Children and young people's mental health – role of education inquiry

The Children’s Society’s submission to the Health and Education Select Committees

About The Children’s Society
The Children’s Society is a national charity that runs local services, helping children and young people when they are at their most vulnerable, and have nowhere left to turn. We also campaign for changes to laws affecting children and young people, to stop the mistakes of the past being repeated in the future. Our supporters around the country fund our services and join our campaigns to show children and young people they are on their side.

Our direct work with vulnerable groups including disabled children, children in or leaving care, refugee, migrant and trafficked children, means that we can place the voices of children at the centre of our work. We offer a range of counselling, befriending and emotional support services across the country. Some of these services are delivered alongside specialist support to children and young people who have experienced domestic violence, neglect and sexual abuse. The Children’s Society has recently developed innovative new early help and prevention services for children and young people who are experiencing mental health problems.

The Children’s Society is a member of the Children and Young People’s Mental Health Coalition and endorses their submission made to the committee.

Summary and key messages:

Promoting emotional wellbeing, building resilience, and establishing and protecting good mental health

- The Government should reaffirm its commitment to monitoring well-being – and particularly children’s well-being – across the UK

- The Government must ensure some of the additional funding for children’s mental health is ring-fenced to ensure schools and colleges can deliver effective evidence-based support. Access to such provision should be a statutory requirement for all schools.

- The Government should use some of the additional CAMHS investment to provide programmes to promote positive mental health and well-being – particularly targeting particular groups of children (such as those affected by bullying and living outside of the family) for whom levels of well-being are known to be lower.

Support for young people with mental health problems

- The Government should introduce a legally binding entitlement for children and young people to be able to access evidence-based mental health and well-being support in educational settings (including both schools and further education colleges) across England and Wales. This entitlement must be matched with sufficient funding for services.
• Local areas should work towards developing integrated referral pathways to mental health care for young people that include clear routes to interventions for schools and colleges. This pathway should also outline ways of working together where there are safeguarding concerns to ensure a co-ordinated approach is established between CAMHS and social care services.

Building skills for professionals
• We welcome the Prime Minister’s recent commitment to offer Mental Health First Aid training for all secondary schools. However, this offer should be extended to children and young people in both primary schools and post-16 educational establishments to ensure young people and staff in these settings benefit from this course.
• We welcome the Prime Minister’s recent announcement of a thematic review of CAMHS led by the Care Quality Commission and Ofsted. The review should examine the skills and knowledge requirements of staff working in education settings in meeting the mental health needs of their pupils.

Social media and the internet
• We have been calling for PSHE to become a statutory part of the curriculum in all schools to teach children and young people about their health and well-being. We believe that schools can play a vital role in promoting online safety as part of personal, social, health and economic education (PSHE) alongside education about consent, exploitation grooming and healthy relationships in general.
• Parents and professionals should be encouraged and supported to apply suitable filters and safety measures to prevent exposure to harmful or explicit content on electronic devices.
• Staff in schools and professionals working with children and young people should be equipped with the right level of training and tools to work with children and young people online when appropriate.
• Social media platforms used by children and young people should have information for young people on where to seek support if they are concerned about their emotional or mental health.
• As concerns continue to grow around the safety of children and young people online, we believe a national campaign should be developed to promote the positive and safe use of the internet to educate children, their families and the public about the risks that accessing the internet can pose for children.

1. **Promoting emotional wellbeing, building resilience, and establishing and protecting good mental health**

Children and young people spend most of their time in school which is why it is considered the ideal platform for early help interventions, including those to promote emotional resilience and positive mental health.

1.1. **Children and young people’s mental health in education**

Approximately 200,000 young people aged 10-17 are referred to specialist mental health services each year in England suggesting a high-level of need.²

National data also shows that on average three children in each classroom have a mental health problem. Yet many children are left without adequate support to deal with emotional or mental ill-health. School satisfaction and growing academic pressures have also been linked to anxiety and stress in children³. A recent inquiry report has also concluded that though figures for suicides by young people have gone down, bullying and academic pressures have risen as significant contributing factors⁴.

Teachers and parents are also increasingly worried about children and young people’s mental health and well-being needs as it relates to their experiences in educational settings, and the ability of schools and colleges to respond to these needs⁵.

