



CCN

POLICY IN FOCUS

CCN Councillors' Guide:

Children's Mental Health - The impact and overlap with children's services

About



CCN

POLICY IN FOCUS

At the County Councils Network (CCN) one of our core objectives as a national representative body is deliver the most recent insights on the policy issues impacting our member councils, the communities they represent, and the wider local government sector.

Built on engagement with experts in CCN member councils and wider stakeholders, alongside drawing on insights from the network's programme of policy development and research reports, *Policy in Focus* seeks to provide new insights on established and developing areas of local government policy.

Policy in Focus is just one of CCN's regular publications that sits alongside our data driven *CCN Analysis* reports, best practice document *County Spotlight* and range of externally commissioned research publications.

Download all CCN's reports and publications [here](#).

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The topic of mental health is often, understandably, viewed in wider public discourse as primarily an issue for the NHS. However, as the crisis stretches Children and Young People's Mental Health Services (CYPMHS)¹ towards breaking point, the rising numbers of children waiting for assessment or treatment for a mental health condition is having a growing impact on children's services more widely – in particular, those delivered by local authorities and within local schools and health services.

Analysis by the County Councils Network (CCN) has found that the number of children in need with mental health (termed 'mental health: concerns about child') identified as a factor at the end of their assessment in county areas stands at 35,359 young people in 2024 – up from 27,215 in 2019, a 29% rise.²

Whilst mental health needs were already rising at this point, the sharp jump in need this decade suggests that the Covid-19 pandemic continues to affect demand for children's services even now, just as CCN and many others in the sector warned it would at the time.

In particular though there is increasing awareness that the mental health of children and young people – which has been in decline for a period stretching back nearly a decade prior to the pandemic – may also be interacting in a significant way with the increasing demands on Special Educational Needs and Disabilities (SEND) services administered by schools and councils.

CCN analysis has also found that during the 2024/25 academic year, 33,561 pupils in schools in receipt of Education Health and Care Plans (EHCP) had received one because their primary need was defined as 'social, emotional, and mental health'.

In 2019/20 – the year heading into the pandemic – this figure stood at 17,251, meaning the number of school-age children receiving EHCPs due to mental health has virtually doubled in county areas in the six years since 2019 (a 94% increase). This is also above the average national increase of 84% across the whole of England.³

This means that 16% of pupils in county areas now have an EHCP with their primary need as their 'social, emotional, and mental health', again slightly higher than the national ratio of 15%. CCN member authorities account for 47% of all of England's pupils on EHCPs in this category compared to only 42% of pupils overall.⁴

This short report is designed to provide some initial reflection into the sort of knock-on issues from the children and young people's mental health crisis that councils up and down the country are now reporting. It is written in the context of better understanding how the growth of mental health issues afflicting young people is contributing to the rising need for social care and SEND services from councils and vice versa.

This is particularly important as it is widely believed longer waits for SEND assessment and provision may be already be impacting on children's mental health making these in particular potentially interlinked crises.

The perspectives set out in this short report are drawn from feedback and discussion with key professionals and senior officers from across CCN's 39 member authorities over a period of years. It is hoped that these reflections will provide insight into the mental health challenges that many of the children in local authority care may be experiencing and why this is becoming an increasing issue of importance for councils up and down the country.

The state of mental health among children and young people has been a subject of public debate for some years now.

There is increasing consensus that the UK is experiencing a significant youth mental health crisis. In June 2025, an NHS survey found that 1 in 4 young people now report having a 'common mental health condition' (a category which includes conditions such as anxiety, depression, panic disorder, phobias, and obsessive compulsive disorder) – a rise of more than a third in the past decade.⁵

Although there is no consensus on its cause (see Box 1 below), CCN member authorities and the wider sector are increasingly concerned that an aggravating factor in the present mental health crisis has been the squeeze on local authority funding over the past decade or so. Research last year by Pro Bono Economics for the Children's Charities Coalition estimated that council spending on early intervention has fallen £2billion since 2010/11 – an overall drop of 42%.⁶

The proportion of spending on early intervention and preventative services within non-medical settings such as schools and community groups, has steadily decreased over this time. This is because councils cannot legally stop delivering statutory services such as placements for children in the care system, of which costs have risen rapidly over the past decade.

