Children and Young People's Mental Health coalition - call for evidence

Introduction

In May 2021 we submitted evidence as members of the Children and Young People's Mental Health Coalition. We were asked to comment on several national documents and frameworks via a survey, which we did where we felt appropriate to our experience and knowledge. Here is a copy of our submission in text format. There are links to the related documents in the blue underlined headings.

Sam Gamblin and Dan Doran

Green paper

8. The Green Paper has/will improve mental health service provision for children and young people.
Strongly agree to strongly disagree
Agree

9. Comments

Training of Senior MH leads has the potential to create better whole school approaches to mental health and wellbeing, however, there are several important issues:

- We believe that this person should also have responsibility for SEN provision to ensure that those young people with long term conditions get access to the correct support and adjustments so that they can thrive within education. We also believe that this will lead to improved early referrals to specialist services, better coordination between health and

education, and a focus on inclusive education removing barriers/enhancing access to education for these students.

- Experience in Universities with workload allocation models shows that this is likely to be a time-consuming role, and will require significant release of resources. It is important that the boundaries of the role are very clear, particularly the distinction between support by non-clinically trained staff and that provided by professionals.
- Senior MH leads will need to have their independence and authority to change practices and respond effectively to CYP mental health clearly established within the governance framework of the educational establishment.

The University Mental Health Advisers Network (UMHAN) has extensive experience of this kind of work and would like to see a cross-age, lifespan approach to supporting people's mental health during their time in education. We would welcome any opportunity to work with school and college-based colleagues on this.

We look forward to reviewing evidence about the effectiveness of the MHSTs however, think there should be a stronger focus on these teams enabling smooth referrals and transitions between statutory services. We welcome the focus on evidence based practice as well as creative initiatives when working with children.

We are concerned about the government's focus on MHFA given the lack of evidence around its effectiveness in a variety of areas (https://www.hse.gov.uk/research/rrpdf/rr1135.pdf).

We are also concerned that the emphasis on therapeutic interventions for individuals diverts attention from the inherent systemic issues that create barriers to successful education. We are also concerned that there will remain a disconnection between therapeutic goals, personal goals, and requirements of the education system of the young person. We agree with Trauma Informed Schools UK that "the value of well being has to start at the very top, with organisations such as DFE, Ofsted and the Regional Schools Commissioners balancing the scales between outcomes (test scores) and emotional wellbeing". Unfortunately we see the evidence of the impact of an excessive test-based system by the huge numbers of students coming to university with extreme exam anxiety, which then leads to alternative assessments and other reasonable adjustments. We also hear about a lack of awareness of a disability-based approach in education to young people with mental health problems and inflexibility in learning and teaching practices. We do not hear about targeted support that helps the education adjust around young people with mental health difficulties, such as inflexibility in academic timeframes, leaving some young people feeling "left behind" and out-of-step with their peers. We also believe much more work needs to be done on ensuring that schools and education do not create trauma among

young people, for example recent research on PTSD and autism which highlights that a much wider range of life-experiences might cause trauma (https://onlinelibrary.wiley.com/doi/full/10.1002/aur.2306).

In targeting children with health campaigns through schools, there is a profound implication that children need to - and are fully responsible - for their health. To expect this, while their intellectual and emotional capacity is still developing can create a sensitivity to those issues. This can impact negatively especially in teenage years where there is a greater self-consciousness. Campaigns often create mixed messages for young people (e.g., obesity campaigns and under-eating campaigns may run counter to each other). There does not appear to be a life-stage/developmental model of implementation with respect to young people's emotional reaction to these campaigns.

10. The funding of £300m is sufficient
Strongly agree to strongly disagree
Disagree

11. Comments

Whether or not the initial £300m has/would have produced tangible difference, the situation has drastically altered for young people during the pandemic. For example, nearly half of people who take their own lives are not in contact with specialist services, and the imposition of social distancing/home schooling will not have improved this situation. Neither were substantially planned for in the Green paper - except with the role of the Designated Lead, but the Green paper could not have anticipated children and young people becoming more removed from schools/services where the Designated Lead is based.