The Children’s Society’s Good Childhood Reports 2015 and 2016 suggest that:
We are in a lost decade of children’s well-being. Improvements in children’s overall life satisfaction have stalled since 2008.

5–10% of children in the UK experience the lowest levels of well-being.

16 year olds are over three times more likely to have low levels of life satisfaction than younger children.

Half of children with low life satisfaction have also face of mental ill-health.

England ranks 14th out of 15 for life satisfaction in our international comparative study.

Children in England were found to be more likely than many other countries to say they did not like going to school, and were more likely to say that they have experienced being excluded by other children in their class.

Children who were bullied frequently are six times more likely to have low well-being than children who have not been bullied.

School and colleges are amongst the best places to start identifying and meeting the mental health and emotional needs of pupils at an early stage as well as signposting those who need further support. Research also suggests that young people may be as much as ten times more likely to access a school-based mental health service than a non-school based one. We believe PSHE offers an opportunity to improve children’s satisfaction with their school life and well-being by providing children with an understanding of mental health and well-being issues and guidance on where to seek help.

We recognise that there are also challenges in delivering school-based provision. Often school-based support can conflict with taught subjects in the curriculum and therefore schools should explore the options of offering sessions during and after schools by either school staff or the voluntary sector. In addition, in our experience, some young people can be worried about being seen accessing school-based support and may therefore be unwilling to engage.

Given these concerns, it is crucial to explore interventions that can be taken to improve children’s satisfaction with their school life and their wellbeing in general.

**Recommendation:**

- Schools can offer a safe environment for children and young people to address issues such as self-image, bullying and exam anxiety. These issues can be embedded into the curriculum and into school’s pastoral and conduct policies. The government should continue to support schools in raising awareness about mental health through evidence-based training and guidance for staff.

**1.2. Promoting emotional well-being**

Learning from The Children’s Society’s subjective well-being programme demonstrates that good mental health is about more than just dealing with mental health problems when they occur. It is also about promoting positive mental health through driving high levels of subjective well-being.

Our Good Childhood Report 2015 revealed deep concerns about the school experiences of children in England who are more likely than children in other countries to say that they do not like going to school or that other children in their class have excluded them. Negative school experiences contribute to lower levels of well-being in children.

Younger boys are more likely than girls to be unhappy with their schoolwork and more likely to have conduct and hyperactivity/inattention problems according to our latest Good Childhood Report. These problems are associated with happiness with schoolwork, and these links are stronger for boys than girls.

Our local well-being research highlights the important findings that bullying is most likely to take place at school, and emotional bullying – such as name-calling, which girls are more likely to experience – is twice as commonplace as physical bullying, which boys are more likely to experience.
When working to secure the positive well-being and mental health of children and young people, intervening early in the development of problems is more effective than providing late intervention when problems reach crisis point. However, in recent years, early intervention initiatives have been significantly undermined by insecure or short term funding, or have been discontinued altogether. This is having a detrimental impact on schools and their capacity to respond.

1.3. Monitoring children’s well-being
Measuring well-being can help inform and influence decision-making and to ensure local and national early intervention policies effectively deliver outcomes that are more positive for children. We believe that how children feel about the quality of their lives is inherently important. While our well-being research primarily focuses on subjective well-being, we advocate that policy makers and practitioners look at objective and subjective well-being in equal measure.

Recommendations:
- The Government should reaffirm its commitment to monitoring well-being – and particularly children's well-being – across the UK.
- The Government must ensure some of the additional funding for children’s mental health is ring-fenced to ensure schools and colleges can deliver effective evidence-based support. Access to such provision should be a statutory requirement for all schools.
- The Government should use some of the additional CAMHS investment to provide programmes to promote positive mental health and well-being – particularly targeting particular groups of children (such as those affected by bullying and living outside of the family) for whom levels of well-being are known to be lower.

2. Support for young people with mental health problems
2.1. The effectiveness of school-based counselling
Access to good quality counselling support in schools and colleges can play an instrumental role in the promotion of positive mental health and well-being. It can form a crucial part of a whole-school approach where counsellors can work alongside other health and social care workers in schools as well as teachers and parents.

The Children’s Society delivers counselling services in the South West and North West as part of our integrated service offer in these areas.

**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.

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 squidy 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

Quotes from other young people supported by our CheckPoint counselling service:

“She told me to say to my mum and dad/other family and say my emotions so they understand how I’m feeling”.