As such, in order to meet savings targets, councils have been forced to instead find reductions from non-statutory services – which are usually those focussed on lower-level prevention and support. These services located in CCN's member council areas have been particularly badly hit.

Previous research by CCN in the report Children's Services and Early Intervention (2020) showed how grant funding for children's services allocated to county authorities during the latter half of the 2010s had declined by a substantially larger proportion than the national average.

This has meant even greater financial pressure has often fallen on some of the most dispersed communities in more remote areas where services can be more difficult and expensive to deliver.

Over time this reduction in service has led to decreasing opportunities for professionals to identify and address mild mental health problems at an early stage – such as within a children's centre or family hub – before children and young people become more acutely unwell and develop more severe conditions. Similar concentrations of funding away from preventative programmes and raised thresholds for access to limited resources have also been felt in the NHS.

The consequence is that there is now less access to Tier 1 and 2 mental health services – the levels of service which support earlier diagnosis and administer lower levels of remedial support for children experiencing problems in their development at which time most mental health issues can be more easily addressed. Crucially these services in most cases cost a fraction of the money which is now being spent by councils on acute care for children with mental health needs.

In particular, CCN member councils are increasingly concerned that by not addressing these needs early it is leading to more demand on later, more expensive interventions particularly within the SEND system.

CCN's report last year with ISOS Partnership and the LGA, *Towards an effective and sustainable approach to SEND*, showed that the 140% growth in Education Health and Care Plans (EHCP) over the past decade has been almost entirely driven by an increase in three key areas of need – Autistic Spectrum Disorder (ASD); Social, Emotional and Mental Health (SEMH) conditions; and Speech and Language and Communication Needs (SLCN) – each of which are driven by, or can overlap with, wider mental health issues.

It is particularly important that members understand that two of these categories – ‘autism’ and ‘language-based needs’ – are NOT classified as mental health conditions per se, but are examples of neurodiversity. This confusion sometimes arises in the media due to the increased propensity for neurodiverse children to experience co-morbidity with some form of mental health condition (e.g. Anxiety; Depression; Obsessive Compulsive Disorder).

It is because of this inter-relationship that there is increasing concern among parents, schools, and councils alike that as the concurrent crisis within the SEND system has grown – in particular lengthening waits for educational support and school places – more children with SEND including these conditions are being put at risk of their mental health deteriorating.

Not only does this too often lead to poorer outcomes for children and families, it also places additional pressure on wider children's health and social care services if the child's needs exacerbate and become more complex.

That is why CCN has welcomed the government's commitment in pledging £49m this year to provide access to specialist mental health support for an estimated 900,000 pupils,⁹ with an aim to ensure such support in every school by 2030.

As the rollout towards this aspiration continues across the parliament, it is hoped that this paper – setting out the views of local authority and health professionals – adds some professional insight for member councils to develop local policy as the government steps up its various programs reconfiguring health, social care, education, and SEND services over the coming months and years.



BOX 1: Why is there a children's mental health crisis?

Although there is widespread agreement over the existence of a children and young people's mental health crisis in some form, there is far less consensus over its origins or its extent. Theories embrace a wider range of potential causes, including deeper insecurity across society following major global crises such as the 2008 financial crash and Covid pandemic; the impact of the public narrative around climate change; the gradual reduction in independence and outdoor play of recent generations in response to the growth of traffic and a heightened fear of 'stranger danger'.

More recently there has been increasing public discussion around the potential impact of smartphones and how they can facilitate young people – particularly the most vulnerable – access to a range of dangers, both online itself or as a consequence of spending time online.

These include:

- viewing pornography;
- exploitation, both sexual and otherwise;
- radicalisation;
- addiction;
- attention deficit;
- sleep deprivation;
- bullying

There are also a host of other more pernicious impacts on mental health such as exposure to 'lifestyle' content around topics as disturbing as anorexia or suicide, as well as communities such as self-styled 'incels' (a centre of recent public debate around TV drama *Adolescence*, about a 13 year-old boy who kills a fellow schoolgirl after a series of online taunts and rumours).

