be extended to 1,200 schools.

Concerns have been raised that provision of mental health support in schools is currently patchy. This was noted by the Care Quality Commission (CQC) in a recent review of CAMHS services. The CQC noted that when pupils can access high-quality counselling through their schools, it can be an effective form of early intervention. However, the CQC said it is not always available, and in some cases there are concerns about the quality of support on offer.⁵⁹

6.1 Green paper: Impact on schools

The Green Paper consultation [Transforming children and young people's mental health provision](#), was published by the Department for Education and the Department of Health in December 2017. More detail on the broader scope of this paper is provided in section 2.4 of this briefing.

The Green Paper included several proposals to improve support for mental health in schools, including:

⁵⁵ Care Quality Commission, [Review of children and young people's mental health services: Phase one report](#), October 2017, p23

⁵⁶ [HC Deb 4 July 2017 c1036](#)

⁵⁷ [PQ 501 on schools: mental health, 4 July 2017](#)

⁵⁸ [PQ 501 on schools: mental health, 4 July 2017](#)

⁵⁹ Care Quality Commission, [Review of children and young people's mental health services: Phase one report](#), October 2017, pp23-24

- To incentivise every school and college to identify and train a Designated Senior Lead for Mental Health, with relevant training rolled out to all areas by 2025
- To create new Mental Health Support Teams to work with groups of schools and colleges, and work with Designated Senior Leads in addressing the problems of children with mild to moderate mental health problems, and provide a link to services for children with severe problems
- Updating existing [mental health and behaviour guidance](#)
- Building on existing mental health awareness training so that a member of staff in every primary and secondary school in England receives mental health awareness training
- Adding a mental health-specific strand within the [Teaching and Leadership Innovation Fund](#)
- Further the aim that all children will learn about mental well-being through consultations on PSHE and Relationships and Sex Education
- Reviewing whether existing requirements on schools on publishing policies and information for parents and carers, including behaviour, safeguarding and SEND policies are adequate
- Working with Ofsted on how inspection can be used as a force for improvement in addressing mental health needs

The [consultation](#) is open until 2 March 2018.

6.2 Earlier Government policy on mental health support through schools

In January 2017, the Prime Minister announced that every secondary school in England will be offered mental health first aid training. The programme, which includes an investment of £200,000 in Government funding in its first year, will start with 1,000 staff and extend in years 2 and 3 to cover every secondary school in England. Teachers and staff will receive practical advice on how to deal with issues such as depression and anxiety, suicide and psychosis, self-harm, and eating disorders.⁶⁰

In December 2015, the then Education Secretary, Nicky Morgan, announced pilot areas across the country to improve mental health services for children in schools. The Mental Health Services and Schools Link Pilots tested a named single point of contact in 255 schools and in 22 pilot areas, to enable more joined-up working between schools and health services. The pilots received a £3 million investment, jointly funded by the Department for Education and NHS England.⁶¹ The Government have committed to an expansion of the pilot to a further 1200 schools and colleges.

⁶⁰ Gov.uk, [PM: mental health training for teachers will "make a real difference to children's lives"](#), 27 June 2017

⁶¹ Department for Education, [Hundreds of schools benefit from £3m mental health investment](#), 3 December 2015

An [evaluation of the pilots](#) was published in February 2017. The report was positive about the impact of the pilots, but raised concerns about the resources available for rollout nationwide:

At a national level, the pilot programme very much demonstrates the potential added value of providing schools and NHS CAMHS with opportunities to engage in joint planning and training activities, improving the clarity of local pathways to specialist mental health support, and establishing named points of contact in schools and NHS CAMHS. At the same time, the evaluation has underlined the lack of available resources to deliver this offer universally across all schools at this stage within many of the pilot areas. Given the pilots show that additional resources would need to be allocated locally to deliver the offer universally across all schools, further work is needed to understand how sustainable delivery models can be developed.⁶²

In March 2015 the Government published a blueprint for school counselling services⁶³, which provides schools with practical advice on how to deliver high-quality school based counselling.⁶⁴

