



# Adjournment debate: Green paper on children and young people's mental health provision

## Key Green Paper proposals

The Green Paper proposes three key pillars for children and young people's mental health reform, which will build upon Future in Mind<sup>1</sup> and the Five Year Forward Plan.<sup>2</sup> These three key activities will sit alongside wider work and are:

- 1) Trialling a new four week waiting time to access specialist NHS services
- 2) A designated senior lead for mental health in every school and college
- 3) New Mental Health Support Teams, supervised by the NHS, working with clusters of schools to provide early intervention, therapies for mental health conditions found to need a low or medium amount of support and better referrals and signposting for young people from schools into other available services.

### Proposal One:

#### Trialling the four week waiting time for specialist services

Given the level of public concern, and the difficulties many young people experience when waiting to access NHS treatment it is welcome news that the paper seeks to address waiting times.

Information gathered by The Children's Society from 26 providers of specialist CAMHS show that **children and young people on average waited up to 94 days (over three months, and equivalent to a school term) from referral to their first treatment appointment in the period between 1 January and 31 December 2017.**

- The majority of providers (61%) failed to offer children and young people an initial assessment appointment within six weeks.
- The longest average wait, based on the information we received, was 208 days (seven months) and the shortest 24 days (three and a half weeks).
- Nearly a quarter of providers (23%) had breached the 18-week referral to treatment requirement under the NHS Constitution<sup>3</sup>.
- We found that young people waited on average just over 40 days for their first treatment appointment following their initial assessment.

The waiting time trial therefore is welcome news. We recommend the Government specify that the four week waiting time is until the start of treatment, rather than assessment. The initiative must be adequately resourced in order to make this a reality.

The caseload of NHS specialist services is likely to change as a result of the new Mental Health Support Teams who may increase CAMHS referrals or, by providing earlier intervention and actually reduce the numbers needing specialist support. Furthermore waiting times, if not carefully trialled and evaluated

may create perverse incentives in the system. For example, they may result in a refusal of the referral at the assessment stage due to increased thresholds in order to meet targets.

The only available prevalence survey suggests 1 in 10 young people have a diagnosable mental health condition. The NHS currently treats about a quarter of those with identified needs and aspires to meet 35% of need by 2021<sup>4</sup>. Notwithstanding the capacity that the Government intends to create in schools for those with low and medium needs, there is still likely to be a significant gap between the numbers of children coping with mental ill-health and those receiving specialist treatment.

Our recent report, *Stick with Us*, for example – highlighted the widespread problem of missed appointments within the system, to the cost of £45 million. Last year approximately 157,000 appointments were missed as young people struggle to engage with the NHS. Our work suggests the levels of missed appointments are the result of a lack of positive and persistent engagement with young people, lengthy waiting times, inflexible appointments, and treatment options that are not appealing to young people.

The most pressing concern, in many ways, are the funding and staffing arrangements. The Green Paper only makes proposals up until the next comprehensive spending review in 2020/21. After which the “precise rollout will be determined”<sup>5</sup>. In order to secure the necessary funds to continue transformation, the NHS will need to come to a decision about required funding in 2019/20, or earlier, if it is to be successful in making the case for additional funding to Treasury. It will only have the first year of the trailblazer programme to inform its calculation.

## **Proposal Two: Designated Senior Lead for mental health in schools**

Schools already have designated leads for those with Special Educational Needs and a Safeguarding lead who, at secondary level, often also acts to coordinate support and contact with the local authority in relation to looked after children. This is a tried and tested model, but one that is highly dependent on the person taking on the role – their training, capacity, leadership skills and their own biases and priorities.

Every year The Children’s Society conducts well-being consultations in schools across the country, working with staff and students to understand what about school improves well-being and what actively harms it. Our key lesson in over a decade of this work, is that school is not a benign environment and this is especially so for more vulnerable children and young people.

We have worked in many schools that have a designated lead, that purport to be supportive of student’s mental health but in fact adopt behavioural policies, administrative procedures and display attitudes that marginalise pupils and decrease their overall well-being. We find this to be a particular problem in secondary schools.

Our Children’s Commission on Poverty<sup>6</sup> focused on how schools can exacerbate, or alleviate the consequences of living in poverty on their pupils. Stigmatising processes for free school meals, expensive school uniform policies, hidden costs like music lessons, school trips and other extracurricular activities all actively exclude the poorest pupils, marking them out and making them unhappy.

Similarly, schools approaches to gender have been another issue we have found to actively harm pupils well-being. Our Good Childhood Index shows that the well-being of girls in the UK is in decline. One of the major contributory factors to this is their unhappiness with their appearance. Any yet in schools strictly enforced uniform policies like make-up and jewellery bans, debates over lengths of skirts/types of trousers etc. all highlight to girls, more than boys, the importance of appearance over their attainment.

Furthermore, girls also report higher levels of relational bullying, as opposed to boys who tend to report physical bullying. School bullying policies however do not deal effectively with this kind of bullying however and so boys can often be better protected than girls.

Schools have much to do to become environments that promote positive mental health but if attainment, and behaviour, are prioritised over mental health then it will likely suffer as a result. We welcome the proposals to work with Ofsted to incorporate positive mental health into the inspection regime as this should help, but it is clear that there is a very large distance to travel in this area. It is welcome that Relationship and Sex Education will include elements of mental health education but if the Government wants to lead in this area it must make Personal, Social, Health and Economic education statutory.

### **Proposal Three: Mental Health Support Teams**

The proposed Mental Health Support Teams will undertake a range of activities. They will act as a link between specialist CAMHS and schools whilst also providing therapies and support for those with mild to moderate mental health issues. This may include CBT, group based interventions and possibly some family work.