Recently, a book championing this position, *The Anxious Mind* (2024) by Jonathan Haidt, has led to perhaps the widest global discussion so far about the growing evidence of adverse consequences affecting some children arising from their smartphone use. The increasing consensus on this issue among many parents has led to collective action by schools to ban smartphones entirely in some places – such as St Albans, Hertfordshire.⁷

More recently a growing lobby is now pushing for the government to ban phones in schools outright at national level, and the government has also indicated it is considering national policies to curb young people's smartphone use such as 'curfews'.⁸

However, other social scientists remain unconvinced of this link, stressing that there is limited concrete statistical evidence for links between smartphone use and adverse mental health so far; that not all children seem to be impacted equally; and that there should also be consideration of the numerous benefits that access to information online has for children and young people's development, learning, understanding, and socialisation.

BOX 2: What is the difference between mental health and neurodiversity?

Often it can seem that mental health and neurodiversity are talked about interchangeably in the media and wider public debate. However, for professionals and services it is important to note that there are important distinctions between the two conditions that dictate how they are assessed, managed and treated. The NHS defines the two terms as below:¹⁰

- **Mental health** refers to our emotional, psychological, and social well-being. We all have mental health. The definition of mental health in the national 'No Health without Mental Health' policy is that it is a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment. Mental health is different from mental illness (which can also be referred to as having a mental health disorder). Poor mental health and struggling to cope is also different from having a mental illness. A mental illness or mental health disorder is an illness that affects the way people think, feel, behave, or interact with others. There are many types of mental illnesses/ health disorders with different signs and symptoms.
- **Neurodiversity** describes the population as a whole and recognises the diversity of different brains. Neurodivergent conditions include Autism/Autism Spectrum Condition (ASC)/Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD)/ Variable Attention Stimulus Trait (VAST), Dyspraxia, Dyslexia, Dysgraphia, Dyscalculia and Tourette's Syndrome (TS) as well as many other conditions. Neurodivergence is classed as a disability, although some neurodivergent people do not identify as disabled but need support to live in a 'neurotypical' society.

As such the two conditions require different service-level responses – in particular as 'mental illness' is something which is an acute condition that in many cases can be treated and fluctuate in its intensity. Neurodiversity on the other hand describes a characteristic of a person's physiology (perhaps akin to the way everyone has a 'blood-type'), and such conditions are to be managed to address their intensity rather than 'cured' per se.

Part of the reason the two terms are sometimes conflated in the media comes from the fact that mental health advocates do emphasise that children with neurodiversity needs are statistically more prone to suffer episodes of poor mental health. Campaigners also stress that periods of mental illness for this cohort of children can be aggravated where neurodiversity needs are not being met due to long waits to access support from services.

There are other perspectives, though, which – whilst not disputing the existence of such conditions – do question whether the expansion of classifications such as 'Autism' or 'ADHD' to include a wider range of symptoms and typical behaviours has led to a problem of 'overdiagnosis'. This view is articulated clearly in Suzanne O'Sullivan's book *The Age of Diagnosis* (2025). In particular, O'Sullivan – a practising clinical psychologist specialising in psychosomatic diseases – poses the question "*what happens to a person when their illness becomes integral to their identity?*". Whilst recognising the very real debilitating effects that poor mental health can have, she nonetheless also questions whether diagnosis for milder versions of some conditions may even "*get in the way of recovery*" – particularly for more impressionable children and young people who may still be developing their own identity.

Proponents of this view have included the Health Secretary Wes Streeting, who remarked in a BBC interview earlier this year that:

"...mental wellbeing, illness, it's a spectrum and I think definitely there's an overdiagnosis, but there's too many people being written off..."¹¹

Although he has later clarified his position position, saying these remarks *"failed to capture the complexity of the issue"*, he has nonetheless ordered an independent review into rising demand for mental health, ADHD, and autism services expected to report later in 2026.¹²

Part of the argument for overdiagnosis in children specifically, is that there is presently not enough context of a child's life applied during diagnosis to ensure a distinction between what might be better perceived as regular 'growing pains' of childhood – including 'normal' emotional reactions to life events such as bereavement or illness – rather than clinical mental health issues as they can often present similarly.

