Transforming children and young people's mental health provision: a green paper

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 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. These organisations have also held two national consultation events enabling ASCL members to make substantial contributions to that response.

3 The association has also had an input into the consultation response from National SEND Forum of which we are also a member. We are not however, in agreement with all the points in that response and we would want to emphasise that we do not support their call for the introducing a mandatory requirement for schools/colleges to publish written policies on their approach to mental health and wellbeing. We consider that such a requirement is not the right way forward. We believe it is essential that mental health and wellbeing is part of the ethos and culture of the school and should therefore be embedded into all a school's practices.

4 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 that schools and colleges are already doing a great deal to support the mental health and wellbeing of children and young people. This support has been achieved despite severe funding pressures on school and college resources. In addition, underfunding and a shortage of specialist staff have led to significant difficulties in accessing specialist mental health services.

5 The context of real terms cuts to school and college funding is central to how well schools and colleges can support the mental health and wellbeing of students. Our survey of school leaders in early 2017[1] found then that half of respondents had been forced to cut back on mental health support services, such as counselling and educational psychologists, as a result of real term cuts to their budgets. The continued failure to raise school budgets to meet increased cost pressures mean that the situation has become considerably worse since that survey was completed.

[1] https://www.ascl.org.uk/news-and-views/news_news-detail.survey-finds-class-sizes-are-rising-as-a-result-of-funding-crisis.html

6 We believe that the proposals must apply to all types of schools and colleges including pupil referral units, alternative provision and special schools. It is essential that all children and young people, including the most vulnerable, benefit fairly from improved access to preventative actions and early intervention when issues are identified.

7 There needs to be greater clarity and understanding of how SEND, safeguarding and mental health and wellbeing interact with each other and how funding allocations relate to and impact on this. Without this clarity children and young people with overlapping needs may not get the support they need. As one of our members said "Too often nothing happens because none of the outside agencies take the responsibility to lead on behalf of the child, each believing it is another agency that should lead – frequently, 'who pays?' is a critical factor influencing the level of engagement'. There must be greater clarity around who is responsible for what, how this is funded and how different organisations/agencies should work together.

8 Our members regularly tell us they are concerned about the impact that tests and exams can have on the mental health and wellbeing of children and young people. Rising levels of anxiety and stress were identified as the number one concern from our 2016 survey of school leaders about the mental health and wellbeing of students. We fully recognise the need for schools to be accountable and support having a rigorous qualifications system, however this must be balanced with a concern and responsibility for the welfare of children and young people. We believe that the current balance is not right. ASCL has concerns about the impact SATs have on the primary curriculum and children's broader experience at primary school. In our view performance of primary schools should not be judged on a set of tests taken over just four days at the end of the seven years children have spent at primary school[2]. The new GCSEs are also more challenging with candidates sitting considerably more examination papers. Our analysis has shown that a pupil taking a typical set of new reformed GCSEs will sit about eight hours more exams than under the previous system. Our members tell us that this is putting severe pressure on their students[3]. ASCL is also concerned about the pressure on post-16 students who have to re-sit GCSEs in English and maths given that for many students these are inappropriate qualifications and they have little or no chance of gaining the desired grade 4.

9 Evidence shows that arts subjects are being driven to the fringes of the curriculum by accountability measures which heavily prioritise a narrow range of academic subjects, alongside an education funding crisis which means schools are having to cut courses. A broad and balanced curriculum with a rich seam of music, drama and the arts is one of the most effective ways of supporting student mental health and wellbeing and must not be lost from our education system.

Whole school/college approach and designated senior lead for mental health

10 ASCL recognises that a whole school and college approach is extremely important. We believe that there are already sound foundations on which to build. There are many examples of this approach with excellent practice in schools and colleges around the country which can be learnt from and disseminated. The association was pleased to support the Partnership for Well-being and Mental Health in Schools toolkit for creating a whole school/college approach to mental health and wellbeing[4]. This toolkit identifies a four stage approach including self-evaluation and specific actions for school leaders.

