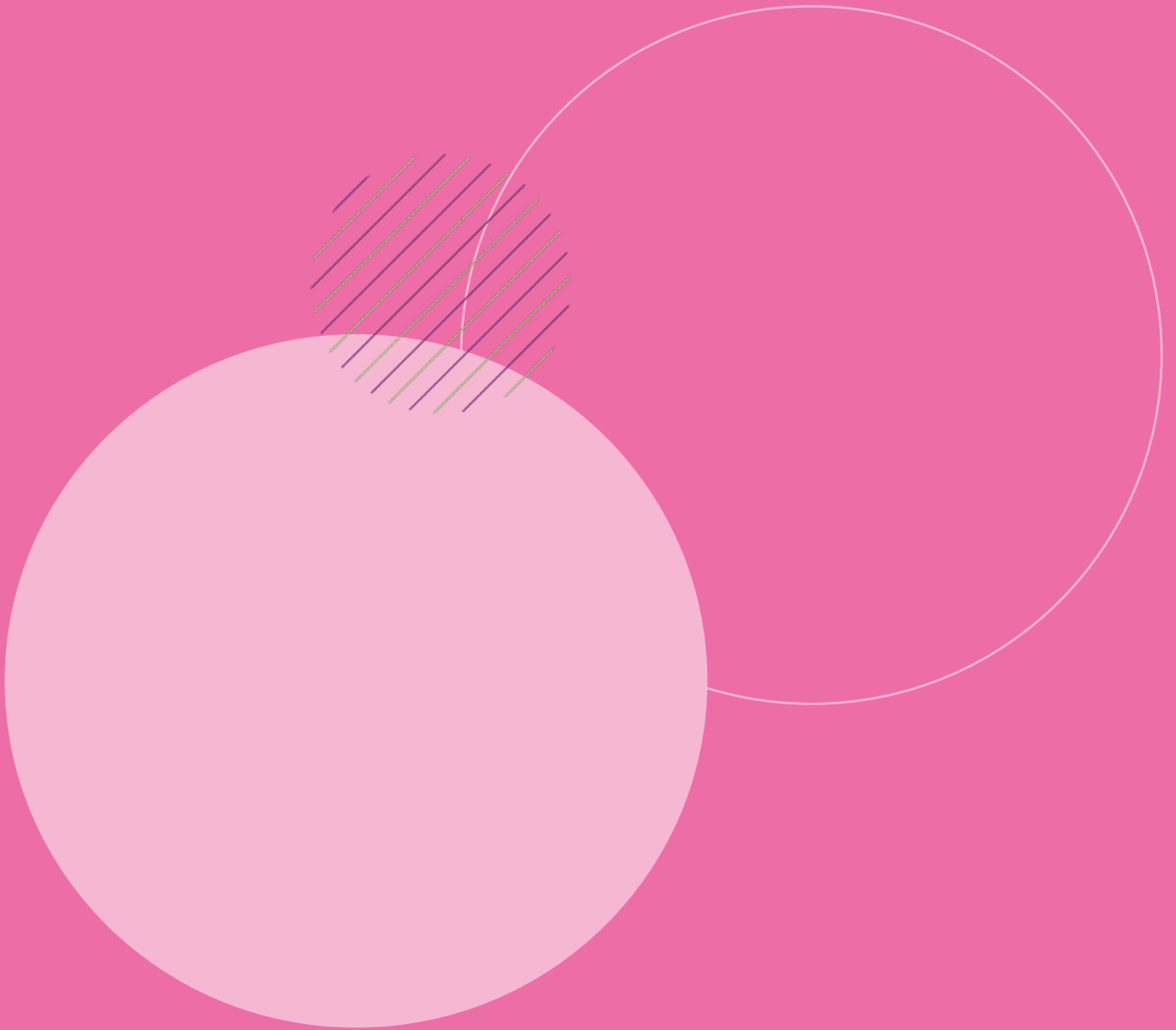


# Coalition Strategy 2024-2027



**Children & Young People's  
Mental Health Coalition**

# About us

The Children and Young People's Mental Health Coalition was established in 2010 to campaign for a society that prioritises, invests, listens and attends to the mental health and wellbeing of all babies, children and young people.

We are a Coalition of 278 charities, community groups, professional bodies, and organisations all committed to speaking with one voice and making positive change with, and for, babies, children and young people.

## The Development of this Strategy

This strategy was independently developed in 2023 through a series of in-depth consultations with children and young people, parents and carers, member organisations, the Coalition team and Chair, the Steering Group, and key external stakeholders.

In total, over 175 people contributed their thoughts, ideas and aspirations for the future of the Coalition and we thank them for their time and support.