“I used to be angry but since I’ve been coming to counselling I feel different”.

“You tell me to be brave tell me to be me listen to me”.

“My worker has allowed me to open up more, to others and I’m not afraid to say how I feel”.

“Great difference, best I’ve felt in months. Really changed my outlook on things”.

“Goes through breathing exercises with me. Talks about my problems and how I can cope with them”.

Resolve in Greater Manchester

At The Children’s Society, we have a great deal of experience of service delivery within Greater Manchester. Our ‘Resolve’ counselling service supports schools by providing a fully qualified and experienced school based counsellor who can offer early intervention with children and young people experiencing emotional health and well-being issues that fall below the level of CAMHS (Child and Adolescent Mental Health Services). Whilst presentations of emotional health and well-being difficulties vary in severity and complexity, some of our typical referrals include:

- Self-esteem & self-worth
- Depression & anxiety
- Body dysmorphia & eating disorders
- Anxiety
- Phobias
- Self-harm
- Domestic abuse
- Sexual abuse
- Attachment
- Behaviour
- Exam stress
- Trauma
- Parental separation
- Healthy relationships
- Bereavement & loss

Through ‘Resolve’ children and young people receive evidence based counselling or play therapy, including behavioural support. It is structured to maintain integrity whilst providing targeted, supportive and innovative interventions that are cost effective and avoid stigmatising.

Feedback from staff in schools:

“It was amazing to watch the change from a boy with no confidence or self-esteem turn into a bright shining young man” – School
Evidence has shown that children and pastoral care staff see school-based counselling as accessible, non-stigmatising and effective\textsuperscript{11}, with school management reporting improvements in attainment, attendance and behaviour of young people who have accessed services\textsuperscript{12}. It has also been found to reduce levels of school exclusion by around 31 per cent\textsuperscript{13}.

In 2015, the Department of Education published departmental advice, \textit{Counselling in Schools: a blueprint for the future}\textsuperscript{14}, setting out an expectation from Government that all schools in the future should provide access to counselling services. It outlines how

\textit{“Counselling within secondary schools has been shown to bring about significant reductions in psychological distress in the short-term, and helps young people move closer towards their personal goals”}

\textbf{Department for Education, 2015\textsuperscript{15}}

The provision and funding of quality school-based counselling services in England however remains patchy.

\section*{2.2. The availability of school-based counselling in England}

According to the latest review, 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\textsuperscript{16}.

The availability and quality of counselling in primary schools and in further education establishments is patchy and has yet to be extensively studied. A recent review by the Place2Be and the National Association of Head Teachers found that two thirds of primary schools do not have a counsellor based on their site\textsuperscript{17}. The Association of Colleges have also found that 43\% of colleges had no full time counsellor\textsuperscript{18}.

Our practitioners working with schools also tell us that too often pastoral care staff and school nurses are playing a significant role behind the scenes in helping children and young people experiencing emotional difficulties.

\section*{2.3. Funding for school-based counselling in England}

Funding for counselling services in schools is also currently variable across the country. The Government has previously acknowledged that some schools may find it difficult in funding counsellors with some prioritising it in their allocation from the Dedicated Schools Grant and others resorting to funding support through the Pupil Premium\textsuperscript{19}.

The Welsh Government has legislated to ensure statutory provision of school-based counselling to all post-primary school pupils and the Government of Northern Ireland provides ring-fenced funding to ensure all post primary school children, and those in special schools, are able to access counselling services\textsuperscript{20}.

School-based counselling services in Wales\textsuperscript{21} and Northern Ireland\textsuperscript{22} have already demonstrated the many benefits of school-based counselling in improving children and young people’s educational attainment and attendance in schools. In addition, the Welsh evaluation shows that very few cases required onward referral to safeguarding services and CAMHS after having received school-based counselling.

The estimated cost of school-based counselling is around £40 per session. Based on this, the overall cost of a statutory provision of school-based counselling in secondary schools in England would be expected
to be around £90m per year. On the basis that approximately 60% of schools are already delivering this, the cost of additional delivery would be around £36m.

The average cost of a school based counselling session is around 1 sixth of the cost of an average single contact with a CAMHS Tier 1-3 practitioner which is estimated to be around £240.

