

## **Transforming children and young people's mental health provision joint inquiry of the Education and Health Select Committees**

### **Response of the Association of School and College Leaders**

- 1 The Association of School and College Leaders (ASCL) represents nearly 19,000 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. We have also contributed to the joint response of the Partnership for Wellbeing and Education in Schools, the Fair Education Alliance and the Children and Young People's Mental Health Coalition. We do not intend to repeat the points made in that response.
- 3 The association welcomes the green paper as an important step forward in tackling an issue which is a major and increasing concern to school and college leaders. We are pleased to note the recognition by the Secretary of State for Health that schools and colleges are already doing a great deal to support the mental health and wellbeing of young people. This support for young people has been achieved by schools and colleges despite severe funding pressures on their own resources. In addition, underfunding and a shortage of specialist staff have led to significant difficulties in accessing NHS services for young people in need of specialist help.
- 4 The context of real terms cuts to school and college funding is central to this discussion. Our survey of school leaders in January 2016<sup>1</sup> found then that half of respondents had to cut back on mental health support services for students, such as counselling and educational psychologists, as a result of the education funding crisis. This situation has become considerable worse since then.

#### **Whole school/college approach and designated senior lead**

- 5 We welcome the recognition of whole school and college approaches to tackling wellbeing and mental health. Such an approach to wellbeing requires a school workforce that has staff and teacher wellbeing at its centre. This is not supported in the current climate of cuts to real terms funding and a growing crisis in recruiting and retaining teachers and school leaders.
- 6 This requirement also requires a well-functioning wider system of mental health support. Currently this is not the case and school and college leaders are having to support and care for children and young people in severe distress and often have no option except to take them to A&E because they have been unable to access timely specialist support.

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<sup>1</sup> [www.ascl.org.uk/news-and-views/news\\_news-detail.school-leaders-voice-concerns-over-children-s-mental-health-care.html](http://www.ascl.org.uk/news-and-views/news_news-detail.school-leaders-voice-concerns-over-children-s-mental-health-care.html)

- 7 We note that there is already some excellent practice regarding a whole school approach in schools and colleges around the country which can be built on. Members tell us that for most schools the Designated Senior Lead for Mental Health (DSLHM) will be the same person as the designated safeguarding lead and they have raised concerns that having a separate DSLMH will not always be appropriate and could be unhelpful.
- 8 ASCL welcomes the proposal for free training. Our members are emphatic that any training must be properly quality assured and evidence based. They tell us that in order to make a difference training needs to be in-depth and ongoing. It also must be flexible enough to support schools and colleges to innovate and develop systems that work best in their context.

### **Mental health support teams**

- 9 The green paper is right to recognise a desperate need for greater communication between Health and Education. School and college leaders tell us there is a lack of joint planning and mechanisms for communication between health and education. We are hopeful that the proposed mental health support teams linked to groups of schools and colleges will help aid this communication however there remain real concerns about how this will work and who will form these teams; how they will be supervised and what professional level of personnel will make up the teams. In order to comment on the potential success of this aspect of the proposals we will need to see much more detail, including the expected professional qualifications and experience of team members and whether the teams will have sufficient capacity to deal with the likely workload.
- 10 ASCL members are therefore questioning whether the proposed new teams are going to be able to offer the right level of specialist help that students need. The success of the proposals will depend on who make up these teams, the amount and quality of training that Mental Health Support Team (MHST) staff have and how and who supervises them. It will be essential that they have fast track access to specialist CAMHS and other support services and are fully supported by a fit for purpose local specialist mental health service.
- 11 As the green paper indicates that MHSTs will work with school leads, children and young people and crucially also with parents it is imperative that the people employed are experienced and suitably trained and qualified to carry out such a wide reaching complex role.
- 12 In some areas of the country there already exists an NHS role of psychological wellbeing practitioners (PWP) who provide low intensity cognitive behavioural-based interventions for people experiencing mild to moderate anxiety and/or depression. We understand anecdotally from some schools and colleges that some of the difficulties with these new roles are that the staff are too 'junior' and therefore are only able to offer low level interventions rather than deal with the more complex mental health needs that the young people desperately need help with.

### **New waiting time standard**

- 13 The green paper does not adequately address the difficulties which currently exist in accessing local specialist mental health support. We welcome the intention to pilot a four-week waiting time, but question whether this is achievable within the allocation of funds proposed and the other measures in the green paper. Given the current

difficulties schools and colleges have in accessing specialist support we believe that significantly more funding will be required to ensure that specialist services are sufficiently resourced to match need.

- 14 We are also concerned that proposals in the Green Paper, including the introduction of MHSTs, are likely to mean even more referrals are made to CAMHS and we fear that, as now, those services will not be able to cope with the demand.
- 15 It is imperative that these measures do not result in raising CAMHS thresholds.
- 16 There is already a significant 'threshold gap' between the level that schools and colleges can effectively deal with and the level required to access CAMHS. It will be very important to bridge this gap.
- 17 To make the system work for schools, MHSTs must not displace existing practitioners or more experienced specialists. To be effective it will be essential that MHSTs are able to access and fast track students who need it into specialist CAMHS or other specialists help as required.

### **Early Years and 16 - 25**

- 18 The lack of inclusion of early year's providers is a major concern and we believe it is absolutely essential that early years settings are brought into the remit of the green paper.
- 19 The association is also concerned about the lack of a plan for action for the 16 – 25 year old group. Unless the proposed 'strategic partnership' is tasked with the production of a clear and urgent plan for action then there is a risk that nothing will happen within the life of this Parliament and this critical issue could potentially fall off the agenda.

### **Call for more joined up approach with government's social mobility strategy**

- 20 We know that children living in poverty, like their parents, have a greater risk of developing a mental illness. We note also that mental health and wellbeing cannot be seen in isolation from housing and social issues. We recently welcomed the Department for Education plan for improving social mobility through education which we believe starts to join things up. We would like to see the links found between these two separate but linked areas of policy; for example, looking for ways to link the trailblazer areas with the opportunity areas.

### **Timetable**

- 21 There is a significant lack of urgency in the proposed timetable. We know that services will take some time to fully develop however in the proposed timeline, even by 2023, the majority of children and young people who need it will not be getting the specialist support they need.
- 22 In the meantime, schools and colleges are being left to provide pastoral care and support for an increasing number of children and young people with mental health and wellbeing issues. At the same time schools and colleges are having their ability to support even their pupils' basic needs drastically impacted by significant real terms cuts to their budgets.

23 The crisis is now and urgent actions are needed.

24 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.

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Association of School and College Leaders  
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