We hope this final strategy reflects their views and provides renewed motivation and clarity of focus so that we can continue the important work of ensuring that the mental health and wellbeing of all babies, children and young people is properly prioritised.

## Vision

Our vision is for all babies, children and young people to grow up in a society that prioritises and protects their mental health and wellbeing.

## Mission

The Coalition is for all those working to improve babies', children's and young people's mental health. Through our collective voice, we influence and shape policy, systems and practice by listening to and learning from our members, supporters, children, young people and families.

## Values

- **Respect** for the rights of all babies, children, young people and families.
- **Trust** in the voices and experiences of children, young people and families and all our members who work with and for them.
- **Fairness and equity** across policy, resources and services affecting babies', children's and young people's mental health and wellbeing.

## Principles

- We take a whole-system approach promoting equity, partnership and collaboration between all who work for and with babies, children, young people and their families.
- We work to achieve parity of esteem - at both a systemic and individual level - between physical and mental health.
- We recognise the distinct and individual needs of all 0-25 year-olds, particularly those impacted by inequalities, oppression and discrimination, who we prioritise in our work. We take an anti-racist approach in all aspects of our work.
- Our work is person-centred and asset-based; we promote choice and coproduction with, and for, empowered babies, children, young people and their families.
- Our work is evidence-based. We work alongside those with lived-experience and decision-makers to implement change, whilst also holding decision-makers accountable for the commitments and promises they have made.

# Our strategy at a glance



Children & Young People's  
Mental Health Coalition

## Our vision

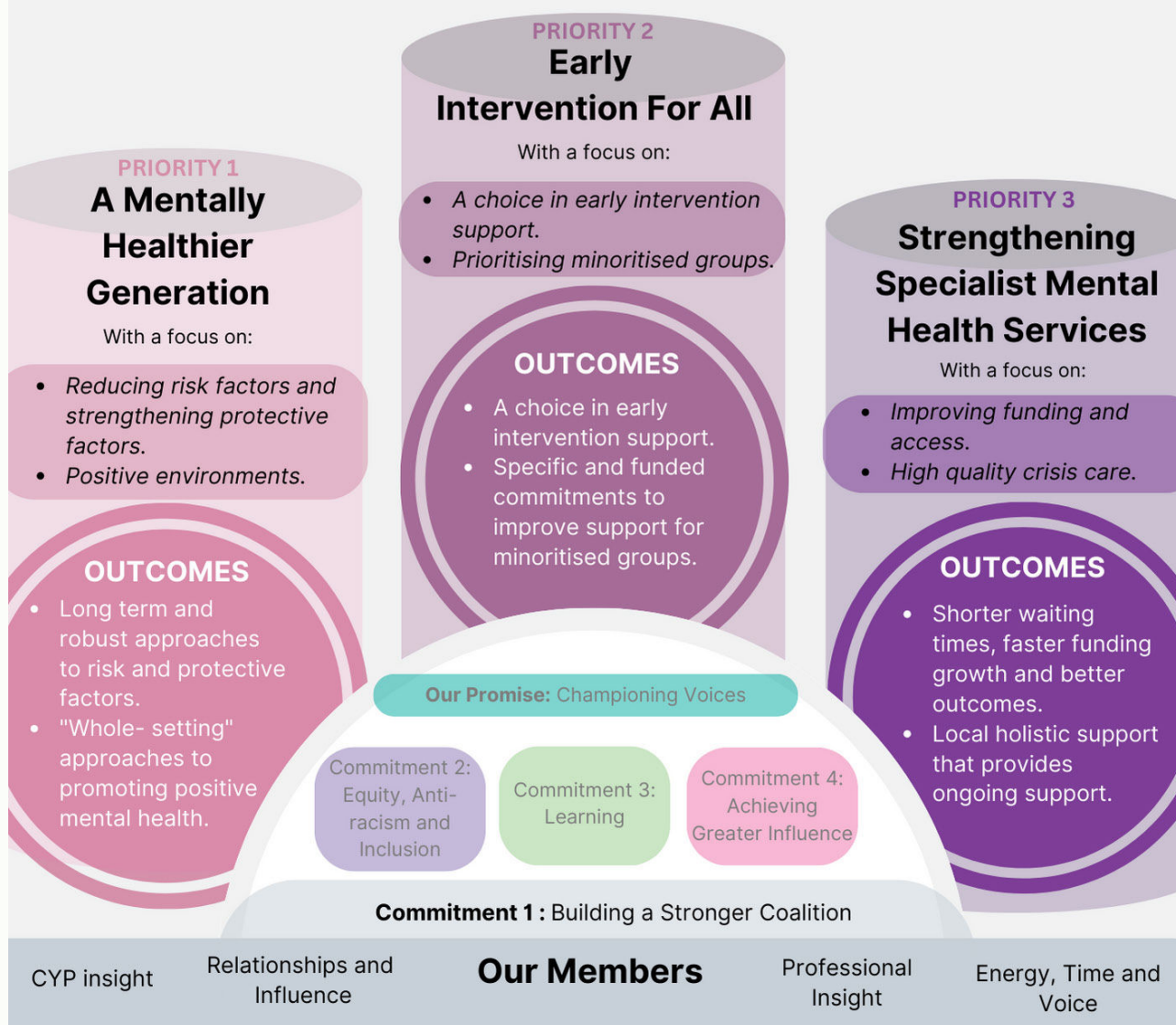
Our vision is for all babies, children and young people to grow up in a society that prioritises and protects their mental health and wellbeing.

