

Health Committee and Education Committee Inquiry;

Children and young people's mental health - the role of education

Response of the Association of School and College Leaders

- 1 The Association of School and College Leaders (ASCL) represents more than 18,000 education system leaders, heads, principals, deputies, vice-principals, assistant heads, business managers and other senior staff of state-funded and independent schools and colleges throughout the UK. ASCL members are responsible for the education of more than four million young people in more than 90 per cent of the secondary and tertiary phases, and in an increasing proportion of the primary phase. This places the association in a strong position to consider this issue from the viewpoint of the leaders of schools and colleges of all types.
- 2 ASCL welcomes this inquiry. [‘Future in Mind’](#) rightly recommended a renewed focus on the role of education in addressing the mental health needs of children and young people. We fully agree that schools and colleges play a vital role and should continue to do so.
- 3 ASCL members report that the emotional wellbeing and mental health of their students is a major and increasing concern. While schools and colleges do an excellent job in providing their own support on-site there is a serious gap in mental health provision for them to refer to. School and college leaders tell us there is a lack of joint planning and communication between health and education, even though it is imperative that they should work closely together to create the best support and outcomes for children and young people. School and college leaders also tell us that there has seldom been a time when specialist mental health care and early intervention is so badly needed.

ASCL position on emotional health and wellbeing in schools and colleges

- 4 Inclusion Committee of ASCL Council agreed the following position statement on emotional health and wellbeing in July 2015:
 - Schools and colleges accept the need to promote emotional health and wellbeing, but not to treat students (this is the remit of health professionals).
 - Those treating young people for emotional health and wellbeing need adequate training, qualifications and clinical supervision.
 - This area of work needs to be adequately resourced before the needs of students become acute.

Survey of school and college leaders, February 2016

- 5 In February 2016 ASCL and the National Children Bureau (NCB) carried out a survey of school and college leaders to gain a greater understanding of the mental health issues children and young people in school and college are facing, whether the prevalence of these problems is increasing, access to and effectiveness of specialist services, how referrals are working and the impact of the local transformation plans. A questionnaire was sent out by ASCL to members in February 2016 and 338 responses were received. The majority came from secondary school leaders (mostly heads and

deputy heads) across England. The survey responses highlighted a range of important findings, which can be seen in more detail in the [summary document available from ASCL](#).

- 6 The results of the survey support concerns reported widely elsewhere that there are worryingly high levels of mental ill health and well-being issues among children and young people and that the prevalence of these issues has increased during the past five years. The largest reported increase was in the incidence of anxiety or stress while the prevalence of the relatively new phenomenon of cyberbullying was also reported to have significantly increased. The survey also found that nearly all schools and colleges make referrals to a range of services but a majority reported challenges with referrals due to the limited capacity of existing services and/or a shortage of local services.

Call for a new duty on health due to lack of communication with and involvement from schools and colleges in developing Local Transformation Plans (LTPs)

- 7 ASCL would like to see the Department of Health and NHS England ensure that key performance indicators for LTPs include evidence of the involvement of schools and colleges (as well as children themselves) in the design and development of LTPs to ensure that they reflect the needs of children and young people in local schools and colleges. To support this we believe government should consider a duty on local clinical commissioning groups (CCGs) and health services to evidence how they consult schools and colleges.
- 8 The guidance for CCGs on LTPs makes clear that they must involve a range partners, including schools and colleges, in developing and agreeing the plans. But in many cases schools and colleges are still not being included in the discussion. The response from school and colleges leaders to our survey makes stark reading. Only about a quarter of those who responded were even aware of the existence in their area of the 2015 LTP and of those who said they did know about it only half said that their school or college had a role in implementing the plan and only 39% said that their school or college had contributed to it.
- 9 We do appreciate that the timing in 2015 (the year that our survey relates to) was less than ideal as the plans were formed during the summer holiday and the quick turnaround presented particular challenges for communicating with schools and colleges. We are not however convinced that communication from CCGs to schools and colleges was significantly better in 2016. While there are some very effective commissioners, other areas have long way to go. We understand from asking questions of the DfE and NHS England that the latter has commissioned a detailed analysis of plans, including how well they engage schools and colleges, to inform the next round of plans, but we have not had sight of this yet.
- 10 There needs to be much better systematic partnership coordination across CCGs and schools and colleges. We should not just be relying on proactive head teachers. There also needs to be much better communication from CCGs when refreshing LTPs so that schools and colleges can get involved and have a meaningful input. Schools and colleges are bearing witness to the difficulties faced by children and young people on a day-to-day basis and hold vital intelligence about unmet mental health needs in their locality. There is a pressing need to ensure that schools are properly involved their local plans.
- 11 How to guarantee schools and colleges will be involved in influencing their LTP is not clear despite requests for clarification from NHS England and the DfE. We are unclear what mechanisms are in place to make sure that CCGs engage with schools and

colleges. In July 2016 we wrote to NHS England to ask for help to signpost where schools and colleges can find out exactly who they need to contact to see what is going on in their local area and to get involved. We were told that the schools and colleges could contact their local CCG commissioner directly. When we asked if there was a link that will put schools and colleges in touch with their local CCG commissioner we were told that the list on the NHS England website is likely to be out of date as some areas don't update it when a new commissioner starts. If there is no mechanism and if it is not even always easy to identify who the lead contacts are from the LTPs themselves we have grave concerns about how to ensure schools and colleges input into the plans.