In June 2014, in consultation with head teachers, the Department of Health published non-statutory guidance on Mental Health and Behaviour in Schools.⁶⁵ This advises schools on identifying and supporting pupils whose behaviour suggests they may have unmet mental health needs. The guidance provides information on:

- how and when to refer to CAMHS
- practical advice to support children with emotional and behavioural difficulties
- strengthening pupil resilience
- tools to identify pupils who are likely to need extra support
- where and how to access community support

In March 2014, the Department of Health funded a website called MindEd to help professionals who work with children and young people to recognise the early signs of mental health problems. In response to a PQ in May 2014, the then Minister for Care Services said:

The Department funded the MindEd website which will help anyone working with children, including all school staff, to spot the signs of mental health problems in children and help them get the support they need. Spotting the signs of mental health problems early in children and young people is essential to prevent problems from escalating and continuing into adulthood.⁶⁶

⁶² Department for Education, [Mental Health Services and Schools Link Pilots: Evaluation brief](#), February 2017,p7

⁶³ Department for Education, [Counselling in schools: a blueprint for the future](#), 17 February 2016

⁶⁴ [PQ 1025 \[on Mental Health Services: Young People\], 8 June 2015](#)

⁶⁵ Department for Education, [Mental health and behaviour in schools](#), June 2014

⁶⁶ [HC Deb 6 May 2014 c137W](#)

6.3 PSHE education

What is PSHE?

The PSHE Association defines personal, social, health and economic education (PSHE) as:

...a planned programme of learning through which children and young people acquire the knowledge, understanding and skills they need to manage their lives, now and in the future.

The Library briefing on [Personal, social, health and economic education in schools \(England\)](#), CBP 7303, provides more detailed information.

What provision do schools have to make?

PSHE is a non-statutory subject, but the Government expects all schools in England to make provision for it.

In September 2013, following an internal review, the Department for Education issued new [guidance on PSHE](#), which makes clear that it is largely up to schools to determine what is taught; it also states that the then Government did not intend to publish new non-statutory programmes of study for PSHE.

The Government provides funding to various bodies, principally the PSHE Association, to support the teaching of PSHE.

Children and Social Work Act 2017: statutory PSHE?

In March 2017, the Education Secretary, Justine Greening, [announced](#) her intention to put Relationships and Sex Education on a statutory footing. She also announced her intention to create a power to make PSHE statutory in future, following further work and consultation.

The *Children and Social Work Act 2017* provides for PSHE to be made statutory at all schools in England through regulations.

No timescale of when PSHE might be made statutory has been provided, although the recent Green Paper consultation confirmed that the Government is considering statutory PSHE.

PSHE Association programme of study

The PSHE Association has published its own [programme of study](#) for PSHE, covering Key Stages 1-5.

The programme includes focus on a variety of areas, including diversity and equality, relationships of different kinds, personal financial choices, drugs education, the importance of respecting and protecting the environment, and people's rights and responsibilities as members of families and other groups, and as citizens.

- **Mental health** is part of the PSHE Association programme of study at Key Stages 4 and 5 (ages 14-18), covering issues such as the maintenance of personal wellbeing, and supporting others with mental health problems.
- **Social media** is also part of the programme, during Key Stages 2-5 (ages 7-18), with relevant topics including bullying via social media, the potential distorting effect of social media on information, and the impact of sex in social media, such as from the sharing of explicit images.

7. Stigma and discrimination

One of the six key objectives of the 2011 *Mental Health Strategy* was that fewer people will experience stigma and discrimination and that public understanding of mental health will improve.

