

Schools and Youth Mental Health:

A briefing on current challenges and ways forward

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There is increasing concern about youth mental health within the education and health sectors, and much controversy about how much of a role schools should play in tackling the issues. Furthermore, even if schools are to take action, it is not clear how best they should do so.

For this reason, the school mental health organisation Minds Ahead and the education and youth 'think and action-tank' LKMco joined forces to synthesise the best research available on the scale and causes of the issues, as well as to provide practical recommendations for policy makers and practitioners.

The project began by bringing together a group of experts in the field and this report combines their insights with up-to-date data and academic research.



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1. Forewords

**The Right Honourable Norman Lamb MP
Former Health Minister**



The mental health crisis facing our children and young people cannot be overstated. Data from the Office of National Statistics (ONS) shows that suicide is now the leading cause of death for five to nineteen year-olds, and the incidence of self-harm has sky-rocketed in recent years. Given these disturbing figures, I was pleased to host a roundtable in Parliament and to support the creation of this report, which presents a timely and practical call to action.

Schools cannot be expected to solve this problem. However, they are without doubt an important part of the jigsaw. I therefore welcome this report’s focus on schools creating a climate that nurtures positive mental health and emotional wellbeing whilst ensuring pupils have access to pre-clinical support when they need it. It is for these reasons that I am a Patron of Minds Ahead, a new social enterprise that is making this case and supporting schools with this vital work.

Of course, action at school level needs to be backed-up by properly resourced clinical mental health services and it is clear that these are currently vastly understaffed. We urgently need to train more specialists and more of these experts need to have a youth focus.

Whilst this report presents a disturbing picture, it also points the way towards a future where young people receive the support they need in order to flourish and make a happy, healthy transition to adulthood. I particularly welcome the call for PSHE to include a practical emphasis on issues such as learning to deal with stress or learning about healthy use of social media. A robust framework and joint working between Ofsted and the CQC is also critically important to ensure that mental health provision within schools is properly assessed.

This report is essential reading for policymakers and practitioners across both the education and youth sectors. I urge the Government to embrace its recommendations and do what is needed to give every child the bright future they deserve.



**The Right Honourable Nicky Morgan MP
Former Secretary of State for Education**

Tackling mental health problems and the stigma that surrounds them is one of the great challenges our society faces today.



From my time as Secretary of State for Education, I recognise that mental health problems can be particularly acute in young people and so it is right that, in recent years, the Government has worked to transform children and young people's mental health care. However, I think we can all be clear that there is still a way to go, especially as all too often our young people are facing unacceptable delays in getting a diagnosis and receiving treatment.

Therefore, I welcome LKMco and Minds Ahead's report and the important contribution it makes to the discussion regarding what more can be done to support young people in schools. I am particularly supportive of the recommendations on early intervention, which is key to minimising the impact of the problem on students' overall wellbeing and educational attainment, as well as putting more emphasis on wellbeing, which will ensure that students have the resilience they need to get ahead in life.

I hope that the Government will consider the report's findings in detail and use it to help inform future policy in this area.



2. Executive Summary

In recent years there has been growing recognition that the disproportionate focus on physical health and the neglect of mental health needs to end. Besides mental ill health's obvious impact on millions of people's wellbeing and life satisfaction, its effect on physical health, education and the labour market is too great to ignore.

- The reduction in life expectancy from heavy smoking is 8-10 years, whilst the reduction from depression is 7-11 years (Chesney et al. 2014, cited by Oxford University 2014).
- NHS figures suggest that those with 'mental health issues have the same life expectancy as the general population did 50 years ago' (NHS England 2014b).
- Mental health issues can have a knock-on impact on school attendance (Ford et al. 2004) behaviour and engagement – all of which in turn hamper educational attainment.
- The employment rate for those with 'severe and enduring mental health problems' is lower than for any other disability group (Sainsbury Centre 2009), and nearly half of Employment and Support Allowances are made principally due to mental health issues (Mind 2015).

Nowhere is the need for improved mental health support more urgent than amongst young people. 75% of mental health problems begin before the age of 18 (NHS 2015a: 13) and where early signs are unaddressed, escalation can lead to long term struggles with physical health, education and work (ibid, Deighton et al. 2017, NHS 2014a). Yet the incidence of mental health problems amongst young people is sky rocketing (Frith 2016) and services cannot cope.

- ONS data shows that suicide is the leading cause of death, for five-nineteen year olds (ONS 2017a).
- One in three CAMHS referrals by schools are turned down, and one in six are turned down overall (NSPCC 2017b).

There is considerable uncertainty as to the cause of the increased incidence of mental ill-health amongst young people and the phenomenon is not unique to the UK. Posited explanations include the role of social media, a high-pressure education system and labour market uncertainty.

- Excessive screen time is associated with lower happiness amongst adolescents (Twenge et al. 2018 as cited by Petter 2018).
- Experts interviewed as part of this research referred to young people's inability to regulate their emotions, early exposure to inappropriate material, over-stimulation and the fact that there was 'no-escape' from their peer group's constant scrutiny.
- The OECD has argued that school-related anxiety may be influenced by socioeconomic and cultural context rather than just exam frequency and duration and pointed to high levels of test-anxiety amongst 15 year-olds in the UK (OECD 2017).
- Today's young adults are now more likely than ever to be on part-time or temporary contracts and these are also associated with increased likelihood of poor mental health (Thorley and Cook 2017).



A combination of under-resourcing, lack of expertise in schools and difficulty commissioning and accessing the right kind services has led to patchy and insufficient access to support.

- Experts highlighted cases where the needs of young people who had attempted suicide were deemed insufficiently serious to secure access to support.
- Schools cannot be expected to tackle these serious issues single handed, but at present teachers do not know how to help students access mental health services outside of school (June 2015 Teacher Voice Omnibus Survey, cited by YoungMinds 2017). This is despite the fact that teachers should be raising any such issues with the senior leader responsible for safeguarding. Schools therefore need to make the relationship between mental health, safeguarding and special educational needs, far more explicit.
- Cutting schools loose from their local authorities has made commissioning and accessing specialist support harder, particularly where academies are not part of a multi-academy trusts that provide mental health expertise.
- Changing attitudes to mental health have no doubt played a role in increasing young people's willingness to come forward with problems, however, stigma remains. Stigma extends to parents who fear their parenting will be brought into question if their children are seen to have difficulties.

A number of structural changes within the health sector have sought to improve provision. These include: a gradual move away from a 'tiered' model that triages access to support based on degree of need; the introduction of multi-speciality teams through which patients should be able to access the most appropriate form of support; and, Clinical Commissioning Groups that were expected to better match supply of services to demand.

Changes have also been announced to help schools better support pupils' mental health. These include: the establishment of a new role for mental health leads within school; a greater emphasis on partnership with families; and new Ofsted criteria. However, whilst well intentioned, these changes have yet to be properly implemented.

Ultimately, a combination of patchy implementation, a severe lack of funding and a shortage of adequately trained specialists mean the government is likely to miss many of its own targets in relation to mental health.

We therefore recommend that:

1. A new school-based mental health development programme should be established to create a new cadre of pre-clinical mental health specialists working in schools. This could build on the successes of Teach First, Think Ahead, Unlocked Grads and FrontLine.
2. Campaigns and careers outreach programmes for school-aged pupils should be developed to encourage more young people to consider careers in youth mental health.
3. The government should call a halt to real-term falls in per pupil funding by ensuring school funding keeps pace with increasing costs and pupil numbers.
4. Ofsted should publish an audit how inspectors are reporting on its new judgements relating to pupil mental health and wellbeing. Ofsted should draw on this to provide

inspectors with improved guidance and training so that judgement becomes an effective lever for improvement.