The school role in promoting emotional wellbeing, building resilience, and establishing and protecting good mental health and a whole school approach

- 12 Schools and colleges accept that they have a crucial role in promoting emotional wellbeing and building resilience in the children and young people in their care. The [ASCL survey document](#) already cited has more detail about the kind of work schools and colleges are doing to promote emotional health and wellbeing and to support children and young people.
- 13 Recent research indicates that the best way for schools and colleges to promote emotional wellbeing and good mental health is through a [whole school approach](#). Recently the NCB and the 'Partnership for Well Being and Mental Health in Schools' (of which ASCL is a part) published a helpful [self-evaluation tool for school and college leaders](#), Public Health England and the Anna Freud Centre have also [produced a toolkit](#). We strongly support this approach and agree that schools and college need to create and sustain a culture that promotes and protects wellbeing for pupils and staff, builds resilience, and influences attitudes and behaviours in the school, families, and other partners as well as responding systematically to individuals who may be suffering mental health problems.
- 14 There is much excellent innovative good practice across the country but this is not replicated everywhere. We agree that ASCL, along with government, has a role to communicate this approach with schools and colleges, and we are planning to deliver training over the coming months to school and college leaders about how they can develop or improve a whole school approach to emotional health and well-being.
- 15 Even in the context of a successful whole school approach schools and colleges cannot treat students who have serious mental health problems. In these cases they need to be able to refer children and young people quickly to the appropriate health professionals who are suitably qualified, adequately trained and receiving clinical supervision.

Specialist services within schools and colleges

- 16 In England there is inconsistent availability of counselling within schools. The Welsh Government example shows that school-based counselling helps triage cases and monitor risk in schools and keep down the level of referrals to CAMHS and safeguarding services. A cost benefit analysis of the service in Wales would be helpful to inform thinking in this area.
- 17 We are concerned however about how to ensure high and consistent quality of school based counselling services. Schools and colleges do not always have the expertise to commission services of good quality.

- 18 We would like to see robust research into the effectiveness of school and college counselling and of other interventions in addressing children and young people's mental health needs.

Lack of local specialist support and a need for adequate funding

- 19 School and college leaders have asked us to make it clear to government that they do not see it as their role to treat students with serious mental health problems as this is the remit of health professionals who must be adequately trained, qualified and clinically supervised.
- 20 Our survey shows that while there are very good and effective specialist services including in-house counselling in many schools there is widespread concerns about local mental health support services and CAMHS in particular which reflects a need for a greater level of specialist support to which cases can be referred. The importance of mental health services, and in particular of early intervention, cannot be over-emphasised. Early intervention is essential before problems become entrenched and increase in severity. These services are a vital lifeline that many young people cannot do without. Research shows that early intervention helps prevent mental health problems from lasting into adulthood and we know that around half of lifetime mental health issues start in adolescence
- 21 Schools and colleges make referrals to a range of services on behalf of students. In our survey members reported making referrals to a range of services with over 90% reporting referrals to: CAMHS or other psychiatric treatment, GPs, family orientated support, voluntary organisations and counsellors (both in house and outside of the school or college). School and college leaders tell us there are huge barriers to accessing local support services, particularly CAMHS, and while they work to promote good mental health through the curriculum and many provide initial counselling for those experiencing difficulties, they cannot work alone. Children and young people need access to early intervention and when they do get ill they need the NHS needs to step in with adequately resourced and accessible treatment. There is a widespread desire among school leaders to see CAMHS expanded, they tell us that thresholds are too high and waiting times are too long. Members also reported problems obtaining information about the wellbeing of the child or young person once they were referred.
- 22 Mental health support for children in schools and colleges needs to be adequately funded yet CAMHS budgets have seen significant cuts in recent years. We would like to see some of the health transformation budget ring-fenced to provide support to children and young people in schools and colleges. Without this school-based services are seriously struggling to cope with demand.

Building an evidence base for what works

- 23 There is a need for further guidance and research into the availability, quality and effectiveness of mental health interventions in schools and colleges. There should be a responsibility on the DfE to ensure that all mental health programmes encouraged and incentivised by the DfE in schools and colleges are evidence based. The DfE should also provide guidance and support to help schools commission good quality mental health support. At present there is no evidence for the effectiveness of peer-support programmes, although there is a developing evidence-base for school counselling.

Building skills for professionals

- 24 Recent mental health first-aid training for teachers, other staff, and some older students has been well-received. ASCL is therefore pleased to see that this may well be made more widely available, and the association will be happy to promote its take-up.
- 25 Failures in the past in 'rolling out' initially effective training need to be learnt from, however: schools and colleges need to be ready to receive such training rather than having it imposed on them, and it is important that school and college leaders remain in control of when and how their staff are trained.

Reviewing the impact of government policies on children and young people's wellbeing and mental health

- 26 The Government must recognise that its education policies, such as the way children are assessed and the way schools and colleges are held accountable, can themselves impact on the mental health and well-being of children and young people. Concerns raised by education professionals during consultations and negotiations on new policies and initiatives must be taken seriously. We would like to see government education policies and initiatives audited prior to implementation to assess what impact they may have on children and young people's mental health and well-being.

School and college context – funding and teacher recruitment and retention pressures

- 27 Schools and colleges are finding it increasingly difficult to commission specialist mental health services in the current climate of severe funding pressures on their own budgets and a national shortage of teachers and leaders which is having a direct and detrimental impact on provision. These factors are compounded by the serious gap in specialist care beyond the school gates.

Social media and the internet

- 28 In our survey 82% of respondents reported a slight or large increase in the number of students experiencing mental health and well-being issues connected to cyber bullying over the last five years. There is no doubt that the way children and young people, and indeed all of us, use technology may be impacting on emotional wellbeing and mental health. The fact is that children today face an extraordinary range of pressures and new technologies present totally new challenges such as cyberbullying. There has seldom been a time when specialist mental health care and support is so badly needed.
- 29 I hope that this is of value to your consultation, ASCL is willing to be further consulted and to assist in any way that it can.

Anna Cole
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Association of School and College Leaders
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