## Our mission

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## Our 2024-2027 Strategy

**Strategic Outcome:** All activity to improve and deliver improved mental health for babies, children and young people is co-produced with babies, children, young people, parents and carers.



# Our 2024-2027 strategy

Our new strategy is made up of one promise, three priorities and four commitments.

- **Our promise** sets out our commitment to put the voices of babies, children, young people, parents and carers at the heart of all our work.
- **Our priorities** define the three areas of focus for our work to influence change and improve the mental health of babies, children and young people. They are the “what” we will be working on in the coming years.
- **Our commitments** set out the “how” of the ways we will be working to influence change in the coming years. Our four commitments outline the way we will collaborate with Coalition members and partners to bring about the changes we collectively want to see.

## Our promise: Championing the voices of babies, children, young people, parents and carers

We will push ourselves harder to ensure that the voices of babies, children, young people, parents and carers play a meaningful role in all our work and that, through our priorities, we build a mental health system which includes and partners with those with lived experience when making decisions about how support is delivered.

## What will we do?

We will continue to be increasingly ambitious in the ways we include babies, children, young people and parents and carers in our work:

- We will ensure they have a direct say and role in every proactive project (like in our recent Behaviour in Schools Inquiry) and are properly consulted and included when we are working reactively
- We will only submit funding bids that ensure we can remunerate children, young people, parents and carers for the time and expertise they offer
- Through our members, we will ensure those with lived experience receive appropriate practical and emotional support when involved in our work
- After every project, we will review the role babies, children, young people, parents and carers played in the project, learn where we can improve and commit to strengthening their role in future work.

We will consult with members to find more formal ways of bringing together and using the work they do to regularly hear the voices of babies, children, young people and their parents and carers in their own work. We will feed this insight into our decision-making and find ways to use it, so it has impact beyond individual member organisations.

We will bring members together regularly to share learning and provide mutual support around work to properly include babies, children, young people, parents and carers in decision-making about services that affect them.

In all our engagement with decision-makers, we will continue to champion approaches to policymaking that directly include babies, children, young people, parents and carers in authentic and powerful ways. Where we can, we will bring children, young people, parents and carers into the room to speak directly with decision-makers and powerful influencers.

### How will we know we have succeeded?

- Increased numbers of children, young people, parents and carers have a direct role in our work.
- Improved feedback from children, young people, parents and carers after they have participated in our work.
- Strong attendance at events to share learning and insight about ways of working to ensure babies, children, young people, parents and carers are properly included in decision making.
- Increased sharing of insights and feedback from children, young people, parents and carers with the Coalition from members.
- It will become standard practice, nationally and locally, for decisions about mental health care for babies, children and young people to be coproduced with them and their parents/carers.

# Our priorities

There are so many areas of mental health support for babies, children and young people that need to be improved, but during the development of this strategy, members clearly told us that they wanted more clarity about our influencing priorities in the years ahead.

After reviewing all the input from members, young people, parents and carers, and wider stakeholders, we have decided to focus on three priorities where we feel we can work creatively, collaboratively and with urgency to bring about change. These priorities are:

- 1. A mentally healthy generation** with a focus on reducing risk factors for poor mental health and ensuring all babies, children and young people have strong protective factors; and creating positive and supportive environments where good mental health is promoted.
- 2. Early intervention for all** with a focus on ensuring there is always a choice of early intervention services in a range of different settings and that groups of babies, children and young people at risk of poor mental health are prioritised in accessing early help.
- 3. Strengthening specialist services** to deliver the very best mental health care for babies, children and young people. This should have a focus on funding and access, and making sure that if a child or young person has a mental health crisis they receive the very best care and support.