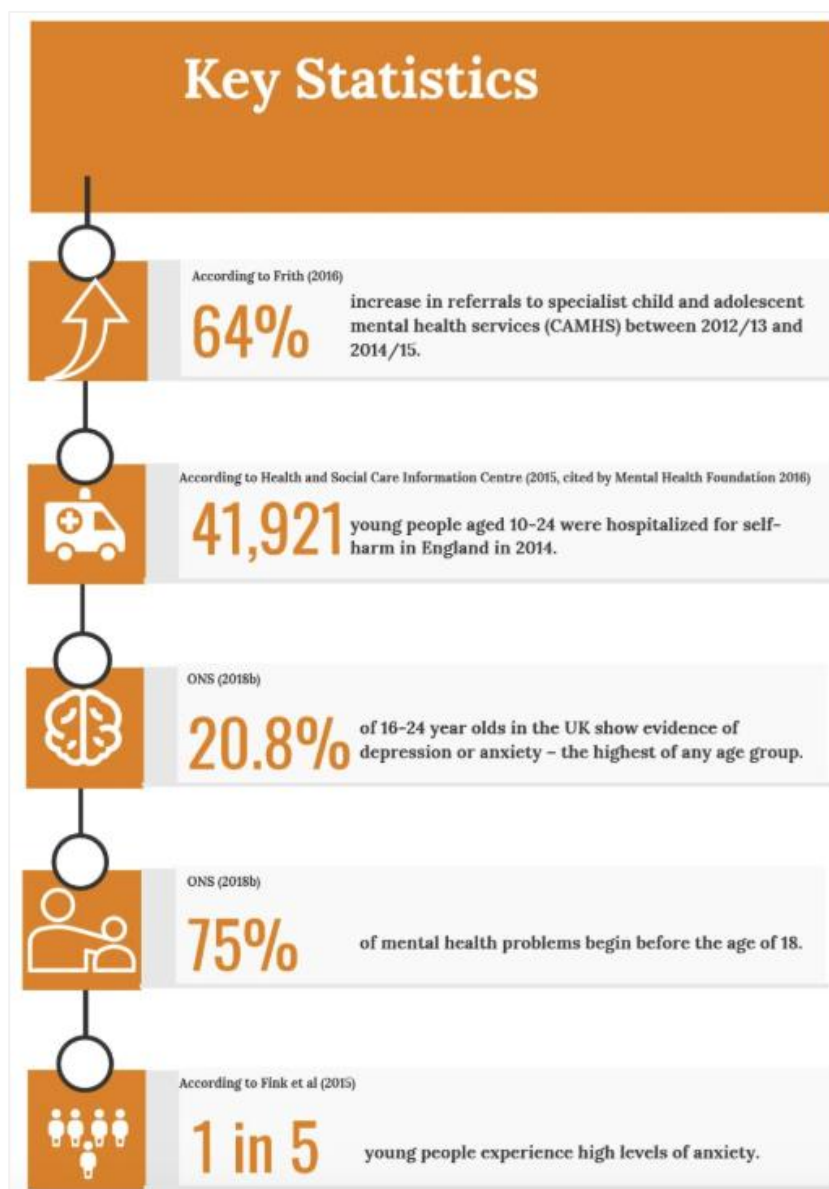
5. Plans to make PSHE teaching a statutory requirement should be accelerated and PSHE teaching in relation to pupil wellbeing should be delivered solely by teachers with the skills and expertise to skilfully handle sensitive issues. PSHE teaching should focus on specific issues such as learning to deal with stress or learning about healthy use of social media as per the latest PSHE Association Curriculum.
6. Schools should recognise that mental health problems can constitute a Special Educational Need or Disability and ensure they identify relevant needs as such, so that pupils can access support and so that school funding can be adjusted and targeted accordingly.
7. Schools should ensure they have in-house mental-health experts, potentially shared between a number of schools to make support more affordable.
8. Depending on their operating model, multi academy trusts should either advise their schools on mental health commissioning or commission support centrally across their schools. Meanwhile, support services such as London Leadership Strategy, Challenge Partners and The Key should provide advice that helps schools commission the right services.
9. School leaders should be true to their moral purpose and prioritise pupil needs in the face of perceived accountability pressures, so that decisions are taken with due consideration for their impact on pupil and teacher wellbeing.
10. Schools should review potential risk factors for pupil wellbeing within their school community. Such factors might include stressed teachers, pared back PSHE provision; unhealthy demands on pupils and teachers; and inappropriate forms of behaviour management. Tools such as the NCB's school wellbeing framework can help with this.
11. Unless there is a clear reason (such as safeguarding concerns) not to do so, parents should be placed at the heart of decisions taken about their child's wellbeing and mental health.
12. Teaching about issues such as stress and social media should happen alongside communication with parents so that they can play a full role in reinforcing healthy routines such as limiting screen time.
13. Safeguarding leads and SENCOs should receive thorough mental health training and should work closely with parents (where appropriate) to implement appropriate interventions.
14. Regular safeguarding training for all school staff should make it clear that concerns about mental health constitute safeguarding concerns and that any concerns should be passed on to the senior leader responsible for safeguarding who can follow up as necessary.
15. Safeguarding leads should work with SENCOs and have adequate expertise in mental health as a key part of their job. This should include working with parents to develop support plans.



3. The Landscape as it Stands

As Theresa May stood outside 10 Downing Street on the 13th July 2016, the new Prime Minister vowed to tackle the “burning injustice” of inadequate mental health provision.

Her statement was a clear reflection of society’s growing concerns regarding mental health provision. Whilst Bevan’s post-war conception of the NHS focused principally on physical health, a recent commitment to ‘parity of esteem’ (NHS1 2014b: 15) provides a mandate to improve the funding, delivery and coverage of mental health services. This ambition has been welcomed by campaign groups (Centre for Mental Health 2014; Mental Health Foundation 2018), who have expressed alarm at recent trends in mental health.



Estimates now suggest that one-in-four people experience mental health issues in a given year (Bebbington et al. 2009; as cited by Mind 2013). These issues take numerous forms, varying greatly in scope and severity. Furthermore, whilst mental health has previously been viewed simply as an absence of mental illness, more recent definitions have focused on ‘individual’s experience, (...), circumstances [and] society they live in’ (CQC 2017: 9). This is reflected in the World Health Organisation’s (WHO) (2014) holistic definition:

‘A state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community’

Youth mental health is of particular concern. 75% of mental health problems begin before the age of 18 (NHS 2015a: 13) and where early signs are unaddressed, escalation can lead to long term struggles with physical health (ibid), education (Deighton et al. 2017) and work (NHS 2014a).

Physical health

Mental and physical health are closely linked. Whilst the reduction in life expectancy from heavy smoking is 8-10 years, the reduction from depression is 7-11 years (Chesney et al. 2014, as cited by Oxford University 2014). Meanwhile, Ashcroft et al. (2017) find that children who self-harm are approximately nine times more likely to die unnaturally during follow-up and a US study found that '75 percent of individuals experiencing depression during adolescence will make a suicide attempt in adulthood' (Nock et al. 2013, as cited by Auerbach 2015). NHS figures suggest that those with 'mental health issues have the same life expectancy as the general population did 50 years ago' (NHS England 2014b).

Education

A recent study by Deighton et al. (2017), demonstrates an important link between internalising symptoms¹ of mental ill health and academic performance amongst adolescents. Moreover, the paper also suggests a link between externalising problems and achievement in both primary and school secondary school contexts (ibid., cited by UCL 2017). Indeed, mental health issues can have a knock-on impact on school attendance (Ford et al. 2004) behaviour and engagement – all of which in turn hamper educational attainment.

Labour market outcomes

There are also links between mental health and labour market outcomes. The employment rate for those with 'severe and enduring mental health problems' is lower than for any other disability group (Sainsbury Centre 2009) and nearly half of Employment and Support Allowances are made principally due to mental health issues (Mind 2015). This results in significant welfare costs, alongside economic opportunity costs.

Poor mental health therefore has serious consequences for physical health, educational attainment and job prospects. This makes it not only right, but also pragmatically sensible for practitioners and policymakers to take action.

In the next section we outline recent trends in relation to mental health and potential explanations thereof.



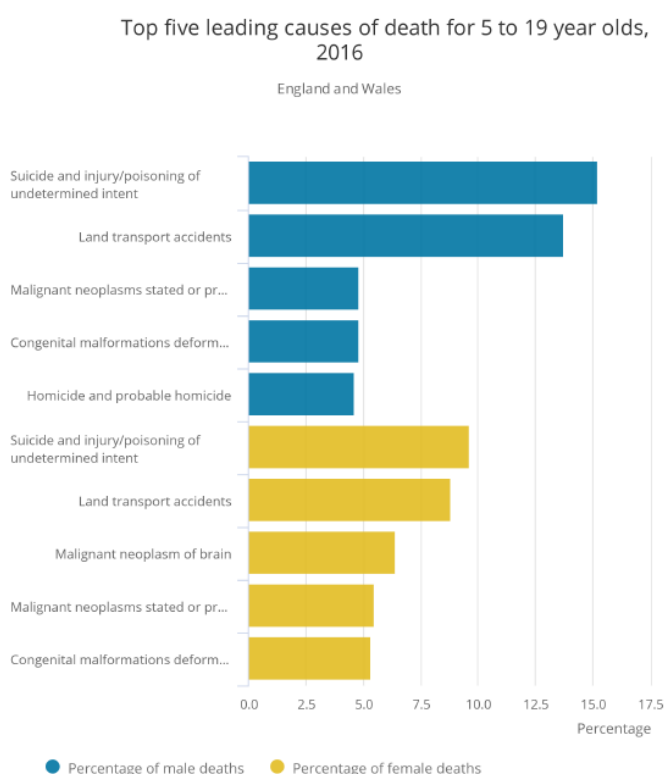
¹ Externalising' problems include aggression, rulebreaking and oppositional behaviour. 'Internalising' problems include issues such as anxiety and depression. See Wertz et al. (2015).