Recommendations:
- The UK Government should commit to developing a national school-based counselling strategy, demonstrating a commitment to children’s mental wellbeing, in line with strategies developed in Wales and Northern Ireland.
- As outlined in the ‘Counselling for Schools: a blueprint for the future’, the UK Government should deliver on its expectation for a trained counsellor in every secondary school. We also believe this should be extended further educational colleges and consideration given to access to counselling in primary schools following further research into the effectiveness of interventions for the younger age group.
- In order to achieve this, the Government should introduce a legally binding entitlement for children and young people to be able to access evidence-based mental health and well-being support in educational settings (including both schools and further education colleges) across England and Wales. This entitlement must be matched with sufficient funding for services.

2.4. Improving referral pathways to mental health support

Our practitioners tell us that specialist CAMHS is the only available provision for mental health support and that there is very little mental health support available in schools where we operate. It is also clear that schools and colleges often lack comprehensive information about the available non-statutory services in their area and this contributes to a high volume of referrals to CAMHS.

Too often, we hear that the acceptance criteria for CAMHS is too restrictive and formal and causes significant delays in support for young people. According to our research, children and young people face an average wait of 66 days for access to an initial mental health assessment and that nearly a third of all referrals received were not accepted.23

For some groups of young people experiencing mental health problems, their vulnerability is further heightened by the presence of safeguarding issues in their lives or difficult family circumstances. Yet many face additional barriers in accessing the mental health support they need because safeguarding eclipse their need for access to mental health support.

In our experience, where schools frequently make successful referrals to CAMHS, this has been the result of the development of an effective and clear integrated referral pathway outlining the roles and responsibilities of schools, the voluntary sector, health and social care services. This pathway should include sufficient information about how services should respond when some of these symptoms exist alongside safeguarding concerns.

Recommendations:
- Local areas should work towards developing integrated referral pathways to mental health care for young people that include clear routes to interventions for schools and colleges. This pathway should also outline ways of working together where there are safeguarding concerns to ensure a co-ordinated approach is established between CAMHS and social care services.
- Alongside the safeguarding response, schools and colleges should seek emotional support for children and young people affected by issues related to abuse and neglect to help them overcome their trauma.
3. Building skills for professionals

The Children’s Society welcomes the recent focus on the training and development of staff in schools to support children’s mental health and well-being.

3.1. Mental health first aid training

Mental Health First Aid training in schools and colleges offers a range of benefits and equips staff in schools with the knowledge and confidence to identify when young people are facing issues where they might need specialist support and encouragement. Mental Health First Aid training can also facilitate a whole-school approach covering key topics relating to young people’s mental health and practical steps to addressing them for all members of staff. The Prime Minister, Theresa May, has also recognised the benefits of mental health first aid training in schools and has committed to:

“New support for schools with every secondary school in the country to be offered mental health first aid training” – Prime Minister Theresa May

The Children’s Society currently delivers Youth Mental Health First Aid training in a number of schools and colleges in Devon and Torbay. Our school-friendly training programme helps staff in schools identify their pupil’s emotional and mental health needs early, respond in way that demonstrates care and compassion, and prevent escalation. Staff are also provided information about their local services, including specialist counselling support offered by The Children’s Society’s CheckPoint service, for young people requiring targeted or specialist help.

Recommendation:

- We welcome the Prime Minister’s recent commitment to offer Mental Health First Aid training for all secondary schools. However, this offer should be extended to children and young people in both primary schools and post-16 educational establishments to ensure young people and staff in these settings benefit from this course.
- Compulsory teacher’s training, including initial and on-going, should equip teachers with the knowledge and skills to identify emerging mental health problems and where to signpost or refer young people to for support.
- All teachers and staff as part of children and young people’s Personal, Social and Health Education (PSHE), (delivering health and well-being sessions) should receive Mental Health First Aid training.
- We welcome the Prime Minister’s recent announcement of a thematic review of CAMHS led by the Care Quality Commission and Ofsted. The review should examine the skills and knowledge requirements of staff working in education settings in meeting the mental health needs of their pupils.

4. Social media and the internet

4.1. The links between internet usage and children’s subjective well-being

Our Good Childhood Report 2014 showed that there were links between various activities that children took part in, including internet usage, and their subjective well-being. The findings in the report showed that children who use computers and the internet less have lower levels of well-being than those who reported using the internet most days or on a regular basis. This is illustrated by Figure 1 below.