*We have outlined broad outcomes in each priority to help guide our work, but specific outcomes and recommendations for change will be developed collaboratively as the work develops. We have also set out some areas we will not be focusing on during this strategic period. We want to target our work and resources so we can have the*

*most possible impact. Finally, we remain committed to covering the whole of the 0-25 age range and will endeavour to ensure that we have a spread of projects that address different challenges at different ages and stages.*

## Priority one: A mentally healthy generation

If we are to improve the mental health of future generations, it's crucial that every child experiences as many 'protective factors' for good mental health as possible and that we reduce babies', children's and young people's exposure to the risk factors that put their mental health at risk.

This work to improve the mental health of babies, children and young people as a population can be incredibly broad given the wide-ranging determinants of positive mental health.

*As such, we have selected two focus areas to guide our work:*

**Priority: We will focus on ensuring that decision-makers have robust and long-term strategies to reduce the risk factors for mental health problems and to enhance the protective factors that promote good mental health.**

This could look like work with babies, children, young people, parents and carers to address specific common risk and protective factors. To do this we will draw on our commitments to strengthen our influencing and to champion the voice of babies, children, young people, parents and carers.

**Outcome:**

There will be long-term and robust approaches to explicitly addressing key risk and protective factors the Coalition has sought to influence the Government on.

**Priority: We will focus on ensuring that all the environments babies, children and young people encounter are properly supported and equipped to promote good mental health.**

This could look like work with families, early years settings, educational institutions, wider health services and social care to ensure that support and services delivered to babies, children and young people are provided in ways that promote positive mental health, and that support is delivered by practitioners who have good knowledge and skills to do so. To do this we will draw particularly on our commitments to champion the voice of babies, children, young people, parents and carers, to learning, and to advance equity, anti-racism and inclusion.

**Outcome:**

Across a range of settings, there are embedded 'whole setting' approaches to promoting good mental health which include changes to how support is delivered and workforce development.

*Our specific focus means there will be some things we will not dedicate significant resource and time to. This is not because they are not important, but because we are trying to be focused and have the biggest impact possible for babies, children and young people. In many cases, others are*

*already leading excellent work in the areas we have chosen not to focus on in this strategic period.*

*As such, we have decided that under this priority we will not focus on the following:*

- We will not do work explicitly aimed at improving attitudes towards, or awareness of, mental health problems among babies, children and young people.
- We will not do work that looks to improve the ways children, young people, parents and carers access information and advice about mental health.



# Priority two: Early intervention for all

At the first sign of emerging mental health needs or mild to moderate problems, it is important that babies, children and young people get help to ensure that problems do not escalate.

*To improve access to early intervention services we have selected two focus areas:*

**Priority: We will advocate for choice in early intervention support. We need a mix of digital, community and education-based services to intervene early, to prevent mental health needs from escalating.**

This could look like us actively working across the age spectrum to ensure there is choice in early intervention services at each age and stage - from pre-birth to the age of 25. To do this we will draw on our commitments to champion the voices of children, young people, parents and carers, and to strengthen our influencing.

## **Outcome:**

Babies, children, young people, parents and carers will be able to access a range of early intervention support in their community from pre-birth to the age of 25.

**Priority: We will focus on ensuring that groups of young people particularly known to be at risk of developing mental health problems are able to access early intervention services that work for them.**

This could look like us developing a series of recommendations and influencing the government to provide specific early intervention support for groups like young parents, children in the care system, neurodiverse young people, children with a long-term health condition, children from racialised groups, LGBTQ+ children, or children who have a parent or carer with a mental health problem. To do this we will draw on our commitments to the voice of babies, children, young people, parents and carers, to learning from each other, and to advancing equity, anti-racism and inclusion.

## **Outcome:**

Strategies and policies to support these groups and improve outcomes will include specific funded commitments to provide early intervention mental health support.

*We have decided not to rule out any specific areas of the early intervention space in this strategy.*

# Priority three: Strengthening specialist mental health services

For those with diagnosed mental health problems, the NHS and other specialist services provide a lifeline. Too often, however, babies, children, young people, and parents and carers do not receive all the support and care they should. Despite record investment and multiple strategies, specialist mental health services for babies, children and young people often continue to fall short.

**Priority: We will work to ensure specialist mental health services for young people from 0-25 receive the investment they need to deliver high-quality support to all who require it.**

During the consultation period for the strategy, we were reminded of the importance of holding political and NHS decision-makers to account for long-standing promises that are still not consistently met. In national funding decisions, delivery strategies, workforce planning and legislation, we will continue to push for investment in children's mental health and parity of esteem between both physical and mental health services, but also between adult and children's services. To do this, we will draw on our commitments to champion children, young people, parent and carer voices, and strengthening our influencing.

