Introduction
This chapter will review the societal and political context in which there was an evolution of approaches to address the mental health needs of children and young people. In the 1960s and 1970s, stimulated by socio-cultural changes, new innovations in therapeutic approaches were introduced, including family therapy and cognitive behavioural therapy (CBT). The first major longitudinal and epidemiological research studies were carried out. In the 1970s and 1980s, there were challenges to the state’s capacity to deal with a variety of social problems and various forms of child maltreatment were identified. A national multidisciplinary assessment and management framework was introduced aimed at protecting the child, supporting families and developing appropriate treatment initiatives. In the 1990s and 2000s, further interventions were developed to reverse the impact of social exclusion – for example, Sure Start. There was a consolidation of practice, including both general and highly specialised services, and further development in research and training.

The Societal Context: 1960s and 1970s
During the post-war years, the promotion of national growth and well-being had been a priority with the establishment of the National Health Service (NHS) and the welfare state. Then, as a result of post-war fertility and the baby boom, demographics tilted towards youth; by the 1960s and 1970s, fuelled by the ‘youth culture’, there was a marked change towards an anti-establishment cultural phenomenon in the Western world. Disaffected young people rebelled against the Vietnam War. Socially progressive values grew, encompassing feminism, women in leadership roles, environmentalism, civil rights, a sexual revolution relaxing social taboos, easier birth control, repeal of sexist laws and gay liberation. There were also increasing stresses, family break-ups, divorce and single parenthood.

Traditions: Child and Adolescent Psychiatry in the 1960s and 1970s
The Child Guidance Movement
The child guidance clinic model was established in the 1930s: the ‘trinity’ of a psychiatrist seeing the referred child, a social worker engaging with the mother and an educational psychologist testing the child and liaising with the school. Many child and adolescent psychiatrists underwent psychoanalytic training. Psychiatric social workers trained in casework skills and educational psychologists had a background in teaching.