[2] www.ascl.org.uk/news-and-views/news_news-detail.sats-place-primary-schools-under-too-much-pressure.html
[3] www.ascl.org.uk/news-and-views/news_news-detail.new-gcses-are-increasing-stress-and-anxiety.html
[4] www.ncb.org.uk/what-we-do/our-priorities/health-and-well-being/projects-and-programmes/partnership-well-being-and

11 A whole school/college approach must be led by the senior leaders, including governors, and include the promotion of a positive model of mental health and wellbeing embedded across the broader curriculum, not limited to specific aspects of the curriculum such as Personal, Social and Health Education (PSHE). It should involve the whole school community including all staff, pupils and parents/carers.

12 This approach requires a school/college workforce that also has staff and teacher wellbeing at its core. However this is not supported in the current climate of real terms funding cuts and the growing crisis in recruiting and retaining teachers and school/college leaders.

13 This approach also requires a well-functioning well resourced wider system of specialist mental health provision that schools/colleges can refer children and young people to as and when appropriate. Currently this is severely lacking across the whole country. This means that schools and teachers frequently are supporting and caring for children and young people in severe distress even to the extent of ending up with no option but to take them to A&E because they have been unable to access timely specialist support. Our members tell us that taking acutely distressed pupils to A&E has become an all too common experience due to the lack of immediate access to local specialist support.

14 The most appropriate person to appoint as Designated Senior Lead for Mental Health (DSLMH) should be determined by individual schools and colleges. However our members tell us that without extra ring fenced resources the DSLMH will likely be merely additional responsibilities for the same person as the designated safeguarding lead (DSL) or in some schools the SENCO. If it is to be effective it must not be an additional responsibility bolted on to an existing role unless some of their workload is reallocated. In any event whether the role is given to an existing leader such as DSL or SENCO or a separate post is created additional funding will be required. Without genuine extra capacity, there is a real risk that the ambitions set out in the green paper will not be achievable and in this scenario having a named DSLMH may not be appropriate and could in some cases could actually be unhelpful.

15 ASCL would welcome working with the departments on the detail of how a new DSLMH role can be made to work in practice including establishing the role of senior leaders and governors in these arrangements. We note also that this must be seen in the context of the plans for the new subjects of Relationships and Sex Education (RSE) in secondary and Relationships Education (RE) in primary schools and with Personal, Social and Health Education (PSHE).

16 The association welcomes the proposal for a training fund for the DSLMH. It is essential that existing staff also have the opportunity to develop their skills and knowledge in this aspect of their work. A widening of skills and knowledge across the whole school/college workforce will be essential in creating a whole school approach and ensuring the DSLMH role is workable in practice. It must include understanding how SEND, safeguarding, mental health and wellbeing differ from and relate to each other as well as being aware of the factors that make some children and young people more vulnerable to poor mental health. It will also need to include strategies for identifying, and targeting support for, the more vulnerable children and young people at the first sign of exhibiting mental health problems. For some children and young people, such as looked after children and those who are known to have experienced Adverse Childhood Experiences, support may well be needed even before they exhibit signs of problems.

17 Our members are emphatic that any training must be evidence based and effectively quality assured. They tell us that in order to make a difference training needs to be in-depth, ongoing and flexible enough to support schools and colleges to innovate and develop systems that work best in their context. We would like to work with the departments to develop how this can work in practice. For example, training will need to be jointly led by both health and education professionals and focus on both specific mental health needs and how to develop, support and sustain a whole school approach to mental health and wellbeing. The training should also include input from specialists who understand SEND and how this interacts with mental health issues.

Mental health support teams

18 Whilst ASCL broadly welcomes the potential investment signalled by the introduction of Mental Health Support Teams (MHST) there are many unanswered questions around the detail of how they would work.

19 There is already a significant 'threshold gap' between the level that schools and colleges can effectively deal with young people's mental health issues and the level required to access CAMHS. It will be very important that MHSTs are able to successfully bridge this gap and not merely replicate the work already done in schools.

