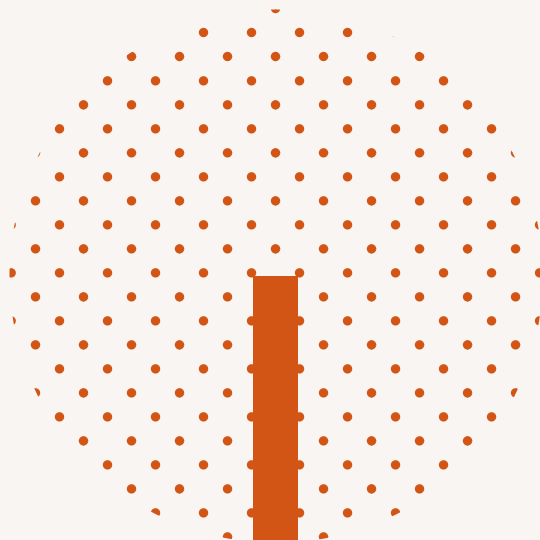




INQUIRY INTO CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH

KEY RECOMMENDATIONS FROM OUR
CONSULTATION RESPONSE

APRIL 2026



Introduction

In February 2026, the Health and Social Care and Education Committees launched an inquiry into children and young people's mental health, exploring the mental health support available to children and young people in community, health and education settings.

As the national voice of over 300 mental health charities in England and Wales, we represent approximately 65 charities delivering services specifically to support children, young people and their families. To develop our response to the consultation, we engaged with our membership through meetings and a members' survey, drawing together the insights and expertise of mental health charities across the country.

In our consultation response, we outline key areas where improvement is needed, including reforming approaches to funding and commissioning and strengthening integration across education, NHS and community services. This paper provides a summary of the key recommendations in our consultation response. 'VCFSE' refers to Voluntary, Community, Faith, and Social Enterprise organisations - we use this interchangeably with 'charities'.

Mental health support in education and community services

1. Establish sustainable funding and formal partnerships with the VCFSE sector supporting children, young people and their families

The problem: VCFSE organisations play a critical role in prevention, early intervention and crisis support, including supporting children who do not meet statutory thresholds. However, evidence shows they are increasingly absorbing demand from statutory services without equivalent funding or formal partnership arrangements. Many operate with minimal statutory funding, while managing growing waiting lists and complexity of need. Preventative and family-based services are particularly vulnerable to cuts, despite their long-term value.

What we told Government: Government and Integrated Care Boards should establish long-term funding arrangements for VCFSE organisations, alongside formal partnership frameworks that recognise their role in prevention, early intervention and crisis support.

2. Reform commissioning frameworks to prioritise prevention and whole-system approaches

The problem: Current commissioning frameworks prioritise short-term clinical activity over long-term outcomes and prevention, limiting the development of whole-school and community-based approaches. This has led to the closure of established preventative services (including long-running provision withdrawn at short notice) and restricts innovation in relational, trauma-informed models.

What we told Government: Commissioning processes should be restructured to prioritise early intervention and long-term outcomes, rather than short-term clinical activity. Greater flexibility is needed to enable relational, whole-school and community-based models that reflect the complexity of children and young people's mental health needs.

3. Strengthen integration across education, NHS and community services

The problem: Support for children and young people is fragmented across education, NHS and community services, with weak coordination and unclear models for joint working. This results in delayed or inappropriate support, with young people often only receiving help once they reach crisis.

What we told Government: Government and NHS bodies should drive clearer national expectations and models for integrated working between schools, statutory services and VCFSE providers. This should include shared pathways, joint commissioning, and improved coordination to ensure children receive timely, needs-led support without escalating to crisis thresholds.

4. Enhance workforce capacity and training within education settings

The problem: Education staff are increasingly expected to respond to complex mental health needs, yet capacity is limited and training is insufficient, particularly in areas such as trauma, self-harm, neurodiversity and family-related mental health challenges. Staff also face high levels of stress, with existing workloads making additional responsibilities unsustainable.

What we told Government: Education staff should be supported through funded, ongoing training in trauma-informed practice, complex mental health needs, and relational approaches, alongside measures to address staff wellbeing. Mental health responsibilities must be matched with sufficient resource and system-wide support to ensure they are deliverable and effective.

5. Rebalance accountability frameworks to prioritise wellbeing alongside attainment

The problem: Inspection and accountability systems are widely experienced as prioritising attainment and attendance over wellbeing, contributing to a culture of pressure that can lead to punitive responses to children impacted by mental ill-health. Mental health provision is often reduced to superficial "tick-box" initiatives rather than embedded practice.

What we told Government: Inspection and accountability systems should be reformed to place equal weight on mental health and wellbeing as foundational to educational outcomes. This should incentivise inclusive, trauma-informed practices and discourage punitive responses to mental ill health driven by attendance or performance metrics.

Integration between education, NHS and community provision

1. Invest in and scale evidence-based community and open-access provision

The problem: Community-based and open-access services reduce demand on CAMHS and acute NHS services, yet these services remain underfunded and unstable. Many young people lack access to safe non-clinical spaces and are left on waiting lists, with needs escalating over time.

What we told Government: Integrated Care Boards should prioritise sustained investment in community-based and open-access mental health services, recognising their demonstrated impact in reducing demand on CAMHS and acute NHS services. Funding models should support long-term delivery and preventative approaches that address the wider determinants of mental health.

2. Reform referral pathways to ensure integration, continuity and accountability

The problem: Referral pathways are fragmented, inconsistent, and difficult to navigate, with poor communication between services. Young people are often passed between providers, required to repeat their story, and experience gaps in care.

What we told Government: Government should establish clear integrated referral pathways across education, NHS and VCFSE services, including shared care plans and defined responsibilities. Pathways should enable concurrent support across services, with a single point of contact to ensure continuity and reduce the burden on families.

3. Strengthen system infrastructure to enable effective joint working

The problem: Effective joint working is limited by poor data sharing, incompatible systems, and a lack of formal agreements, with NHS, local authorities and VCFSE organisations often unable to coordinate effectively. This contributes to fragmented care and shifts risk onto under-resourced VCFSE providers.

What we told Government: Reforms to NHS technology must consider data sharing requirements with local authorities, VCFSE and education to promote better collaborative working. This could involve formal information-sharing agreements and joint commissioning. This should be underpinned by clear Service Level Agreements and equitable resourcing to prevent the transfer of risk to underfunded VCFSE organisations.

4. Address structural and cultural barriers to collaboration

The problem: Collaboration is further hindered by cultural barriers, lack of mutual understanding, and limited recognition of the VCFSE sector's role. In some cases, statutory services are reluctant to engage or refer, and responsibilities are informally shifted onto charities without proper support or accountability.

What we told Government: Government and system leaders should promote a culture of partnership across statutory and VCFSE sectors, supported by guidance, incentives and accountability mechanisms. This should include improving mutual understanding of roles, embedding co-production, and ensuring that the voluntary sector is systematically integrated into local mental health systems.