Our analysis suggests that children who never use the internet outside school have much lower well-being than children who did so regularly. However, high levels of internet use outside of school were not associated with higher levels of well-being.
Figure 1. Frequency of using the internet (not at school), and low well-being

![Chart showing frequency of using the internet and low well-being]


Children’s use of social networking websites and well-being

In relation to using social networking sites on the internet, children who never did this activity had the highest levels of well-being, although the association was relatively weak\(^{27}\). It should be noted here that there are recommended lower age limits for the use of some social networking sites that are higher than the age group covered in the Millennium Cohort Study (MCS), around 11 years old at the time of our research\(^{28}\). In fact, perhaps reflecting this, over half of children in the MCS said that they never visited social networking sites even though 86% said that they used the internet outside school at least once a week or more\(^{29}\).

4.2. The role schools and colleges

The Children’s Society is of the view that schools can play a vital role in promoting safe and healthy relationships both on and offline, and that Sex and Relationships Education (SRE) and Personal, Social and Health education (PSHE) can be a positive force for improving the school experience for all pupils. However, we know that the risks children experience today, such as sexual exploitation and cyberbullying, are not adequately addressed in classrooms.

We are clear that the online world presents opportunities as well as risks for young people, and that it is vital that children and young people are equipped to view online content critically. For several years, we have been delivering programmes in secondary schools to help young people understand the risks of child sexual exploitation and running away. Our sessions empower young people to make safe choices and learn about positive, healthy relationships including staying safe online through better understanding of the impact of sexting and online grooming.

Recommendations:

- Giving PSHE a stronger status in the national curriculum will ensure that these messages are taught to all children in secondary schools. The Children’s Society’s also endorses the submission to the inquiry made by the PSHE Association outlining a detailed position on this issue.

- To achieve this, we have been calling for PSHE to become a statutory part of the curriculum in all schools to teach children and young people about their health and well-being. We believe that schools can play a vital role in promoting online safety as part of personal, social, health and
economic education (PSHE) alongside education about consent, exploitation grooming and healthy relationships in general.

- Young people should be educated about the risk of being groomed for sexual exploitation as a result of sexting, about the images remaining in circulation even where children change their mind about sharing the image and about the legal implications of sexting.

4.3. The internet and social media – a new opportunity?

We are clear that the online world presents risks as well as opportunities for young people, and that it is vital that children and young people are equipped to view online content critically. The internet is increasingly a part of young people’s daily lives and health, education and social care services need to consider and develop innovative ways to engage and support children and young people through internet search engines. Social media companies also have a role to play as children and young people regularly interact and engage on these platforms.

Our practitioners working with vulnerable groups of children and young people tell us that it is too often the case that child protection plans and self-harm prevention plans do not consider the benefits of using social media to help young people. In our experience, professionals often lack the confidence to utilise social media tools to interact with the young people they work with, indicating a need for specialist training in this area.

Service Without Thresholds

We are collaborating with award-winning Xenzone, pioneers of online counselling services in the UK for over a decade. We have developed a blended digital and face-to-face model to transform mental health services for vulnerable children and young people aged up to 25.

Together we will widen access to services by removing tiers and providing a joined-up model of care. This unique and comprehensive model will be delivered across a network of partners, working with established health and social care systems and with clear pathways to specialist mental health services.

Read our white paper for better mental health and emotional well-being services.

Recommendations:

- Parents and professionals should be encouraged and supported to apply suitable filters and safety measures to prevent exposure to harmful or explicit content on electronic devices.
- Staff in schools and professionals working with children and young people should be equipped with the right level of training and tools to work with children and young people online when appropriate.
- Social media platforms used by children and young people should have information for young people on where to seek support if they are concerned about their emotional or mental health.
- As concerns continue to grow around the safety of children and young people online, we believe a national campaign should be developed to promote the positive and safe use of the internet to educate children, their families and the public about the risks that accessing the internet can pose for children.

For more information, please contact Kadra Abdinasir, Policy Officer, on Kadra.abdinasir@childrenssociety.org.uk or 020 7841 4510.
4. http://research.bmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci
15. ibid
27. Ibid, Page 35.
28. Minimum age restrictions for most social media platforms currently vary between anywhere between 13 and 18 years old.
29. Ibid.