20 The green paper is right to recognise a desperate need for greater communication and information sharing between Health and Education. School and college leaders often tell us there is a significant lack of joint planning and mechanisms for communication between health and education. We are hopeful that the proposed MHSTs linked to groups of schools and colleges would help this but there remain real concerns about how this will work in practice.

21 In order to comment on the potential success of the MHSTs we will need to see evidence of successful approaches to specific mental health issues as well as much more detail on how the teams will operate. A good evidence base combined with a clear and appropriate professional qualifications structure and staff with relevant experience and sufficient capacity to deal with the likely workload will determine whether this proposal is a success.

22 Greater emphasis and understanding of what interventions are effective requires properly funded research and evaluation. For example while we understand that CBT is often an effective intervention there are other approaches so we would like to see a toolkit of other methods alongside CBT that are properly explained and evaluated.

23 We are also extremely concerned about the professional level of the people who will make up the MHST workforce and the arrangements for their supervision. ASCL members have questioned 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 this. The green paper indicates that MHSTs will work with school leads, children and young people and crucially also with parents/carers, some of whom themselves may have complex needs. It will therefore be imperative that the people employed are experienced, suitably trained and qualified to carry out such a wide reaching and complex role.

24 It will also be essential that MHSTs are fully supported by a fit for purpose local specialist mental health service so they have fast track access to specialist CAMHS and other support services.

25 In some areas of the country a NHS psychological wellbeing practitioners' role has been established. They 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' in terms of skills and experience 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.

26 ASCL would very much like to work with the departments to make sure that the teams will have the right level of expertise to work alongside schools and colleges in supporting students.

27 Schools and colleges will also need access to information about the range of therapeutically trained professionals available and how the different professional services work together. They need to know who offers what and how these services may be appropriate to the particular needs of certain young people.

28 Some children and young people with mild to moderate mental health needs, and their families/carers, have other complex social problems. It is imperative that MHSTs have the skills and experience to pro-actively identify and respond to these issues and work alongside other local authority services such as housing, refuges and social care as well the wider NHS e.g. GPs, paediatricians. Government needs to ensure that these services are prepared and have capacity for a potential increase in demand as a result of the introduction of MHSTs. Current experience clearly indicates that at present this capacity is not there.

29 Finally, in order to be sustainable those working in MHSTs will need to have clear career progression routes so that valuable expertise and experience is built upon and developed, not wasted. This will be essential to create a sustainable and stable system for the long term.

30 The green paper does not adequately address the issue of the 'supervision' of MHST staff. Given the nature of their work staff will need experienced 'supervisors' and we are unsure of where these staff will be found from. There is a risk that the need to provide supervision for the MHST staff will take staff from CAMHS and other high level mental health support activities into these supervisory roles reducing the service capacity to meet high level needs for individuals most at risk.

Waiting time standard

31 We welcome testing the implementation of a new waiting time standard but the green paper does not effectively address the difficulties which currently exist in accessing local specialist mental health support. We question whether it 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 significantly more funding is required.

32 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 as well as other already stretched public services and we fear that, as now, those services will not be able to cope with the demand.

33 It is imperative that these measures do not result in raising CAMHS thresholds.

34 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

35 The lack of inclusion of early years' providers is a major concern, we believe it is essential that early years is brought into the remit of all areas of the green paper.

36 We welcome the fact that the specific needs of 16-25 year olds have been singled out for attention through a 'strategic partnership'. The 'strategic partnership' must include child, youth and adult policy and commissioning. The adult sector holds the bulk of the resources and there needs to be a plan to work together to cater specifically to the needs of 16 – 25s. Unless this partnership is tasked with the production of a clear and urgent plan for action there is a risk that nothing will happen within the life of this Parliament with the potential for this critical issue to fall off the policy agenda.

37 The needs of the most vulnerable and deprived young people, including those with lower educational attainment and those with social, housing or financial needs must be included in the work of the 'strategic partnership'

38 As on other matters identified in this green paper ASCL would welcome the opportunity to work with the departments to ensure that the proposals can be shaped to reflect the college context and meet the needs of 16-25 year olds.