The book *Searching For Normal* (2025) by psychiatrist Dr Sami Timimi explores this argument, as well as pointing out that there may be a vested interest for what he calls the 'Mental Health Industrial Complex' in identifying and then treating mental health issues – often leading to expensive costs falling on the state.



The overlap of mental health and children’s social care: Insight of local authority officers

Overview

CCN maintains regular dialogue over key policy issues with its 39 member authorities at both elected member and senior officer level.

In particular, mental health is a part of discussions around several high priority issues raised by our councils across the decade so far – including multi-agency working with local health services; the present record numbers of children in care; and the growing crisis in local authority finances, partly caused by shortfalls in SEND funding. Many of the observations gleaned over this time are reflected in the analysis and commentary contained in this paper.

In order to better understand the inter-relationship between the way these various issues are interacting with mental health at service level, CCN also staged a specific roundtable for professionals nominated by our member councils. Chatham House rules were maintained to preserve anonymity to ensure participants felt able to speak freely about their authorities drawing on experience and insight from local cases from their respective local authorities.

The following section explores some of the issues CCN’s member authorities are hoping will be considered in the present fluid policy context including:

- a forthcoming Schools White Paper expected to include a plan for reforming the SEND system;
- the ongoing reorganisation of NHS England and in particular the structure of Integrated Care Boards;

- continued progress towards children’s social care reform set out in *Keeping Children Safe, Helping Families Thrive* (2024) and the associated measures in the Children’s Wellbeing and Schools Bill currently passing through parliament.¹³
- The programme of English local government reorganisation, focused on the remaining two-tier areas.

THEME 1: Causes of the Mental Health crisis

There was agreement at service level within CCN’s member councils with the narrative that there is an increasing issue with young people’s mental health that is separate to the fallout from the pandemic. Although it was felt Covid is likely to have exacerbated and accelerated mental health issues, it was not seen as a primary cause of a trend which began to emerge during the previous decade:

“We can plot the reduction in resilience and wellbeing far far longer [back] than the pandemic.”

However, some professionals also questioned whether some of the narrative around a ‘crisis’ could be self-fulfilling:

“If we’re thinking about the impact of social media and children’s exposure to... potentially catastrophic information about climate change [or the] Ukraine invasion. Do we have a responsibility of using terms like ‘crisis’ and whether that feeds into a narrative that young people are unwell?”

Essentially the exponential increase in information children and young people are now exposed to means many are now acutely aware of many global problems and challenges than would have been the case in past generations – often on a minute-by-minute basis. This means many children are now exposed to complex ‘adult’ issues at younger ages when their emotional capabilities to understand these issues are more limited.

It is unsurprising that a proportion of young people are likely to become despondent and put themselves at risk of developing depression if they are relentlessly hearing about, say, grimmer future job prospects due to the spread of AI or predictions of global apocalypse (which in different forms have haunted every generation of humanity in history).

Children and young people have less experience and understanding of how the future almost inevitably develops differently from expectations and predictions – such as the propensity for past new technology to have created previously unconceptualized jobs which may or may not be the case further into their adulthood.

Limited information transfer means previous generations would have been less burdened with the immediacy of these issues. The onus is therefore on parents and the wider public services working with children and young people to help them to make sense of the ‘adult’ emotions such exposure may elicit in some individuals before it affects their mental health adversely.

Other professionals highlighted that there was still a long way to go for both services and the general population to fully understand the complexity of mental health as opposed to physical health:

“I think we’ve still got a real significant inequality between health that’s physical and that which is not physical.”

Some respondents felt it was important to note the impact of underlying trauma on mental health, which was often recognised as a causal factor for the need for intervention with a child. However, such trauma often may not adequately highlighted or understood at the point of mental health assessments, which are likely to be conducted by completely separate professionals without as full a knowledge of the child’s family history.

“We see some diagnoses for children that we’ve worked with the families for a long time. We know there’s a lot of trauma there. There’s a lot being taken from what parents are saying and we will know different...”

It is important to stress that respondents did not feel that miscommunication between agencies on this point was not deliberate – but with a limited understanding of children’s trauma-informed responses among the general population, it may be getting lost. Better data sharing between agencies as intended within the Government’s proposed children’s social care reforms may be helpful in addressing this issue.