4. What has changed?

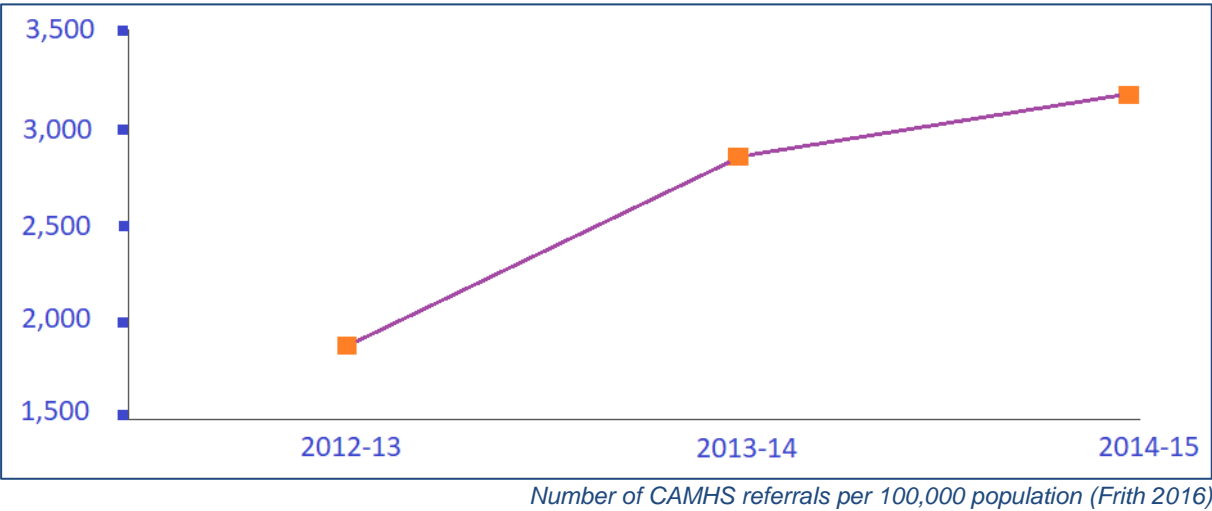
The Office for National Statistics' 2004 survey of young people's mental health revealed 10% of 5-16 year olds to have mental health problems (Ford et al. 2004, cited by Mental Health Foundation 2016), but recent trends suggest this estimate may be conservative (BBC 2018). Instances of self-harm and suicide rates (CQC 2017) are on the rise and the latter is now the most common cause of death amongst those in their early twenties (Lancet 2016).

4.1 Scale and severity of issue

Demand for young people's mental health services has increased rapidly in the UK (Frith 2017a). In Essex, for instance, the number of CAMHS referrals increased from 3,000 to 7,000 between 2015 and 2016 (ibid.). This trend is particularly noticeable in academic institutions, with recent data revealing that English schools have made 123,713 referrals to specialist help since 2014-15 (NSPCC 2017a). Furthermore, over the past 10 years there has been a fivefold increase in the proportion of students who disclose a mental health condition to their institution (Thorley 2017). Services are currently unable to cope with demand, with one in three CAMHS referrals by schools turned down, and one in six turned down overall (NSPCC 2017b). Incidence of mental health conditions is particularly high amongst adolescent girls (Williams 2017: 4). Disturbingly, ONS data shows that suicide is the leading cause of death, for five to nineteen year olds (ONS 2017a).



Roundtable participants had first-hand experience of this worrying trend with John Davis, a former mental health officer at Havering sixth form college, pointing out that the number of students who were under CAMHS in his college has gone from just a couple, eight or nine years ago to between forty and fifty now. Furthermore, he suggested that this was just the tip of the iceberg and that, "there are probably more out there that I don't even know about."



4.2 Causes

A range of reasons have been suggested for the increased scale and severity of mental health issues amongst young people. Some of these suggested reasons are linked to new challenges young people face such as social media, additional exam pressure and labour market uncertainty. However, as we see in section 4.3, difficulties with service provision also appear to be exacerbating difficulties.

“There are a lot of new stressors and more challenges that children and young people have to deal with: a lot more parent stress; time paucity...when I compare it to my own childhood there’s a lot more that children and young people have to deal with and I think that impacts on mental health.”
Fiona Pienaar, Mental Health Innovations

4.2.1 Social Media

There is a ‘clear association’ between social media usage and mental health problems (ONS 2015: 16, cited by Frith 2017b). Furthermore, as primary head teacher Samantha Jayasuriya argued, some of the issues associated with social media that were previously experienced by secondary schools are now extending into primary schools that are “not used to dealing with these things”. On the other hand, it is important to note that research has shown social-media can also foster positive peer support networks.

“We’re seeing an inability to regulate emotions and I think that’s a new thing and those skills need to be taught, because on phones and those kind of websites you can just say what you think and there’s no need to regulate yourself,”
Helen Shakespeare, ASPIRE Alternative Provision MAT

The effect of screen-time

ChildWise (2017) find that:

‘[a]round one in four find it difficult to go several hours without checking them [devices], say they have missed out on sleep because they have spent too long on gadgets and would like to spend more time away from them.’



Excessive screen time is associated with lower happiness amongst adolescents (Twenge et al. 2018 as cited by Petter 2018). Increasing time spent on devices such as mobiles, computers and tablets may therefore play a role in recent trends.

“[For young people there is a] constant over stimulation from time spent in a virtual world rather than the real world.”

Julian Astle, The RSA

Continuous social scrutiny

Julian Astle, Director of Education at the RSA, argues that as a society we need to think through the consequences of children and young people trying to fit in and develop their own personalities whilst under the constant lens of social, online scrutiny. As he put it, “it doesn’t end when you walk out of the school gates it goes home with you”.

Body image and unrealistic expectations

As Frith (2017b) notes, the use of manipulated photos on social media sites may breed unrealistic imitations of body image, which can threaten young people’s self-esteem. Similar issues are present in other areas of social media, where a ‘social ideal’ (De Lenne et al. 2018) may lead young people to view their own lives unfavourably in comparison to those of others. Whilst such unrealistic portrayals have long been present on magazine stands, television and a range of other media, use of sites such as Facebook and Instagram may result in young people comparing themselves unfavourably to peers, as well as strangers, despite the fact that in theory, these sites have age restrictions.

Exposure to inappropriate material

Young people also face an unprecedented risk of exposure to inappropriate, or potentially disturbing, online content. With pornographic content ‘available 24/7’ (Enson 2017: 326), recent studies show that 94% of young people have been exposed to pornography by the age of 14 (Martellozzo et al. 2017). The average first encounter now takes place when individuals are 11 years-old (Sanchez and Randel 2017). Research suggests that the consequences of young people accessing material they are not mature enough to process may be severe and far-reaching (Flood 2009).

Pornography may exacerbate concerns about body image and breed unrealistic expectations about sexual encounters. Moreover, with much pornographic material centring on the male gaze (Fesnak 2016), aggressive behaviour and disregard for consent may feed into real world relationships (House of Lords 2015). Concerns have also been raised regarding addiction to pornography with material potentially becoming a substitute for healthy, personal relationships (Attwood et al. 2018). Social media can also be used to disseminate ‘revenge porn’ in which private, sexual materials are shared without consent (Ministry of Justice 2015). Where this occurs it can result in ‘trust issues, posttraumatic stress disorder (PTSD), anxiety, depression, suicidal thoughts, and several other mental health effects’ (Bates 2017: 1).

Alongside pornography, there are also concerns regarding young people's contact with violent content online. In a survey of 10,000 European 9-16 year olds, Livingstone et al. (2014) found that exposure to violent content ranked second only after pornography in young people's perceived online risks. As well as explicit images and videos, there is evidence to suggest that political extremists are using social media as a tool for recruitment (Sabouni et al. 2017), with a focus on the vulnerable.

"Children and young people are facing things now that we weren't aware of, things that as adults we are still learning how to manage... issues around gangs, gang affiliation, high levels of social deprivation and radicalisation, which as a primary school teacher I never used to have to manage..."