In 2014/15 we found that schools were making approximately 7% of referrals to specialist CAMHS despite being the statutory actor with the greatest contact with young people. Whilst 63% of their referrals were accepted, 15% were refused.<sup>7</sup> Teachers often tell us they struggle with referral forms, feeling unconfident. Mental Health Support Teams should help to improve both the numbers of referrals and their success rates.

The Children's Society have been calling for statutory counselling provision and wellbeing support in schools for over two years. This does offer a way forward, but is not currently proposed to be statutory. Evidence has shown that children and pastoral care staff see school-based counselling as accessible, non-stigmatising and effective<sup>8</sup>, with school management reporting improvements in attainment, attendance and behaviour of young people who have accessed services<sup>9</sup>. It has also been found to reduce levels of school exclusion by around 31%<sup>10</sup>.

Already approximately 61-85% of secondary schools in England provide children and young people with access to counselling, with between 50,000-70,000 young people attending school-based counselling sessions per year in England. This makes school-based counselling one of the principal forms of mental health related interventions in England.<sup>11</sup>

The Mental Health Support Teams need to be flexible. If all they offer were CBT we would see this as a missed opportunity. In our own services we find that children and young people's response to flexible counsellors, who help them explore issues rather than focus exclusively on cognitive patterns and responses can help young people make significant strides in promoting positive mental health and well-being. Succinctly, children want someone to talk to and have a relationship with. In addition, these teams must work closely with other professionals and services involved in children's lives including statutory agencies such as social care, immigration and the police and the voluntary and community sector.

#### **Checkpoint Torbay**

CheckPoint offers support to children and young people facing difficult issues, and to parents and carers dealing with the challenges of family life. Our counsellors deliver help to young people across a range of settings including schools, colleges, cafes and in our drop in centre. The outcomes of treatment are comparable or better than the NHS.

*I met Juliet, the best counsellor ever, at CheckPoint. I used to cut myself a lot and wouldn't take off my blazer at school because I didn't want to show my arms. I was suicidal. My counsellor told me why I did it. She told me I had a lot of stress and my past is really hard for me to get out of my head. Juliet*

*gave me a squidgy telephone and said "If I'm angry, squeeze it". And if I'm happy, she told me to squeeze it too to remind yourself that your feelings can change. My feelings were everywhere and she helped me a lot. – Jenny*

*I had counselling through CheckPoint. Jane, my counsellor, was there for me and taught me how to deal with things. I was self-harming and had a negative attitude towards myself. I used to let people tell me what to do and would dress like my friend because I wanted to be like other people. I look different now. I'm into rock music and don't hang around with my old best friend. I can stick up for myself. Being me is so much better than trying to be someone else. You can't see the scars on my arm now, they weren't deep. I think I've grown out of doing that. I needed someone to push me away from it because I felt like I was alone and I needed attention. - Millie*

## Trailblazer areas

These changes will be piloted in a number of trailblazer areas from 2019. These areas will all test a variety of models. We recommend that one model seeks to understand the role the voluntary and community sector can play in delivery as the paper, as presented, is not making best use of wider actors outside schools and the NHS. We also recommend that trailblazer areas seek to identify and establish pathways to support for children and young people with multiple and complex needs.

## Questions for the minister

- Will the Government's 4-week waiting times or the introduction of Mental Health Support Teams be statutory provision in the future?
- Will the proposed waiting time standards of four weeks see children receive an assessment or will they begin treatment in this timeframe?
- Will the Minister comment on whether Department of Health and Department for Education have secured a commitment in principle from the Treasury that services proved to be effective in tackling children's mental ill-health will be funded in the next spending review period?

1 The Children and Young People's Mental Health and Well-being Taskforce. Future in Mind. 2015. Department of Health, London. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Childrens\\_Mental\\_Health.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf).

2 The Mental Health Taskforce. 2016. The five year forward view for mental health. NHS England, London. Available: <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

3 Department of Health. 2012. The NHS Constitution, the NHS belongs to us all. Available: <https://www.gov.uk/government/publications/thenhs-constitution-for-england>. [Last accessed: 08 August 2017].

4 The Mental Health Taskforce. 2016. The five year forward view for mental health. NHS England, London. Available: <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

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6 Children's Commission on Poverty <https://www.childrensociety.org.uk/what-we-do/resources-and-publications/the-childrens-commission-on-poverty>

7 Access Denied, p30

8 Cooper, M. (2009). Counselling in UK secondary schools: A comprehensive review of audit and evaluation studies. *Counselling and Psychotherapy Research*, 9(3), pp. 137–150

9 Pybis, J., Hill, A., Cooper, M. & Cromarty, K. (2012). A comparative analysis of the attitudes of key stakeholder groups to the Welsh Government's school-based counselling strategy. *British Journal of Guidance & Counselling*, 40(5), pp. 485–498

10 Banerjee, R., Weare, K. & Farr, W. (2014), Working with 'Social and Emotional Aspects of Learning' (SEAL): associations with schools ethos, pupil social experiences, attendance, and attainment. *British Educational Research Journal*, 40(4), pp. 718–742

11 Cooper, M. 2013. SCHOOL-BASED COUNSELLING IN UK SECONDARY SCHOOLS: A REVIEW AND CRITICAL EVALUATION [http://www.bacp.co.uk/docs/pdf/11355\\_sbc%20review%202013-01-19%20-%20cooper.pdf](http://www.bacp.co.uk/docs/pdf/11355_sbc%20review%202013-01-19%20-%20cooper.pdf)