THEME 2: PREVENTION

The most pertinent message fed back from the professionals spoken to was that part of the surge in mental health concerns was due to a lack of early intervention to prevent issues emerging in the first place:

“Kids are flooding into [CYPMHS] who don’t need to go there, but we haven’t got the infrastructure behind to support them in a different way.”

It was felt that funding constraints across both the NHS and local government since austerity had limited the amount of preventative services available to address mental health issues at a lower level:

“What I’m finding is it’s the early intervention and prevention that we’ve disbanded over the years through budgets cuts and funding cuts both on the health side and the social care side. But that’s where we’re getting it wrong because if we could invest more resource at the front end of these young people’s lives we could make such a big difference, but the resource has all gone up to the fire-fighting end, or it’s been cut out to sort of support the fire-fighting end.”

In particular most councils have been forced to scale back much of their family support services in recent years which had previously been helpful in identifying mental health issues and providing lower-level remedies earlier to prevent these escalating. Now help was only likely to be forthcoming when issues had developed from more formalised services:

“That front end offer to families shouldn’t always be straight into secondary mental health care, it shouldn’t always be into proper social care services, there should be other things to wrap around families in the first instance.”

Some authorities were developing strategies for engagement in the early years as part of their family support work to improve both mental health in developing young children, but also supporting parents in understanding how to support their children:

“I think for us prevention is going to be really really important to try and identify mental health issues that are starting to happen in those very early stages of childhood and looking to prevent those happening”

“Trying to set up and establish parent-infant relationships activity and services and support is a key element we want to do – to try and improve that relationship around sensitive parent[ing] very very early on. It’s not going to necessarily have an impact on the young people that have got problems now but we want to try and start to prevent those probably mental disorders that we’re starting to see in primary school by improving things much much earlier. So that’s about moving our investment from a public health perspective.”

It is fair to say that more recent policy around children's services has recognised the importance of rebalancing provision towards prevention – a key objective of the Government's reforms set out in *Keeping Children Safe, Helping Families Thrive*.

However, the money invested in reform so far has fallen short of the £2.6bn recommended by the *Independent Review of Children's Social Care* as needed to make this shift successfully. This means it is unlikely that local authorities will have the resources to fundamentally rebalance this system, given the increasing pressures on council finances from statutory services such as children in care and home to school transport, as well as from broader responsibilities such as adult social care.

THEME 3: The impact of 'labels' on child development

A particular concern shared by many of the professionals spoken to was the risk that mental health 'labels' were being applied to children too readily:

"I wonder how helpful it is to be talking about mental health and then boxing children into particular brackets within mental health... in terms of their young age and the development journey they're on."

It was highlighted by professionals that – despite the challenges it can bring with it – for many children and their families, receiving a clinical mental health diagnosis can in the first instance feel like relief, after often many years of not fully understanding whether their development was natural or not.



However, professionals also felt the process to get diagnosed can be gruelling and this can lead to some families losing sight of the fact that diagnosis is not an end in itself and may not necessarily provide an immediate panacea to the child's issues:

"You could be diagnosed tomorrow, but your needs are still the same today and they're still the same the next day."

At worst some feared a diagnosis of mental illness or neurodiversity may exacerbate a condition in some cases:

"...it's one thing be given a diagnosis... but then you're left with the diagnosis... but what do you do? Because suddenly whatever's happened in your life before you have to then reflect back on – because all that you've experienced, you've been perhaps bullied and you haven't been understood, you haven't been listened to it comes to the fore you've been traumatised and I think that's probably what we're seeing with some of the complexity that we're not necessarily interpreting."

More concerningly, one professional working directly in participation projects with children and young people indicated that there was an increasing trend of more young people self-diagnosing online, developing their own communities of support, and becoming distrustful of services altogether:

"There are pockets of social media that are talking about Child and Adolescent Mental Health Services (CAMHS), and that if you go to a CAMHS service that your mental health will get worse. And kind of like just that discussion online away from professionals and kind of like what does that do to young people. And again it's just that word of 'CAMHS' and all of this association that probably isn't true locality to locality and just that kind of language and how can we infiltrate certain areas when young people are having these conversations which seem quite worrying to me."