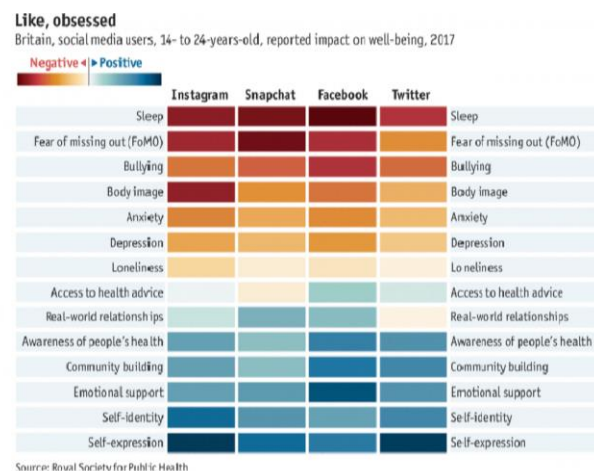
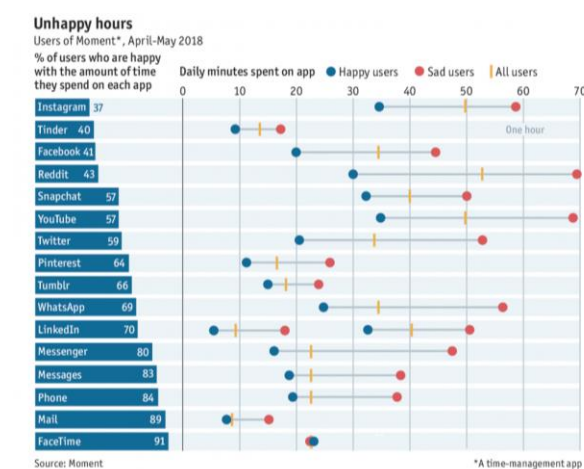
*Suus-anna Harskamp,
Academic Resilience Training Lead*

"We don't yet know what we've unleashed, like the early days when everyone smoked 40 fags a day and thought it was safe. I wonder if a few years down the line we'll realise the consequences of this technology on children and young people and the way they grow up."

*Julian Astle,
The Royal Society of Arts*

First generation of digital natives

As a generation of new 'digital natives' (NHS 2015a: 38), young people may feel that their usual support networks do not appreciate the difficulties they are encountering online. This may not be helped by the fact that, having grown up without such sites, parents may not appreciate that "kids online lives are an extension of their offline lives" (Clarke-Pearson and O'Keeffe 2011: 801). A generational disconnect may therefore prevent young people getting the help they need. On the other hand, it is also possible that the older generation is struggling to understand the changes going on. Further research is therefore needed to ensure that there is not an automatic assumption that changes are necessarily negative.



The Economist, 2018

4.2.2 Increasing examination pressure

Recent reforms to course structure mean that GCSE pupils are set to take approximately 8 hours more of exams, and potentially more where they have extra time due to special educational needs or disabilities. Meanwhile, changes to A-Level structure (ASCL 2017) will see pupils take exams at the end of their two-year courses rather than smaller modules throughout their course (BBC 2017). Teachers' pre-occupations with accountability pressures may also result in them 'passing on' the stress and putting additional pressure on pupils. Therefore, whilst attainment is a 'strong predictor of good mental health and wellbeing' (CQC 2017: 26), there is a danger that heightened pressure may put young people under increased stress and that this might pose a threat to their mental health (YoungMinds 2017).

"When my teenage daughter took an overdose and ended up in hospital it wasn't bad enough for her to access support. After the second overdose the support arrived."

Parent advocate

On the other hand, recent WHO (2017: 5) data estimates a global rise in the 'number of persons with common mental disorders' and UNICEF places the UK 16th out of 29 developed countries in terms of young people's wellbeing (UNICEF 2013). One should therefore be wary of attributing recent trends to solely UK-specific factors. Further, with mental health problems being 'one of the main causes of the overall disease burden worldwide' (Mental Health Foundation 2015: 17), it is important that UK figures are viewed within the context of international concerns.

The authors of PISA's 2015 report speculate that school-related anxiety may be influenced by socioeconomic and cultural context (OECD 2017), rather than just exam frequency and duration. In other words, where there is a particular pressure on children to secure top grades, or to pursue particular academic pathways, this may affect their mental wellbeing. The report suggests that UK students may be under a disproportionate degree of performance-related stress with 15 year-old UK students more likely to feel anxious for tests, even if they felt well prepared, and to feel 'very tense' when studying (ibid.: 85), relative to OECD averages.

The Global Parents' Survey (Varkey Foundation 2018: 58) reveals that, globally, parents are most concerned with their children's happiness and mental wellbeing at school. However, there is concern that these sentiments are not being sufficiently expressed to young people in the UK, which could be exacerbating issues of performance-related anxiety.

4.2.3 Labour Market Uncertainty

Whilst the general rate of unemployment is falling, 800,000 young people between the ages of 16 and 24 are Not in Education, Employment or Training (NEET) (ONS 2018a). Furthermore, 16-24 year olds are the age group most likely to be employed on zero hours contracts (ONS 2017b). These are characterised by uncertainty and have been linked to poor

mental health (UCL 2017). Today's young adults are now more likely than ever to be on part-time or temporary contracts and these are also associated with increased likelihood of poor mental health (Thorley and Cook 2017).

4.3 Capacity and access

4.3.1 Under-resourced and ill-equipped services

Austerity and under-investment, combined with increased demand, have led to overstretched schools and health services that are ill equipped to deal with mental health needs.

Health services

One in three CAMHS referrals by schools are turned down, and one in six are turned down overall (NSPCC 2017b). This even happens in serious cases of attempted suicide so it is clear there is a considerable undersupply of provision. However, referrals are not just refused, they often do not occur in the first place. These figures therefore underestimate the shortage in supply. Whilst there is a general lack of capacity in mental health services, problems are particularly acute in youth services and, the vast majority of mental health professionals (such as counsellors and psychologists, as well as other medical staff such as GPs and paramedics) receive no specialist training in children and adolescent's mental health. Helen Shakespeare, Specialist Leader in Education at Aspire Learning Alliance, therefore argues that one of the most important priorities is to increase capacity of child and adult mental health services since "when referrals are made, needs can't be met." Maddie Burton (Senior Lecturer in Child and Adolescent Mental Health at the University of Worcester) argues that this situation has considerably worsened compared to at the start of her career in CAMHS in 2013, with many young people now classed as not meeting thresholds for specialist support, despite desperately needing help.

Schools

According to the June 2015 Teacher Voice Omnibus Survey (cited by YoungMinds 2017), only a quarter of school leaders felt that teachers knew how to help students access mental health services outside of school, or knew where to seek specialist advice. Yet teachers' first port of call should, in theory, be the senior leader responsible for child protection and safeguarding. Furthermore, only a quarter of teachers felt sufficiently trained to identify mental health issues in pupils (ibid.). Similar concerns have been voiced by GPs, social workers and youth workers - many of whom feel ill-equipped to offer suitable referrals (NHS 2015a: 35).

"My daughter is 6 year's old in a classroom with 30 children which has additional learning support in the classroom only in the mornings. To me, she seemed to be an invisible child as she's academic and didn't make a fuss once class started – teachers are so overstretched. After her bereavement and subsequent trauma, one teacher's response was "come on, chin up".

Parent Advocate



4.3.2 Fragmentation and poor co-ordination

In instances where referrals are accepted, there is still no guarantee that a suitable service will be provided. The Health Select Committee's 2014-2015 Inquiry into Child and Adolescent Mental Health Services (CAMHS), found 'a lack of accountability for ensuring effective funding and commissioning of services, in addition to a lack of national targets and service specifications leading to variation and gaps in care' (CQC 2017: 13).

Management of multiple providers presents particular challenges. Whilst psychiatrists, counsellors, teachers and other professionals should provide a range of well-targeted, specialist health care services, their individual roles are not clearly defined. As the NHS's Five Year Forward View notes:

"[a] traditional divide [between types of service] (...) is increasingly a barrier to the personalised and coordinated health services patients need"

NHS 2014a: 150

Poor cooperation and information sharing amongst providers can in turn, result in young people not receiving the support they need (CQC 2017). For instance, where a teacher is concerned that a pupil may have an eating disorder, they may be unsure of whether to refer the issue to a more senior figure in the school, to a councillor, or to a mental health professional. Yet schools should be making it clear that all such concerns should go directly to a head of child protection/safeguarding.

Difficulties commissioning local services came ahead of funding in a recent study of perceived barriers to setting up mental health provision in schools. Furthermore difficulties were particularly considered to be driven by a lack of time amongst individuals working within these services "rather than barriers such as a lack of expertise or priority within schools and colleges" (DfE, 2017). On the other hand, 'more than half of Head Teachers say it is difficult to find mental health services for pupils' (NAHT/Place2Be, 2017) and fragmentation in the schools system can exacerbate this difficulty. Whilst in the past Local Authorities provided support and expertise and commissioned services where necessary, academies functioning outside of their local authority can lack this infrastructure. Whilst they are expected to commission support, Craig Thorley, of the NSPCC, pointed out that MATs frequently lack expertise in how to commission effectively (see 7.1).

"Academies are largely responsible for commissioning in their own support services and it's not always the case that academies will have the expertise in how to commission effectively."

Craig Thorley, NSPCC

Writing for the Education Policy Institute, Frith (2017a: 8) also argues that the reduced role of local authorities and a proliferation of multi-academy trusts, each with different governance structures, may also pose challenges when it comes to sharing information and best practice.