## **Outcome:**

Specialist services will have shorter waiting times, be more accessible, and will grow faster than other NHS services during the strategic period.

**Priority: When children and young people are having a mental health crisis, there is a high-quality response that wraps around young people, their families and the wider professionals who support them as close to home as possible.**

When young people find themselves in accident and emergency or inpatient care because they are extremely unwell, it is crucial that they receive compassionate and high-quality care. Work in this area could focus on the geographical distance of the care they receive from their home, the ability of the NHS to work closely with other professionals and young people's families to ensure strong recovery, or the ways in which children and young people's wishes and feelings are properly heard and respected in these circumstances. To do this, we will draw on our commitments to champion the voice of babies, children, young people, parents and carers, to learning, and to advancing equity, anti-racism and inclusion.

## **Outcome:**

Mental health crisis support for children and young people is holistic and available locally, and continues to support young people until they can receive support from specialist services.

*Our specific focus means there will be some things we will not dedicate significant resource and time to. This is not because they are not important, but because we are trying to be focused and have the biggest impact possible for babies, children and young people. In many cases, others are already leading excellent work in the areas we have chosen not to focus on in this strategic period.*

*As such, we have decided that under this priority we will not focus on the following:*

- We will not do work that is explicitly focused on the use of pharmaceuticals to treat mental health problems in children and young people.
- Whilst we acknowledge the crucial importance of GPs and primary health care in addressing mental health issues, we do not have the resources to prioritise these services in our work unless it is in relation to accessing early intervention support.

# Our priorities at a glance

<u>Priority</u>	<u>Our focus</u>	<u>Not our focus</u>
<b>A mentally healthy generation</b>	<ul style="list-style-type: none"> <li>• Reducing risk factors</li> <li>• Strengthening protective factors</li> <li>• Creating positive and supportive environments</li> </ul>	<ul style="list-style-type: none"> <li>• Reducing mental health stigma</li> <li>• Improving provision of information and advice</li> </ul>
<b>Early intervention for all</b>	<ul style="list-style-type: none"> <li>• A choice of early intervention support in a range of settings</li> <li>• Access for those who experience inequalities, oppression and discrimination</li> </ul>	
<b>Strengthening specialist mental health services</b>	<ul style="list-style-type: none"> <li>• Parity of esteem, funding and access</li> <li>• Support for those in crisis</li> </ul>	<ul style="list-style-type: none"> <li>• Pharmaceuticals</li> <li>• Primary health care</li> </ul>

## Our commitments

During the next strategic period, alongside being focused on our influencing priorities, we want to continue to build and strengthen our wonderful Coalition. To do this, we make the following commitments:

- We will improve our ways of working with members to make the Coalition stronger.
- We will advance equity, anti-racism and inclusion through our work.
- We will embed a range of ways to help the Coalition and its members learn

more about the mental health of babies, children and young people.

- We will improve our ability to influence key decision-makers.

*We will fulfil these commitments through a series of actions we have outlined below and will keep track of our progress by reporting regularly against some simple outcome measures.*

# Commitment

## One: Building a stronger Coalition

We will work to build a more effective and stronger Coalition through connecting our members, communicating concisely, and finding new ways to collaborate.

### What will we do?

We will improve the experience for new Coalition members, helping them to better understand the Coalition, its work and activities, and providing ways for them to connect with other members. We will also look for ways to ensure that new staff members joining existing Coalition members receive a warm and useful welcome to our work.

We will look to build a directory of our members that can be shared within the Coalition to help members connect more easily. It will map out the geographical spread of members and the issues they work on.

We will provide more opportunities to network - supporting members to self-organise interest groups and providing other opportunities to meet around specific themes and priorities.

We will improve our communication by providing a more detailed quarterly update, after our steering meetings, to communicate key decisions, ongoing work and policy positions. We will also explore an online calendar to collate all the activity going on within the Coalition and beyond.

We will consult with members on creating a Coalition glossary which will define key concepts and language so we are using a shared language in our influencing.

To ensure we remain agile, we will ensure the Steering Group can make quick decisions about emerging issues and reactive opportunities based on these strategic priorities but, where our work is proactive, we will work to be more inclusive and ensure there are meaningful opportunities for members to feed directly into decision-making.

We will explore ways of supporting different members to collaborate on opportunities and take a more proactive approach to generating additional income for the Coalition, where work aligns with our strategic priorities and values.

We will survey members annually to understand their satisfaction with the Coalition and areas we can improve upon.