There can also be longer-term consequences of such diagnoses which are often less considered. For example, professionals emphasised how rapidly children naturally enter and exit different modes of behaviour as they develop and what may at some points be a concern about their mental health, may be easily addressed with lower-level support – or sometimes the child may even grow out of it themselves over time.

However, labelling children with a clinical mental health condition too early – particularly very young children – may in itself risk impacting the child's development as the label can then become infused with their growing sense of identity. More importantly it can influence the way other people, including professionals, are likely to see them – often for many years into the future.

"Labels stick – and that's really really important we don't do that."

THEME 4: Schools & Mental Health

Children's mental health needs are likely to impact on the education needs of a child. In particular mental health has been one of the significant contributory factors to the explosion in demand for Special Educational Needs and Disabilities (SEND) services over the past decade.

"...the increase in the number of pupils with EHCPs is not evenly distributed, but is in fact largely fuelled by growth in the number of children whose primary need is either Autistic Spectrum Disorder (ASD); Social, Emotional & Mental Health (SEMH) issues; or Speech, Language and Communication Needs (SLCN).

*These three categories of need account for 88% of the total increase in the number of children in schools with EHCPs."**

*Towards an effective and sustainable approach to SEND' (CCN, LGA, ISOS, 2024)

In some cases professionals reported that mental health issues were contributing to the rising number of children being electively home-educated which may bring its own problems:

"We've got an increasing issue with emotionally-based school avoidance which is leading to a rise in SEND requests in relation to that as well as an increase in young people electively home-educated and therefore missing out on other key elements of growing up in terms of socialisation and some of the learning around how to socialise or how to get on or not get on with people."

Local authority staff noted that whilst schools were often the first place mental health issues were likely to be identified, there could be very disparate responses from different schools to addressing these issues. An Education Health and Care Plan (EHCP) – the higher level of support for SEND – is not always necessary to address mental health issues, but more and more children are being directed down this route:

"We have some schools who would refer the children to be assessed [for an EHCP] and out to do something different with them because it affects [the school's] performance. But we also have other schools who are really inclusive and really good with young people who have different needs..."



This is part of the reason that the number of children in receipt of an EHCP has trebled since 2017, placing increasing pressure on local authority budgets. But the professionals were also concerned that there was also an increasing cultural trend towards children experiencing any sort of mental health issue being pushed towards formal assessment, even where this may just part of the natural ups and downs of growing up:

“That front end offer to families shouldn’t always be straight into secondary mental health care, it shouldn’t always be into proper social care services. There should be other things to wrap around families in the first instance.”

“EHCPs are going through the roof as well... Parents’ expectations have changed... they’re almost putting their children forward for every assessment known to man. We shouldn’t be medicalising some of these things. It should be just who they are and part of who they are. We’re giving people labels. A lot of that actually comes from parents – it’s not just about the health and social care staff.”

This was particularly important within local authorities as for some young children their behaviour at times may exhibit in similar fashion to those with a more defined health need:

“...the reason we’re using some of that language we can have some similar manifestations in terms of what practitioners and families are dealing with that have got very different roots, but actually in some respects the response, the joint response, around some of those children needs to be fairly similar and then we get stuck on the ‘is it mental health or not mental health [question]?’”

They went on to explain:

“We can have some young people who are very distressed and who want to take their own life because of that distress and can be up on a bridge threatening that they are going to jump off, and they’ve definitely got some mental health issues that are underpinning that. But we also have other children with an autism or neurodiverse condition who have a fixation on suicide. Clinically they don’t have a mental health condition – but do have an autism or neurodiverse condition. Because they have a fixation on suicide they may also be up on that bridge threatening to jump off. I’m curious whether using that terminology around ‘mental health’ for all children is helpful.”

Crucially these professionals did not dispute the veracity of the mental health crisis and what children and young people were experiencing. However, they were concerned about the risk of non-health professionals and institutions confusing diagnoses of children displaying periodic mental health episodes with neurodiverse conditions such as autism or ADHD. As such one authority had sought to develop more embracing terms in their work:

"...a term that we're using in practice because we think it's more helpful, and because it includes other children who don't necessarily have a clinical diagnosis of 'mental health', is talking about 'acutely distressed children'."