4.3.3 BME communities

Poor access particularly affects some minority groups. A recent CQC (2017) report noted that:

“Whilst Black and minority ethnic (BME) communities are over-represented in adult mental health services, [BME] children and young people are under-represented in CAMHS”.

This is partly explained by social stigma surrounding mental health which may make young people from some minority backgrounds less likely to access services (Cooper et al. 2016).

However, the poorer public services available to low-income communities may also disproportionately affect BME groups because they are more likely to be in this demographic. ‘Knock-on effects’ of funding shortfalls are therefore also particularly likely to affect this group (CQC 2017: 61). The option of seeking private specialist help may also be less available to these groups.

4.3.4 Attitudes

Stigma around mental health appears to have reduced, and, according to several round table participants, this may have played a role in increasing the number of reported cases.

“The more we talk to children about it the more they are aware of it and the more they demand access to services which is great, but makes the need even greater.”

Jon Brunskill, Reach Academy Feltham

On the other hand, attitudinal barriers can still limit young people’s access to support. A 2015 Place2Be survey (Bennett 2015, cited by Frith 2016) notes that families will often not seek assistance, for fear of their parenting coming under scrutiny. Meanwhile, Rothi and Leavey (2006, cited by Loades and Mastroyannopoulou: 150) suggest a ‘poor understanding of mental health, available services or sources of help, parenting difficulties, and inadequate help-seeking strategies’ may also stop parents seeking help for their children.

The inequity that this causes was also highlighted during the round table, with one parent describing how her daughter’s mental health problems were only identified because she had worked in the youth sector for twelve years and therefore knew how to get help.

“There are so many parents who don’t [know what to do] and their children are just coasting through school, and heading for some potentially serious stuff...”

Parent advocate

5. What is currently happening

5.1 Structural reform to health services

Two key NHS publications have helped establish the direction of travel for mental health provision: Future in Mind (2015a) and Five Year Forward View (2014a).

5.1.1 Tiers and thrive

Future in Mind highlights ten goals to be addressed by 2020 including a move away from a 'tiered' model, towards a system 'built around the needs of children, young people and their families' (NHS 2015a: 16). This type of system has been set out in a model known as "THRIVE" which was proposed by the Anna Freud Centre and The Tavistock and Portman NHS Foundation Trust' (Fonagy et al. 2014).

Under the tiered model, developed in the mid-1990s, CAMHS services are divided into four tiers:

- **Tier 1:** non-specialists dealing with 'common problems of childhood'
- **Tier 2:** CAMHS specialists, who would specialise in 'assessment and treatment of problems in primary care'
- **Tier 3:** a team, usually clinic-based, working on 'problems too complicated to be dealt with at tier 2'
- **Tier 4:** specialist services, 'where patients with more severe mental health problems can be assessed and treated' (ibid.: 5)

The Tiered model was advantageous in highlighting the different services that young people might require, but has been criticised for its 'reification of service divisions' (ibid.: 6). Instead, a THRIVE model would pay more attention to the services that young people might benefit from, rather than the severity of the problem. By targeting service provision based on groups' shared needs, the model could potentially provide a more efficient and well-tailored approach to CAMHS.

5.1.2 Multi-speciality teams

According to the June 2015 Omnibus Survey (DfE 2015: 5), most mental health services directly commissioned through school were through 'Local Authority services (52%); in-school counselling services (47%); and voluntary and charitable organisations (31%).'.

Noting this variety of providers, the NHS's 'Five Year Forward View', calls for steps to be taken to 'break down the barriers (...) between family doctors and hospitals, between physical and mental health, between health and social care' (2015a: 3).

In doing so, the paper opens up the possibility of a 'Multi-speciality Community Provider', which would 'permit groups of GPs to combine with nurses, other community health services, hospital specialists and perhaps mental health and social care to create integrated out-of-hospital care' (ibid.: 4). The paper goes on to argue that a 'Multispecialty Community Provider' could bring greater service integration and help achieve 'parity of esteem' by 2020

(ibid.: 26). This approach, which is consistent with the THRIVE model, would refocus attention on young people's specific mental health needs, rather than navigating tiers.

5.1.3 Public-private integration, Clinical Commissioning Groups (CCGs) and Local Transformation Plans (LTPs)

The Health and Social Care Act (2012), abolished NHS primary care trusts and Strategic Health Authorities in favour of Clinical Commissioning Groups (CCGs). These groups were formed principally of GPs and nurses and were premised on the view that those with frontline primary care experience were well placed to determine the best way for medical supply to meet demand. This approach also sought to bring greater integration between public and private providers.

Following the passing of the bill, the Royal College of Psychiatrists voiced concerns that poor specialist representation might mean that:

"Commissioning must involve a close working relationship between GPs and specialists. The college would be dismayed if psychiatrists were not closely involved with local consortia of GPs in the development of mental health services."

"There must continue to be an emphasis on the care of mental health patients with complex needs, who will need to access services provided by both health and social care. It is important that their care is not compromised by the need to provide good quality services for more common mental health disorders such as anxiety and depression— the needs of the many must not overwhelm the needs of the few."

BMJ 2011: 2

Nevertheless, in 2015, Future in Mind called on CCGs to put together Local Transformation Plans (LTPs), that would set out how CAMHS can be improved in their local areas. The LTPs are intended to be 'living documents' (NHS 2017) that change in line with local demand and the government confirmed its commitment to LTPs in a December 2017 Green Paper (DfE 2017b: 23).



5.2 Schools reforms

5.2.1 Mental health leads

The Department for Education and Department of Health's 2017, joint Green Paper (DfE / DHSC, 2017) set out plans for schools to appoint mental health leads because according to the Health Secretary, schools are well placed to prevent escalation of mental health problems:

"[Schools are] an incredible resource, because truthfully teachers know their pupils far better than we're ever going to in the NHS."

Jeremy Hunt, DHSC 2018

Claire Murdoch, National Director for Mental Health, NHS England, welcomed further integration between the NHS and schools, but emphasised that this should not compromise existing pastoral support and services such as educational psychologists, and wellbeing and resilience services (ibid.).

5.2.2 Bringing in the family

In May of this year, the DfE/DHSC Green Paper (2017) was criticised by both Education and Health and Social Care select committees, for its lack of ambition (The Independent 2018). The report (Parliament 2018) argued that key improvement opportunities were missed. In particular, the committees note that:

"There is no further consideration (...) of how improved support for families will be provided".

This is consistent with Fonagy – a key architect of the THRIVE model who suggested that families should be more heavily involved in 'school-based interventions' (DHSC 2018). Given that parents are a key source of support and referrals, neglecting their role may undermine efforts to establish integrated mental health support for young people.

5.2.3 Ofsted – new criteria

In 2015, Ofsted announced a new 'personal development, behaviour and welfare' (ibid.: (2015: 17) judgement. This provided recognition of schools as key contributors to the mental health of students.

Ofsted's new judgement includes a variety of criteria, including pupils':

- Self-confidence, self-awareness and understanding of how to be a successful learner;
- Following of any guidelines for behaviour and conduct, including management of their own feelings and behaviour, and how they relate to others;
- Understanding of how to keep themselves safe from relevant risks such as abuse, sexual exploitation and extremism, including when using the internet and social media; and,
- Knowledge of how to keep themselves healthy, both emotionally and physically, including through exercising and healthy eating.

In their consultation, Ofsted (ibid.) found that 82% of school leaders were supportive of these measures. Whilst many hoped that increased attention to pupil wellbeing would catalyse improvement, round table participants suggested inspectors struggled to implement the criteria effectively. Analysis by the IPPR of fifty secondary school Ofsted reports published after September 2015 showed that only a third referenced mental health (Thorley 2016). Furthermore, Marc Bush of YoungMinds argues that no school should be considered outstanding unless wellbeing is a valued and enacted priority. A greater focus within Ofsted inspections will provide school governors and leaders with more of an incentive to prioritise and invest in mental health and wellbeing promotion, and preventative and psycho-educative programmes could be recognised within school improvement as being of value to students directly, and a wider positive school culture and environment.

5.3 Funding

Without significant increases in funding, the government is unlikely to be able to deliver its targets. Meanwhile, at a school level, the Association of School and College Leaders has argued that “real-terms funding cuts are forcing them [schools and colleges] to cut back on existing counselling and support services” (Offord 2018).

Key Government targets

.....

Access to specialist mental health support within four weeks (DfE 2017b: 23)

.....

An increase in specialist CAMHS (DofH 2014)

.....

75% of people being referred for talking therapies for treatment of common mental health problems (like depression and anxiety) starting their treatment within six weeks and 95% within eighteen weeks (NHS England 2015b: 5)

.....