### How will we know we have succeeded?

- Increased member attendance at events.
- Higher downloads, click-throughs and engagement with communication materials.
- Strong feedback in our annual member survey on issues of engagement, communication, clarity of focus and inclusion in decision-making.
- Strong user figures for member directory.
- Increasing member collaboration.

# Commitment two: Advancing equity, anti-racism and inclusion

We will push ourselves harder to ensure that all babies, children and young people receive the best quality support and that the policy-making process reflects their diverse range of needs and views.

## What will we do?

We will work to diversify our membership with a particular focus on attracting 'led-by' organisations or organisations working explicitly with marginalised, racialised or oppressed groups of young people.

We will do more to showcase the work, insights and recommendations of smaller Coalition members, particularly 'led-by' organisations and those working directly with different marginalised and racialised communities.

We will improve the ways we listen to and work with babies, children, young people, parents and carers to ensure that those we work alongside are diverse and are drawn

from a range of different marginalised communities.

We will work alongside members to join with marginalised communities and groups that they have relationships with so that stakeholders beyond our membership are properly included.

We will bring members together regularly to share learning and provide mutual support around work to address specific inequalities that affect babies, children, young people, parents and carers from different marginalised groups.

Across our priorities we will work in an anti-racist way and advance equity by:

- Focusing on risk and protective factors that disproportionately affect marginalised groups under our 'mentally healthy generation' priority.
- Ensuring that marginalised groups have good access to early intervention services which meet their needs under the early intervention priority.
- Ensuring that individuals from marginalised groups receive excellent care and support if they experience a mental health crisis and are not treated in punitive ways which further harm them or exacerbate discrimination.

## How will we know we have succeeded?

- Increased members that work with/are led by marginalised, racialised and oppressed groups.
- Increased diversity in those who share their lived experience with the Coalition.
- Strong attendance at events to share learning and insight about ways of working to ensure babies, children, young people, parents and carers from marginalised groups receive high quality mental health support.
- Progress under each of our three priorities which improves the experiences of marginalised groups when they access support for their mental health.

# Commitment three: Embedding approaches to learning

The Coalition will strengthen and deepen its approach to learning so that members can learn from the wealth of expertise of others and the Coalition's work can be better informed.

## What will we do?

We will continue to provide our popular lunch and learn sessions, ensuring they cover a diverse range of topics.

We will respond to reactive opportunities by convening expert groups to help us produce powerful briefings and well-informed recommendations. We will do this using the same ways of working we established when responding to the recent Mental Health Bill.

We will explore ways of delivering deeper and more impactful learning for our members through learning groups, exchange visits, and more structured learning opportunities.

We will continue to showcase the work of members to the broader Coalition through the regular newsletter.

We will prioritise learning around local influencing and decision-making and around young people's voice and engagement in the first phase of the strategy.

## How will we know we have succeeded?

- Regular lunch and learn events with strong attendance during school term time.
- Establishing expert groups to address an arising issue and evaluating the process with those taking part.
- Piloting more intensive learning opportunity for members and evaluate its impact.
- Higher downloads, click-throughs and engagement with communication materials.

# Commitment four: Achieving greater influence

We will build on our record to ensure our influencing of policy is more effective and clear and explore different ways of having influence in discrete projects led by members.

## What will we do?

We will develop stronger processes and ways of working that properly differentiate between 'reactive' opportunities driven by political processes and the NHS, and 'proactive' opportunities where we are working to push an issue up the agenda and secure change.

Decisions around reactive work will continue to be led by the Steering Group, but we will work to find agile ways to include members in the rapid production of evidence and recommendations.

When working proactively, we will develop ways of working that enable members to work alongside the Steering Group to have a greater say in coproducing our priorities, evidence-base and recommendations.

We will explore ways to develop thought-leadership by bringing members together

in a discrete pilot project to respond to the difficult challenges in the mental health landscape.

We will continue to build strong relationships with decision-makers, civil servants and other relevant stakeholders to ensure we are well-connected to those driving change in babies', children's and young people's mental health.

We commit to always having a major member campaign like 'Fund the Hubs'. Our campaigns will always be a cross-sector effort and we will focus on sharing the campaign across our membership, building the evidence-base and engaging decision-makers. We will not directly campaign to the general public or manage any campaign actions as our 'campaigning' member organisations have the infrastructure and skills to do this more effectively.

We will improve the ways we communicate our influencing activities and the recommendations we are making to members through regular updates about meetings, letters we have written and other relevant engagements.

We will work more closely with members to understand their influencing priorities and link different members together where they share similar aims.