A joined up approach with government's social mobility strategy

39 We know that children living in poverty, like their parents, have a greater risk of developing a mental illness. We recognise that in a number of cases mental health and wellbeing cannot be seen in isolation from housing and social issues. ASCL 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 between these two separate but linked areas of policy developed, for example, looking for ways to link the trailblazer areas with the opportunity areas.

Timetable

40 ASCL has major concerns about the 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.

41 In the meantime, schools and colleges are having to provide pastoral care and support for an increasing number of children and young people with mental health and wellbeing issues. The ability of schools and colleges to provide support for even their pupils' basic needs have already been drastically impacted by significant real terms cuts to their budgets.

42 The crisis is now and urgent actions are needed.

In response to your specific questions

43 *Q1. Do you think these core proposals have the right balance of emphasis across a) schools and colleges and b) NHS specialist children and young people's mental health services?*

ASCL agrees that the right approach is a partnership between health and education and there will certainly be a willingness from our members to make it work but we have serious concerns about capacity issues in both local CAMHS and schools/colleges. To make the proposals a success will require significant investment in both CAMHS and schools and colleges. We refer to our comments in the rest of this response and offer to work with both departments to seek solutions to the practical difficulties.

44 *Q2. What do you think is the best way to distribute the training fund to schools and colleges? In ranked order:*

- Set amount of funding available to each school to buy relevant training
- Funded training places made available locally for schools to buy into
- Funding distributed through teaching school alliances
- Funding allocated to LAs and MATs to administer to schools

As indicated earlier above it is essential that an appropriate level of funding is provided. Additional funding is required for schools/colleges and this must be sufficient to not only cover training (including cover and travel costs) but also create genuine additional capacity.

45 *Q3. Do you have any other ideas for how the training fund could be distributed to schools and colleges?*
We believe that the funding should be given directly to schools. It would however be helpful if there was a way of quality assuring the training available to schools and colleges so that they can be confident in the value of the training.

46 *Q4. Do you know of any examples of areas we can learn from, where they already work in a similar way to the proposal for MHSTs?*
We refer you to paragraphs 18 – 30 above and in particular paragraph 25. The issues raised in that paragraph are a real concern to our members.

47 *Q5. Different organisations could take the lead and receive funding to set up the Mental Health Support Teams. We would like to test different approaches. Which organisations do you think we should test as leads on this?*
In ranked order:
Our position is that MHSTs are health professionals and so must be led and managed by provisions from the Health Service via whatever mechanism is appropriate e.g. Clinical Commissioning Groups (CCGs). We believe that the Health Service, we assume through CCGs, must be required to work in partnership with groups of schools and that this approach should be enshrined in guidance. Funding for MHSTs will need to be ring-fenced to ensure it is only used for this purpose.

48 *Q6. MHSTs will work and link with a range of other professionals and we would like to test different approaches. From the list below, please identify the three most important 'links' to test in the way they would work with MHSTs:*

- *Educational psychologists*
- *Local authority troubled families' teams*
- *Local authority children and young people's services*
- *Local authority special educational and disability (SEND) teams*
- *School nurses*
- *School-based counsellors*
- *Charity or non-government organisation*
- *Youth offending teams*
- *Other: school-based mental health professionals, e.g. school counsellors*

The response depends in part on the qualifications, skills, expertise and seniority of the MHSTs (see our comments in paragraphs 18 – 30 above) and crucially what is

available locally. For example in some areas there is an excellent school nurse service while in others this has all but disappeared, similarly members frequently tell us it is increasingly difficult to access educational psychologists . We would expect all the relevant professionals in a local area to join in partnership in the best interests of children and young people.