At least 50% of people going through their first episode of psychosis receiving help within two weeks of being referred, with an aim of increasing this percentage in future years’ (NHS England 2015b: 5)

6. What are the possible ways forward?

As we have seen above, poor youth mental health plays out in a number of realms and has a range of causes.

Policy makers and practitioners therefore need to take a multi-pronged approach in response including:

- Improved school provision – both at a whole-school level and in responding to individual pupils' particular needs;
- Structural reform and adequate resourcing of specialist, high-needs services; and,
- Regulation of services.

6.1 Improved school provision

6.1.1 Is it schools' business?

Some might argue that it is not schools' role to tackle mental health challenges; however, roundtable participants were unanimous in believing that schools had a role to play. As Maddie Burton put it, "Schools are the window of opportunity." Similarly, Patrick Johnston, Director of Learning at Place2Be argued that schools present a unique opportunity because of their universalism: every child goes to school and children spend a considerable proportion of their time there.

"My daughter trusts her teacher more than anybody... As they get older that trust becomes even more precious... They are going to talk to their teachers. School is a unique opportunity but... there is [also] an awful lot of pressure on teachers."

Nonetheless, participants' only gave a 'qualified yes,' arguing that it is important to recognise the limits of what schools can, and should do. Teachers and head teachers are not experts in mental health and nor should they be.

"Teachers and headteachers are not experts in mental health and nor should they be. They are experts in their subjects, they are experts in pedagogy and they are experts in education. Most schools are really good at pastoral care"

Patrick Johnston, Director of Learning, Place2Be

Parent advocate



6.1.2 What might they do?

Different school approaches were conceptualised by roundtable attendees as “going deep, or going broad and shallow.” In other words, whether schools should have a few experts or ensure all staff had basic skills.

However, for Marc Bush of YoungMinds schools should have ready access to well-trained and expert professionals who can liaise with clinical services or provide advice, guidance and support for students with emerging (pre- and sub-clinical) levels of need.

For YoungMinds, the foundation of an effective approach lies at a whole-school level. Marc warns there is a risk that schools may fail to tackle the wider factors that cause and escalate emotional distress and mental ill health if they solely focus on appointing more counsellors or introducing discrete provision. Furthermore, whatever interventions and intensive support are provided for young people with any mental health need, these will have a limited effectiveness unless a school environment that supports mental wellbeing underpins these students' day-to-day experiences.

“If you are going to go deep you need to be prepared to be in it for the long haul. You need to have next steps to support the family too once you’ve opened the can of worms.”

Parent advocate

As such, he suggests that the basics of emotional literacy and resilience-building (including self-care, self-soothing and positive peer relationships) must be embedded into both the curriculum and school culture. For example, tutor groups could be used for mindful reflection exercises and PE could be seen as an opportunity to learn about self-soothing and ‘breath-work.’ More broadly, teachers and school leaders should be trained to understand the long-term impact of adverse childhood experiences on mental health, comprehension and learning. They should then use this understanding to question the underlying reasons why a pupil might, for example, be falling asleep in lessons or being involved in aggressive behaviour (which could be a sign of lacking a quiet place to sleep or young carer responsibilities). Similarly, consideration of pupil wellbeing should inform school leaders’ and governors’ decisions about school improvement. In other words, decisions about how to improve attainment or how to address problematic behaviour need to take into account the promotion and protection of student mental health and wellbeing.

Schools’ role in tackling the youth mental health crisis is therefore not just to ensure pupils can access specialist support, but to nurture positive mental health and emotional well-being. Doing so would not only reduce instances of emotional distress and mental ill-health but also provide an environment in which those experiencing mental health problems are more likely to make a good recovery. We now explore some of the steps schools might take to do this.



Teaching for mental health

At present, Physical Social and Health Education (PSHE) accounts for 93% of ‘whole school approaches’ towards promoting positive mental health (Future in Mind: 36, citing Lee et al. 2014). However, Clague et al (2013: 4) found that only 60% of primary schools were happy with their provision of the ‘emotional health and wellbeing component of PSHE’ and this figure dropped even further, to 28% at secondary school.

Round table participants therefore identified a need to:

1. Teach pupils about their minds and wellbeing - much as PE lessons teach about physical well-being. As one participant put it:

“My magic wand would be looking after your mind as a subject in school from reception up so that they can start to recognise when they don’t feel themselves”

Parent advocate

2. Teaching that responds to and tackles some of the issues explored in section 4.2 such as gangs, social-media and resilience in the face of exam pressure. Ultimately, if factors such as social-media and screen-time are playing a role in creating mental health, simply ‘treating’ symptoms is an unsustainable solution.

“I feel as a society we need to think through the consequences of children and young people who are trying to fit in and develop their own personalities and so forth of that constant pressure which comes with social media which doesn’t end when you walk out of the school gates at the end of the day, it goes home with you.”

Julian Astle, The RSA

RSA and teacher training

RSA Academies are halfway through a one-year training program running across seven RSA Academies in the West Midlands. The approach involves providing training for every adult in the school (about 700 in total), including lunch-time supervisors and receptionists since, “you never know who a child is going to form an attachment to”.

Most of the training focuses on low-level needs and the objective is to create a whole school culture and environment that is supportive and in which staff feel confident and comfortable with regards to referring concerns on.

Tackling exam pressure

Most round table participants believed, as was suggested in section 4.2.2, that testing and exam pressure played a role in causing mental ill health. However, they disagreed about how this should be tackled. Some argued that testing should be minimised or abolished whilst others felt that schools could reduce the pressure. For example, Key Stage 2 SATs are fairly low stakes exams for pupils, yet schools can sometimes lead pupils to believe they are far more serious than they are. School leaders could therefore take a lead in minimising any potential damage from such exams.

“It is a crazy world when 11 year olds are feeling pressured by their KS2 SATS – you couldn’t have a lower stakes test. From the child’s perspective, they need to be told it doesn’t matter. And, why are children worrying about Ofsted?”

Julian Astle, The RSA

Jon Brunskill of Reach Academy Feltham also cautioned against insulating pupils from stress. He argues that schools are ideally placed to prepare pupils for the pressures that they will inevitably face in future life. Craig Thorley, Policy and Public Affairs manager at the NSPCC, agreed, arguing that schools should help pupils develop the resilience to approach challenges like exams. As one parent advocate suggested, this need not be about implementing a discrete ‘resilience curriculum’ and instead involved simple changes, like teachers showing greater willingness to fail and make mistakes in front of pupils. By explicitly recognising such failures and showing how they go on to overcome such setbacks, they can model the resilience pupils need to develop.

“Schools need to be safe places in which kids can learn to manage their feelings and responses to these stressful events”

Jon Brunskill, Reach
Academy Feltham

Cambridge Academic Performance:

Cambridge Academic Performance (CAP) was founded by Liz Parker in response to a lack of mental health occupational therapists working within education. Occupational therapy fuses clinical strategies with practical support for the problems a client is facing. For students, these are usually academic problems such as attendance issues, motivation and procrastination, managing exam stress, low mood and anxiety.

Her background within the early intervention in psychosis sector highlighted the need for early clinical support that helped students to recover from serious mental illness. However, she found that stigma remained the biggest barrier to early intervention:

"I was struck by students' reluctance to access our services even though they knew that they had been very ill and were worried about their recovery."

Recognising the impact of stigma framed the way that Parker set up her service:

"By focusing on academic success we attract students who would normally avoid a mental health clinician. There is no stigma as we are academic mentors who can offer an occupational therapy approach to success."

"It makes sense to students to have support that helps them improve their grades and lower their stress levels."

For the schools that CAP work with, it is a bonus to have clinicians on hand who can assess and write reports for primary care services whilst also working directly with students and providing guidance to teaching staff.

Training

Most roundtable participants believed that better and more extensive training is needed if teachers are to understand mental health better, both in terms of creating an environment conducive to wellbeing and in terms of spotting and responding to the signs of more severe needs.

Training could include:

- Ongoing professional development based around specific models such as Youth Mental Health First Aid;
- Regular input as part of the safeguarding training that most teachers receive annually;
- Initial teacher training.

Suus-anna Harskamp particularly advocated the latter, arguing that “feedback from working with NQTs is ‘why don’t we get this earlier’”.

However, it is important to note that only a tiny proportion of the total number of teachers nationally are new teachers each year. Relying on ITT is therefore unlikely to have an effect in the short term. Furthermore the ITT curriculum is already overloaded and whilst most courses already include some content on mental health, ITT is unlikely ever to be able to go into much depth.

Meanwhile according to Marc Bush, continuing professional development for teachers should be structured around broad models of mental health interventions, with a significant emphasis on prevention and promotion, as well as crisis identification and mitigation. However Fiona Pienaar argued that given the high incidence self-harm and addiction, there should be a particular focus on these issues as part of in-service safeguarding training.