## How will we know we have succeeded?

- Positive feedback in our annual member survey on issues of engagement, communication, clarity of focus, and inclusion in decision making.
- A thought leadership project for members will be piloted and will be evaluated against its impact.
- Strong relationships with a diverse range of key decision-makers across parliament, government and the NHS.



# Bringing it all together

We will use this strategy to develop a headline reporting card to share with members annually. Alongside this we will develop a detailed scorecard for the Steering Group to use to support the governance of the Coalition's core team.

The headline reporting card will show our progress to date and allow members to see how we are adjusting our plans for the year ahead to ensure we are taking an effective, balanced, and clear approach to our influencing work.

# Appendix: A brief summary of key messages from our strategy development

The following short appendix outlines some of the key messages we heard during the strategy development process from children and young people, parents and carers, members and wider stakeholders about the Coalition itself, and the current and future landscape for mental health policy in this country.

## How our members feel about the Coalition and its work

*Our members felt that the Coalition had important strengths to protect and build upon:*

A single powerful voice

Collaborative and coordinated action around an issue

Large membership with a wide breadth of knowledge

Members also told us that they found the Coalition's weekly newsletter useful and appreciated the knowledge, networks and warmth of the staff team. They also commented on how useful they found 'lunch and learn' events.

*Members felt there were some areas they would really like to see improve in the future:*

Connection to the Coalition and its members

Clarity about priorities

Clear and structured decision-making

There were also important observations about how members wanted the Coalition to promote itself more and have a louder voice, and a desire to see greater inclusion of babies, children and young people in all aspects of the Coalition's work. Some members feared the Coalition was getting too big and that it would become difficult to find common ground on some issues.

*Members identified important opportunities the Coalition should take advantage of:*

More collaboration between members

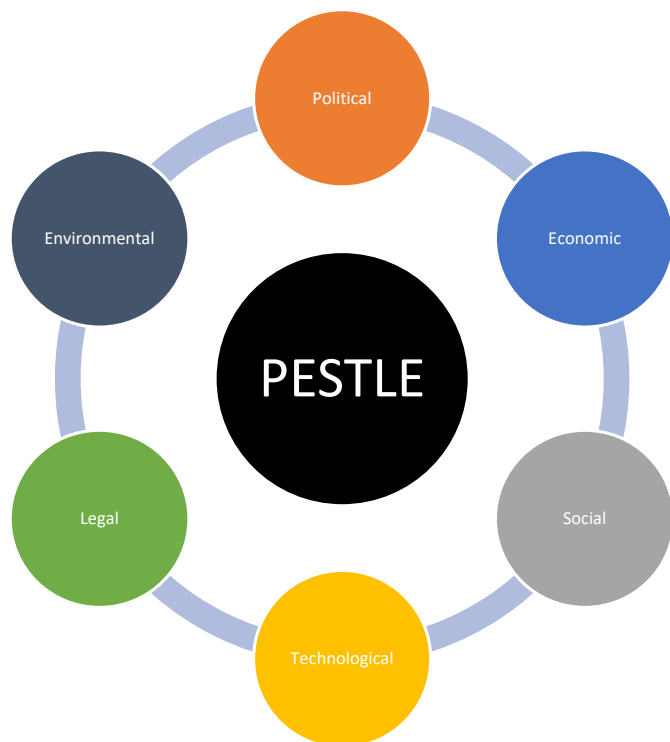
Maximising opportunities to influence

Members felt there were other opportunities the Coalition should seize.

These included striking a better balance between work to prevent mental health problems in the first place and work to improve treatment and support. They also felt there were clear opportunities to 'map' members and help them connect more easily, and to build on the learning opportunities the Coalition offered.

Despite being keen to see the Coalition provide new benefits for its members and extend into new areas of work, members were also very realistic. They recognised the Coalition's resources are limited and it would need to be very focused to succeed. They hoped the strategy process would help bring more clarity to aid an unrelenting focus on the things that most need to change.

# How stakeholders are feeling about the future



As part of the consultation process for the new strategy we were keen to hear from members, children, young, people, parents, carers and wider stakeholders regarding how they were feeling about the future of babies', children's and young people's mental health policy.

**We used a simple PESTLE technique to do this, exploring the political, economic, social, technological, legal and environmental factors that were identified as being likely to have a big impact on the future of babies', children's and young people's mental health policy.**

## Political change

Stakeholders had mixed feelings about the politics of babies', children's and young people's mental health in the future. They recognised the upcoming General Election offered an opportunity to try and secure important commitments in this area but felt the political landscape would continue to be difficult in the future.