THEME 5: Health & other partners' responses

It was felt that in some areas the multi-agency response around mental health was more fragmented than it should be. In particular the different structures and cultures within local authorities and the NHS meant that linking up professionals and practices could be challenging. One NHS worker seconded into a county council described how enabling this had become a key aspect of her role:

"We don't talk to each other very well – I spend a lot of my time just joining people together and saying 'have you talked to them?', 'have you met these people?' – because actually people in health don't know who's who in the local authority and vice versa"

This professional also emphasised that this increasing administration and bureaucracy was reducing the amount of time in doing the work they had initially trained for:

"I'm not really dealing with complex young people any more..."

This point has been echoed by the British Psychological Society which in a survey of its members in 2024, found that many felt they were not able to support children as effectively as they should due to increasing workloads.¹⁴ Local authorities have become increasingly frustrated over the past few years that they are dealing with more complex mental health issues that other agencies – particularly health – had failed to pick up at an earlier stage:

"We've got an increasing number of acutely distressed young people needing very complex care and coming into local authority care... and they're coming into local authority care because there hasn't been the right support services from other agencies before they get to that point and care becomes backstop."

There was a perception among CCN member councils that over the past decade lower-level mental health support – Tier 1, and Tier 2 – had increasingly disappeared as thresholds for support have risen, whilst there is a dearth of Tier 4 beds for the most serious cases. This has led to more children in the care system developing serious mental health issues. As a consequence these children often needed more specialist placements which are often very expensive and which often had limited availability.

One authority mentioned that although the changes to the police and health's role in responding to mental health incidents set out in the 'Right Care, Right Person' National Partnership Agreement in 2023 were not directed at children, it had led to an uptick in demand for their council to pick up more issues:

"Right Care Right Person... [it] shouldn't be about children, but we are seeing the effects of that."

Footnotes

1. Formerly known as Child and Adolescent Mental Health Services (CAMHS)
2. Department for Education Children in need in England (2025) (n.b.- the precise dataset within this is 'factors identified at end of assessment by local authority')
3. Department for Education Special Educational Needs in England (2025) (n.b.- the precise dataset within this is 'primary type of need')
4. *ibid*
5. <https://www.theguardian.com/society/2025/jun/26/young-people-england-common-mental-health-conditions-nhs-survey>
6. Jack Larkham and Anotonia Ren, A long road to recovery: Local authority spending on early intervention children's services 2010/11 to 2023/24 (Pro Bono Economics, 2021)
https://pbe.co.uk/wp-content/uploads/2025/05/acch01_report_final.pdf
7. <https://www.gov.uk/government/news/almost-million-more-pupils-get-access-to-mental-health-support>
8. <https://www.independent.co.uk/news/uk/home-news/social-media-st-albans-school-ban-phone-children-b2730745.html>
9. <https://news.sky.com/story/two-hour-screen-time-limit-and-curfews-for-children-being-considered-by-government-13400156>
10. <https://www.england.nhs.uk/blog/geraldine-strathdee-8/>;
<https://hampshirecamhs.nhs.uk/issue/mental-health-and-mental-illness-professional/>;
<https://www.hee.nhs.uk/our-work/pharmacy/transforming/initial/foundation/resources/edi/neurodiversity>
11. <https://www.theguardian.com/politics/2025/mar/16/wes-streting-there-is-overdiagnosis-of-mental-health-conditions>
12. <https://www.bbc.co.uk/news/articles/ce8q26q2r75o>
13. Department for Education Keeping children safe, helping families thrive (2024)
<https://www.gov.uk/government/publications/keeping-children-safe-helping-families-thrive>
14. <https://www.bps.org.uk/news/thousands-more-childrens-education-risk-reaching-crisis-point-due-workforce-crisis-warns>

CCCN

THE VOICE OF COUNTIES

CCN is the voice of England's counties. Representing the local authorities in county areas, the network is a cross-party organisation which develops policy, commissions research, and presents evidence-based solutions to issues on behalf of the largest grouping of councils in England.

In total, the 21 county councils and 18 unitary councils that make up the CCN represent 26 million residents, account for 39% of England's GVA, and deliver high-quality services that matter the most to local communities.

To discuss this document or CCN in more detail, please contact:

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