A [survey](#) published in September 2014 by the anti-stigma campaign Time to Change found that many young people with mental health problems miss out on education⁶⁷. The survey revealed that nearly one in four students (24 per cent) did not attend school, college or university because they were concerned what other students would say and 15 per cent of people experienced bullying as a result of mental health problems. It also found that nearly a third (31 per cent) of those had been subject to discriminatory language, including being called “crazy” and “attention seeking”. Nearly half of respondents (48 per cent) chose not to tell people about their mental health problems, instead saying they were absent due to physical illness. In response to the findings, the then Minister for Care Services, Norman Lamb, said:

..I'm pleased that Time to Change is working with schools to address this. We're already working with the Department for Education to help teachers and others in contact with children to spot the signs of mental health problems, and I've recently launched a Taskforce to look at how we can make sure every child with mental health problems gets the support they need.⁶⁸

In August 2015, the Department for Education recruited the first ever mental health champion for schools to help raise awareness and reduce the stigma around young people's mental health.⁶⁹

In October 2015, the Department of Health announced a new national anti-stigma campaign for teenagers and parents. This launched in November 2015 and is the largest ever anti-stigma campaign for teenagers and, for the first time, also targeted parents. The Department of Health is also working with Time to Change on a social marketing campaign specifically targeted on the places where young people spend their time online. This will take place alongside in-school activity to boost the support available in schools, and targeted marketing and information for parents.⁷⁰ At the same time, the Department of Health launched a new section of NHS Choices which specifically focuses on youth mental health.⁷¹

To date, Time to Change have reported improved attitudes to mental health in over 3.4 million people. Phase 3 of Time to Change (up to 2020/21) will focus on developing local Time to Change Hubs which will support and train people with lived experience to become mental health champions to influence change in attitudes and reductions in stigma in

⁶⁷ Time to Change, [Students missing out on education because of mental illness](#) (last access 30 September 2014)

⁶⁸ Time to Change, [Students missing out on education because of mental illness](#) (last access 30 September 2014)

⁶⁹ Gov.uk, [First ever mental health champion for schools unveiled](#), 30 August 2015

⁷⁰ Gov.uk, [Improving children and young people's mental health care](#), 22 October 2015

⁷¹ NHS Choices, [Young People and Mental Health](#)

their local communities. Pilot Hubs are underway in Liverpool and Bristol, with the aim of establishing 16 Hubs across the country which will be hosted by local authorities. Phase 3 will also have a particular focus on improving the attitudes of young people toward mental health with the aim of reaching 1.75m young people and 1.5m parents each year by 2020. Time to Change plans to establish school networks with 1,000 secondary schools demonstrating significant Time to Change activities through dedicated action plans.

The December 2017 Green Paper on children and young people's mental health set out proposals to fund a large-scale awareness campaign, to move beyond approaches purely looking at tackling stigma:

We want to get to a place where we no longer need to focus on tackling stigma, but instead share a common acceptance and understanding that experiencing mental health problems is part of life for us all. That is why, as well as this important awareness-raising and anti-stigma work, **we have committed to invest £15 million in an ambitious programme to train one million members of the public in basic mental health awareness and first aid to increase mental health literacy and enable those trained to help others.** The campaign will be launched in 2018 and will seek to provide people with the understanding to take care of their own mental health, and the mental health of others.⁷²

For further information, see the 2015 House of Commons Library Key Issues article on [Mental Health Stigma](#) (pages 48-9).

⁷² DH and DfE, [Transforming children and young people's mental health provision](#), December 2017, p31

8. Further reading

Library briefings

Further background can be found in the Library briefing papers [Mental health policy in England](#) and [Early Intervention](#).

You might also like to refer to the following Library briefing packs prepared for debates in Parliament:

- [Mental health education in schools](#) (November 2017)
- [Supporting children's wellbeing and mental health in a school environment](#) (January 2017)
- [Effect of social media on the mental health of young people](#) (November 2016)
- [Access and waiting time standards for early intervention in psychosis](#) (August 2016)

Other reports

RCPC, [State of Child Health report 2017](#)

Centre for Mental Health, [Missed Opportunities: A review of recent evidence into children and young people's mental health](#) (June 2016)

Education Policy Institute (previously CentreForum) Mental Health Commission, [Progress and challenges in the transformation of children and young people's mental health care](#) (August 2016); and [Children and Young People's Mental Health: The State of the Nation](#) (April 2016)

Joint Commissioning Panel for Mental Health, [Guidance for commissioners of CAMHS commissioning guidance](#) (October 2013)

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