Staff wellbeing

A number of experts pointed out that, as Helen Shakespeare put it, “staff well-being and mental health is part of the picture too”. Similarly, Marc Bush argued that where pupils are experiencing emotional distress it is counterproductive if the teachers expected to support them are themselves unwell. Given evidence of poor mental health amongst teachers (TES, 2017), tackling this should form part of schools’ mental health strategy.

“If you have a staff member who is aware of their own mental health, they’re also more likely to be aware of the children’s. Whatever you focus on when bringing mental health training into schools, you need to focus on the adults as well.”

Fiona Pienaar, Chief Clinical Officer, Mental Health Innovations

The role of Ofsted

What role Ofsted should play in shaping schools’ approach to mental health is a vexed question. Whilst some believe the Ofsted framework should be reformed to place greater emphasis on mental health, Craig Thorley pointed out (as we saw in section 5.4) that it is



already in the framework but rarely commented upon. He argued that this was due to Ofsted inspectors' lack of knowledge with regard to what they should be looking for (Thorley 2016). A better lever for change might therefore be inspectors to receive better training in this area of the framework so they can offer more informed and critical commentary. More radically, Jon Brunskill pointed out that given performance tables provide information about a schools' academic performance, Ofsted inspections should concentrate on other dimensions of pupils' school experience. He believes this would redress the balance and ensure that school leaders took a well-being informed view of school improvement.

A reduction in Ofsted's focus on exam attainment might encourage school leaders to make space for nurturing pupils' wellbeing and reduce teachers' and leaders' tendency to pass on to pupils a sense that exam 'failure' is unacceptable.



Reach Academy Feltham:

Reach Academy Feltham was founded in 2012 by teachers who wanted to take a different approach. The schools' aim is for all pupils to develop the skills, knowledge and academic qualifications to live lives of choice and opportunity. The school is small, with only sixty pupils in each year and runs all the way through from Nursery to Year 13. These features were chosen to support strong relationships between pupils, staff and parents.

The school has put pupil well-being and mental health at the heart of its work. Underlying the school's approach is a belief in relationships' power to repair and support, and a belief that addressing barriers to learning outside the classroom ensures all pupils can flourish academically. Last year the school achieved the country's 15th best Progress 8 score.

Reach has invested in specialist pupil and family support workers and at any time 32 pupils receive one-to-one counselling from Place2Be. Jon Brunskill, a year four teacher at Reach, believes Place2Be's work and ongoing training in mental health awareness is critical to pupils' success:

"All teachers have extremely high expectations of the pupils that we teach. But we are encouraged to consider every aspect of their lives to help remove barrier and ensure that they leave school with everything that they need to lead happy lives."

The school has built a culture focused on the concept of 'warm-strict'. This involves high expectations and rigour combined with care and love. This is fostered through strong routines, clear rewards and sanctions, and a growing understanding of attachment and trauma's impact on young people.

Brunskill explains that strong and clear leadership ensures the key principles of the school's approach are understood and owned by every member of staff:

"We are a team, and we all understand the importance of providing the supportive, compassionate network our pupils deserve. Rules and routines are implemented across the school with absolute consistency, providing the children with a stability that supports them to achieve".

In the last year, the school has set up the Reach Children's Hub in order to develop a cradle to career offer in Feltham. Principal Ed Vainker explains that:

"This feels like a right next step towards having a transformative impact in our community. We need to work with families to address the barriers to learning and work from conception onwards, to give every child the best chance of an excellent education."

The Hub is bidding to run a local GP surgery and has introduced a peer mentoring programme with the NCT. The hub also offers careers and work experience programmes, vulnerable girls' groups and adult education for young people and families across the community. As Vainker put it:

"We have been fortunate to start from scratch and believe that supporting and nurturing our pupils and their families will lead to academic outcomes we aspire to for our pupils"

Hosting specialist staff

We have argued above that prioritising pupil wellbeing and systematically tackling the root causes of mental ill health should be the foundation of schools' approach to pupils' mental health. However, some pupils require more intensive or specialised support, particularly given that so many referrals to specialist support are currently rejected. Furthermore, even pupils receiving clinical services tend to need additional support in school; a useful analogy here is that many pupils with other special educational needs and disabilities use services outside of school but still need in-school support. Schools therefore need in-house specialist expertise.

“We believe there is a need for a specifically trained and clinically supported role based within the school context and for these individuals’ training to be funded by central government.”

*Dean Johnstone,
Minds Ahead*

In-school specialists also provide the additional benefit of being able to provide immediate advice to staff when problems arise- for example where a pupil experiences a bereavement or begins to exhibit troubling behaviours. Roundtable participants also emphasised that in-school specialists can ensure extreme, externalising behaviours are not over-prioritised compared to less disruptive, internalising problems such as withdrawal or what Marc Bush described as ‘overachievement’.

“As a school you always have to prioritise the child who is presenting in the most extreme way.”

John Davis, former mental health officer at Havering sixth form college

Specialist staff can include counsellors, services like Place2Be or other health and well-being practitioners. However, it is critical these individuals are well trained as well as properly, regulated and supervised or supported. Unfortunately this is not currently always the case.

There is also some debate as to what level of expertise is needed to deliver interventions. The government’s green paper (DfE/DHSC, 2017) suggests that:

“Evidence-based treatments for mild to moderate levels of mental health disorder can be delivered by trained non-clinical staff with adequate supervision, leading to outcomes comparable to those of trained therapists”

On the other hand, Liz Parker – an Occupational Therapist who founded Cambridge Academic Performance argues that:

“Evidence from our recent in-depth, systematic literature review demonstrates that a cognitive behavioural therapy approach delivered specifically by clinicians has been shown to be more beneficial than when delivered by teachers or facilitators who receive brief training in the programs.”

Lack of expertise in the field combined with limited experience commissioning specialist services makes it difficult for school leaders to decide what type of expertise and services their school should provide. Indeed, Patrick Jonstone explained, when he was an Assistant Headteacher he received fifteen emails from companies offering services.

As we saw in section 4.3.2, Local Authorities were previously well placed to provide support in this area, but academisation has made things harder. Heads and governors therefore need to be upskilled so that they can ask the right questions and schools need to seek support and advice when commissioning services. Meanwhile, central teams in multi-academy trusts should provide their schools with expert input when commissioning (or commission services centrally where appropriate).

6.2 Wider sector change

Whilst this report has primarily focused on schools’ role in tackling the youth mental health crisis, it is also clear that wider sector change is needed.

Below we summarise some of the key steps that would support improvements.

6.2.1 Capacity and funding

The youth mental health workforce needs more capacity and funding. Maddie Burton argues that at present one-in-four vacancies within the NHS system are unfilled and most new entrants’ training is adult rather than youth focused.

6.2.2 Partnership

In light of limited supply, one expert argued that Local Authorities should harness extra support that is available in the community including sports, arts and recreation, pointing out that schools ‘need to be seen as part of a bigger piece of the strategy’.

According to Craig Thorley, creating ‘support teams’ could help bridge the gap between schools and specialists CAMHS services for pupils with emerging mental health needs (as is proposed in the DfE/DHSC Green Paper (2017)). However, he points out that the government has yet to provide any details on what these teams will look like and how they might work. He therefore argues that it is important they:

- facilitate improved partnership working between schools, NHS providers and voluntary sector providers;
- deliver evidence-based interventions which have been proven to reduce the likelihood that emerging mental health problems escalate; and,
- that they avoid creating an additional intermediate threshold for access to support, replicating the problems that already exist when accessing specialist CAMHS.

“While [support teams] could work really effectively, if they’re not done properly they could simply repeat all of the problems that currently exist with accessing [the present system]”
Craig Thorley, Policy and Public Affairs manager, NSPCC



According to Dean Johnstone, support teams should be made up of post-graduate trained and properly supervised professionals providing support at the pre-clinical stage within school but with links to CAMHS. This would allow them to support schools in their pre-clinical mental health support and whole school ethos, using evidenced based mental health approaches.

HeadStart Newham

The HeadStart Newham model provides one example of what the Green Paper’s proposals could look like in action.

HeadStart Newham is a mental health service which provides a bridge between schools, the community and specialist mental health services. It is working closely with schools and the community to change how young people and their families are supported to stay emotionally healthy. All HeadStart school staff receive mental health, resilience and well-being training. Meanwhile the school designated mental health leads receive ongoing coaching and support in developing a whole school approach. An early mental health support team of youth practitioners, child and parent peer mentors and community youth partners deliver targeted group based resilience building interventions for children and young people with emerging mental health difficulties in schools, the surrounding community and online.



6.2.3 Parents or carers and their children

As one parent advocate pointed out, whilst school may be one site for intervention, educating parents could ensure they play a greater role in tackling challenges. One clear example of this is in relation to the regulation of screen time and social media use. However, with only half of parents feeling informed enough to teach their child ‘about looking after their mental health and emotional wellbeing’ (YoungMinds 2014: 18), further information is clearly urgently needed.