49 *Q7. MHSTs and DSLMH in schools and colleges will work closely together, and we will test this working through the trailblazer phase. Out of the following options how do you think we should measure the success of the trailblazer phase? Please pick your top three:*

1 Impact on children and young people's mental health (although we question how this will be measured and we do not support additional accountability measures for schools and colleges, see paragraph 53 below)
2 Numbers of children and young people getting the support they need (ideally this needs to be the proportion of those with identified needs getting the support they require)
3 Effectiveness of interventions delivered by mental health support teams

50 *Q8. A trailblazer phase is when we try out different approaches. When we select areas to be trailblazers for the MHSTs, we want to make sure we cover a range of different local factors. What factors should we take into account when choosing trailblazer areas? Rank in order of importance:*
We believe it is important to get a good mix of trailblazer areas covering all of the list. We would also like to see included Opportunity Areas, areas with high numbers of children with SEND and areas with educational selection.

51 *Q9. How to include views of children and young people in development of MHSTs?*
We would propose that the Health Service works in partnership with schools and colleges and make use of school/college councils, youth groups' coordinating committees and local young people's parliaments as well as getting feedback through PSHE provision. Look to ensure an inclusive approach e.g. age appropriate materials, use of symbols, different media etc.

52 *Q11. Schools publish policies on behaviour, safeguarding and SEND. To what extent do you think this gives parents enough information on the mental health support that schools offer to children and young people?*
We agree that a whole school/college approach must involve the whole community including all staff, pupils, parents/carers and governor/trust boards. Schools and colleges will want to develop this in a way that suits their specific context. We do not support a requirement for schools to publish a written mental health and wellbeing policy though some schools/colleges may identify this to be the best way to work with parents and their local community.

53 *Q12. How can schools and colleges measure the impact of what they do to support children and young people's mental wellbeing?*
Again schools and colleges will need to develop this for themselves in their own local context. We refer to the useful self-evaluation exercise and questions in the Partnership for Well-being and Mental Health in Schools toolkit. We consider that schools would find non statutory guidance from government in this area helpful. We do not support additional accountability measures for schools and colleges particularly as success will be heavily influenced by all sorts of factors outside of a school or college's control, including the availability and quality of local health services.

54 *Q13. In development of the MHSTs, we will be considering how teams could work with children and young people who experience different vulnerabilities. How could they provide better support to vulnerable groups of children and young people?*
This should be a service available to all children and young people in need. It is imperative therefore that the MHSTs are able to reach and work with all children and young people who need help. This will depend on the levels of expertise and skill of the teams and crucially their capacity. The proposals must apply to all types of schools and colleges including PRUs, alternative provision and special schools. There should be some exploration as to whether MHST can also support young people through non-school youth organisations. See also paragraph 56 below.

55 *Q14. As we are rolling out the proposals, how can we test whether looked after children and previously looked after children can easily access the right support?*
Q15 As we are rolling the proposals out, how can we test whether children in need who are not in the care system can access support?
Q16. As we are rolling the proposals out, how can we test whether children and young people with special educational needs or disability are able to access support?
This will require careful partnership work with schools and colleges, local authorities and, specifically for looked after children, with virtual heads. It will depend on there being sufficient capacity in the both the education and health system to support the needs of all children and young people who need help. At present this is not the case. As we have said previously, to achieve the objectives set out in this green paper will require significantly more funding.

56 We are not in a position to answer questions 17 – 21 around evidence but we are keen to work with the departments to establish the evidence base. Our members tell us that mental health and wellbeing of children and young people and staff is a major and increasing concern to them. We would like to see more evidence around:

- challenging behaviours and the mental health needs they can generate
- information on ways schools and colleges can effectively support the mental health needs of those who display challenging behaviours.
- the impact on the mental health and wellbeing of students due to increased stress and anxiety about tests and examinations
- the impact that the arts can have on the mental health of young people
- the impact of social media on mental health and wellbeing and how government plans to regulate the internet platforms used by children and young people.

Finally we think it is important to take a nuanced approach when considering different prevalence rates of mental health needs, for example according to gender and ethnicity, as levels of "unseen need", should be much more critically explored and understood.

57 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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