The key messages were:

Voters and politicians will pay greater attention to mental health

Politicians will be most interested in how to prevent mental ill-health

There will be continued underinvestment in health services

These key messages present a tension. Members recognised the progress that has been made around ensuring that politics engages in issues of mental health, but they did not appear confident that the debate and discussion has resulted in significant progress. Some members felt that babies', children's and young people's mental health may struggle to rise up the political agenda and receive the focus it deserves.

On health policy specifically, stakeholders felt decision-makers would continue to advocate for integrated services but that the focus would be on adult and not children's services. There was some consensus that early years' policy would continue to be a key issue - particularly childcare and parental leave.

## Economic change

There was strong consensus that the tough economic circumstances of the present were likely to continue for the foreseeable future. With low growth and high inflation, it may be difficult to secure the investment needed to address some of the most pressing challenges in mental health both within the NHS and more broadly.

There was important discussion, however, around wider economic changes - particularly in workplaces - that might impact babies, children and young people, as they would have consequences for their parents and carers.

The key messages were:

Poor economic growth will put pressure on public services

Employers will change the ways they support mental health in their workforce

Flexible work: - working from home, multiple jobs, zero hours etc.

When thinking about the wider economic circumstances, members were clear: if the economy does improve, the Coalition will need to be ready to make the case for investment in babies', children's and young people's mental health services.

When considering the changes in employment there was more debate. Some changes could be beneficial but others might reinforce existing inequalities and make it more difficult for families to care for their children.

This highlighted the need to focus on the wider determinants of mental health in any work focused on preventing mental ill health.

## Societal change

Members felt that, in the future, society at large will be more aware and accepting of mental health problems, but that the prevalence of mental ill health will likely continue to grow:

People will be more aware of and empathetic about mental health challenges

Prevalence of mental health problems in society will continue to grow

Changes in attitudes and the increased prevalence of mental health dominated these conversations.

Some other notable issues were raised including:

- The ongoing impacts of the pandemic.
- A shift away from a medical model of addressing mental ill-health.
- Concerns around loneliness and suicide rates.
- Commentary on how the prevalence of mental health problems and support available for babies, children and young people with special educational needs and disabilities might change.

## Technological change

There was strong consensus around the type of technological change we might see in coming years:

Health services will be delivered digitally

Growing evidence-base about 'what works' to address mental health challenges

A more diverse range of approaches to addressing mental health challenges

The conversation about how technology would shape the future of babies', children's and young people's mental health was the most wide-ranging. Participants expected significant change in the ways support was delivered and the evidence-base used. Coalition members may need to be agile and will require support to keep up with such accelerated changes.

## Legal change

Stakeholders did not foresee significant legal changes that could influence the mental health of babies, children and young people but they did identify some important areas they thought might see change:

New regulation to address harms in the digital world like gambling, cyberbullying, etc

Stronger legal entitlements for parents in the early years around leave and childcare

Changes in the human rights and equalities law

In conversation, the legal changes around digital spaces dominated. Stakeholders felt that regulation of the online environment was inevitable but, drawing on experiences working on the Online Safety Bill, they recognised that any changes will be highly contested as corporate interest, free speech, and safety and wellbeing are likely to conflict.

## Environmental change

Finally, stakeholders identified a number of changes in the wider environment that would likely be relevant when considering how to improve mental health:

The natural world will continue to degrade and climate change will accelerate

The digital environment and technology will change very quickly

Public services: greater staff awareness of mental health and delivery that is trauma-informed

Stakeholders felt, in particular, that public services delivered for children would continue to change in terms of being more trauma-aware and better able to promote good mental health and spot any emerging problems. There were specific hopes that education would be reformed to reduce academic pressure and make the education experience more inclusive.

## Join us

Our aim is to bring together organisations and individuals to campaign jointly on the mental health and wellbeing of babies, children and young people and ensure that collectively our voices are heard.

Membership of the Children and Young People's Mental Health Coalition is open to any non-governmental organisation that shares our vision and is committed to pursuing the purposes of the Coalition.

To find out more about how to join the Coalition, [follow this link](#).

## About The Children and Young People's Mental Health Coalition

Our vision: For all babies, children and young people to grow up in a society that prioritises, invests, listens and attends to their mental health and wellbeing. We listen to, and learn from members, supporters, children and young people and families, using this knowledge to influence and shape policy, systems and practice.

For more information, check out our website: [www.cypmhc.org.uk](http://www.cypmhc.org.uk)

Follow us on Twitter: @CYPMentalHealth

Contact us: [info@cypmhc.org.uk](mailto:info@cypmhc.org.uk)



**Children & Young People's  
Mental Health Coalition**

Designed by [Krishna Lad](#)