Schemes like ‘Team around the Child’ (Department for Education 2010; Institute of Public Care 2012) can play a role in helping parents better support their children alongside teachers, councillors and mental health professionals. Such approaches provide opportunities not only to inform parents about the range of support options available, but also allow parents to provide their own insights into their child’s condition.

6.2.4 Regulation and inspection of services

The CQC’s 2017 *Review of children and young people’s mental health services* points out that, in the UK, there is currently no inspection of primary care mental health services, nor voluntary sector or school counselling provision (2017: 14). With inspection a ‘key lever to drive improvement’ (NHS 2015a: 37), the current lack of regulation may play a role in limiting improvements to young people’s mental health services.

Writing for the Institute for Public Policy Research, Thorley (2016) makes a number of suggestions to regulate young people’s mental health services. One suggestion is a “kite mark demonstrating counsellors’ specific knowledge on, and experience of, working with children, young people and families in a school setting”. This, alongside improved inspection of Ofsted’s new ‘wellbeing’ component (see 6.1.2), could ensure young people access improved support.



7. Recommendations

1. ***Early intervention is needed to ensure that pupils' sub-clinical mental health needs do not escalate. Expert support is also needed within schools to ensure that pupils with clinical needs are adequately supported day-to-day.***
 - Schools should ensure they have in-house mental-health experts, potentially shared between a number of schools to make support more affordable.
 - Depending on their operating model, MATs should either advise their schools on mental health commissioning or commission support centrally across their schools. Meanwhile, support services such as London Leadership Strategy, Challenge Partners and The Key should provide advice that helps schools commission the right services.
2. ***There is a dramatic shortage of mental health specialists within the NHS and this shortage is even more pronounced when it comes to youth mental health. Campaigns like "Choose Psychiatry" are welcome, but should have a specific child and youth focus in future.***
 - A new school-based mental health development programme should be established, building on the successes of Teach First, Think Ahead, Unlocked Grads and FrontLine, to create a new cadre of pre-clinical mental health specialists working in schools.
 - Campaigns and careers outreach programmes for school-aged pupils should be developed to encourage more young people to consider careers in youth mental health.
3. ***The worrying rise in the incidence of mental health issues amongst pupils may be linked to trends in use of social media and technology, as well as pupils struggling to handle stress. Targeted work focusing on these areas is therefore urgently needed.***
 - Plans to make PSHE teaching a statutory requirement should be accelerated and PSHE teaching in relation to pupil wellbeing should be delivered solely by teachers with the skills and expertise to skilfully handle sensitive issues. PSHE teaching should focus on specific issues such as learning to deal with stress or learning about healthy use of social media as per the latest PSHE Association Curriculum².
 - Teaching about issues such as stress and social media should happen alongside communication with parents so that they can play a full role in reinforcing healthy routines such as limiting screen time.
4. ***More than half of primary schools are spending more than their income and, over the four years up to the end of the last financial year, the proportion of local authority maintained secondary schools in deficit nearly trebled³. Government should recognise that ongoing, real-terms falls in per pupil school funding are having a profound impact on schools' ability to respond to the youth mental-health problems outlined in this report.***

² https://www.pshe-association.org.uk/system/files/PSHE%20Education%20Programme%20of%20Study%20%28Key%20stage%201-5%29%20Jan%202017_2.pdf

³ https://epi.org.uk/wp-content/uploads/2018/03/Schools-funding-pressures_EPI.pdf

- The government should call a halt to real-term falls in per pupil funding by ensuring school funding keeps pace with increasing costs and pupil numbers.
- Schools should recognise that mental health problems can constitute a Special Educational Need or Disability and ensure they identify relevant needs as such, so that pupils can access support and so that school funding can be adjusted and targeted accordingly.

5. *The inclusion of personal development, behaviour and welfare within the Ofsted framework is welcome. However inspections within this area need to be as informed and robust as possible.*

- Ofsted should audit how inspectors are reporting on its new judgements relating to pupil mental health and wellbeing.
- Based on this audit, Ofsted should provide inspectors with improved guidance and training so that judgement becomes an effective lever for improvement.

6. *School leaders including governors have the power to set the climate within their schools and to place pupil wellbeing at the heart of their decisions. Too many schools pass on the stress of what could be low stakes exams (like SATs) to pupils.*

- School leaders should be true to their moral purpose and prioritise pupil needs in the face of perceived accountability pressures, so that decisions are taken with due consideration for their impact on pupil and teacher wellbeing.
- Schools should review potential risk factors for pupil wellbeing within their school community. Such factors might include stressed teachers, pared back PSHE provision; unhealthy demands on pupils and teachers; and inappropriate forms of behaviour management. Tools such as the [NCB's school wellbeing framework](#)⁴ can help.
- Unless there is a clear reason (such as safeguarding concerns) not to do so, parents should be placed at the heart of decisions taken about their child's wellbeing and mental health.

7. *Mental health is too often seen as separate to other key concerns for schools such as SEND and safeguarding.*

- Safeguarding leads and SENCOs should receive thorough mental health training and should work closely with parents (where appropriate) to implement appropriate interventions.
- Regular safeguarding training for all school staff should make it clear that concerns about mental health constitute safeguarding concerns and that any concerns should be passed on to the senior leader responsible for safeguarding who can follow up as necessary.
- Safeguarding leads should work with SENCOs and have adequate expertise in mental health as a key part of their job. This should include in working with parents to develop support plans.



⁴ <https://www.ncb.org.uk/sites/default/files/field/attachment/NCB%20School%20Well%20Being%20Framework%20Leaders%20Resources%20FINAL.pdf>

8. A response from Minds Ahead

Excellent teachers transform lives. For generations schools have inspired young people to excel and achieve things they never thought possible.

Mental health challenges are holding too many young people back. Schools see this need and are being let down by a system that is not fit for purpose. Minds Ahead exists to transform this system, with the aspiration of securing a world leading school-based mental health system.

This report shows that we need a fundamental rethink of school-based mental health support. Minds Ahead believes that schools should remain true to their core: inspirational places of learning, growth, discovery and enjoyment for all children.

Minds Ahead sees the need for a new and comprehensive school-based mental health system, relentlessly focused on universal, pre-clinical, supportive and evidence-informed activities that schools can employ.

This is not about turning schools into mental health clinics. It is about developing the system wide response so that all children thrive. Including, having strong links to specialist services when needed, so that they also bring in their expertise.

Minds Ahead proposes the following changes:

A new school based mental specialist

A new role is needed to reshape specialist support in schools. The school mental health specialist would be an expert in the problems that children face at school such as bullying, exam stress and low moods. They would be trained and supported to help the whole school community so that everyone benefits. They would employ evidence-based actions that can be taken within school to strengthen mental health for all pupils as well as focused support for those in greater need. They would build professional links with local NHS and other mental health providers, ensuring effective pathways where specialist care is required.

This new school-based role should build on the successes of the 'Teach First' model so that it attracts high-calibre candidates to this challenging new role whilst working in close partnership with schools and local mental health services.



A school mental health data institute

Easily accessible data on children's mental health outcomes is not available. This new Institute will commission, collect and analyse data on mental health from all the relevant bodies and sources e.g. Ofsted reports, bullying statistics and SEND Mental Health Data. Such a resource does not currently exist and schools, parents and young people do not know how well their school performs in relation to mental health.

This new institute would highlight areas of good practice, encouraging the education system as a whole to move towards the best. Most importantly, by making the data available, the Institute will identify new themes, pose challenging questions, increase accountability and lead a national conversation about mental health in schools. It will be independent of Government.

Minds Ahead is proud to have worked in partnership with LKMco to produce this significant and timely report on mental health in schools.

The UK has the potential to be a world leader when it comes to school-based mental health: the need is well known, the passion and commitment exists and there is a willingness to make positive changes.

Working together, let's take the next steps in this direction.

Dean Johnstone
Founder and CEO, Minds Ahead



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Minds Ahead is working towards ensuring that our schools are world leaders in transforming the mental health of the next generation. We do this by securing system wide changes that benefit all schools, through inspiring, empowering and enabling leadership at all levels. Minds Ahead is a social enterprise committed to working in partnership with forward thinking organisations relentlessly focused on the potential for school based mental health.

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This report was written by the education and youth development 'think and action tank' LKMco. LKMco is a social enterprise - we believe that society has a duty to ensure children and young people receive the support they need in order to make a fulfilling transition to adulthood.

We work towards this vision by helping education and youth organisations develop, evaluate and improve their work with young people. We then carry out academic and policy research and advocacy that is grounded in our experience.

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Society should ensure that all young people receive the support they need in order to make a fulfilling transition to adulthood