12. The green paper is on track to meet its targets
Strongly agree to strongly disagree
Disagree

13. Comments
See above.

UMHAN
University Mental Health Advisers Network

NHS Long Term Plan

14. The NHS Long-Term Plan has/will improve mental health service provision for children and young people
Strongly agree to strongly disagree
Disagree

15. Comments
No commitments were set about reducing deaths by suicide during the education-focused years, which is a huge oversight given the leading cause of death in young men and women in Higher Education and boys and girls in schools/colleges, is suicide.

https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/articles/leadingcausesofdeathuk/2001to2018#uk-leading-causes-of-death-for-all-ages

https://www.rcpch.ac.uk/resources/why-children-die-research-recommendations#:~:text=Risk%20factors%20include%20maternal%20age,not%20declined%20in%2030%20years.

Much attention has been paid to depression and anxiety (which are hidden and hugely important issues in young people). “Conduct disorders”, which have a large social and long-term impact, and eating disorders, which have the highest mortality rate amongst mental health problems, are also key target areas for young people. (https://www.nice.org.uk/guidance/cg158/chapter/introduction and https://www.england.nhs.uk/mental-health/cyp/eating-disorders/). Conduct disorders do not receive attention in the NHS plan, and high thresholds for accessing eating disorder services mean that investment will only reach those already seriously unwell.

We have yet to see a significant positive impact of the long-term plan for young people at university. Young people’s mental health at university is scarcely touched on in the long term plan. Concurrently, over the past 20 years HEIs have invested in staffing by MH practitioners who have the skills to work with and “hold” those students with long term MH conditions. UMHAN members, who do this kind of work, report that thresholds for referrals into statutory services have increased, leaving them to manage and hold students with complex conditions (across all diagnoses), without the clinical support of a statutory service. Caseloads and complexity are at an all time high.

The recent Royal College of Psychiatrists report into the Mental Health of Higher Education Students (into which we had significant input) has highlighted ongoing issues with long waiting

lists for specialist services and continuity of care. This has helped to demonstrate the lack of parity of mental health care for students. They also recommend integration of services, better resource allocation and research.

16. The funding for the NHS Long-Term Plan (£2.3bn for mental health services overall) is sufficient to bring about the change that is needed.
Strongly agree to strongly disagree
Disagree

17. Comments

The NHS plan fundamentally works on reducing symptoms of mental health problems, and does not specifically address the causes of mental health problems (i.e., the social determinants of health to which children and young people's health are especially sensitive to). Education can be a proxy for addressing some of these causes, and can reduce longer-term inequalities in health, but the two do not link up in a "mainstream" way; they are both addressed separately. By not focussing on the social determinants of health together, inequalities exist in both education and health, which reproduce inequalities in later life, and the joint objective of improving people's life chances remains a missed opportunity.

18. The NHS Long-Term Plan is on track to meet its goals.
Strongly agree to strongly disagree
Disagree

19. Comments

UMHAN, alongside other education representatives, developed the StepChange framework for mentally healthy institutions. This has led to two developments: The University mental health charter and pilot sites to work with universities as part of Sustainability and Transformation Partnerships. These initiatives have been called upon by UMHAN for over two decades, and the integration/implementation of university student services does not appear to have altered. Many of the recommendations made by the Royal College of Psychiatrists report into student mental health (2011), for example, are still remaining to be addressed (in the 2021 update) - the question should be why hasn't change happened?

UMHAN also notes that universities appear to be frustrated with the NHS response to student mental health:

https://www.universitiesuk.ac.uk/news/Pages/University-mental-health-teams-'plugging-the-gaps'-in-NHS-services.aspx

However, it is also the case that many Universities have yet to implement mentally-healthy university approaches and that this is largely voluntary.

Combined, this has left, and continues to leave, any initiatives to address mental health while studying at HE level on an individual and practitioner level. Local and national commitment to addressing HE student mental health remains of interest, but lacks implementation. The Uni MH charter would seem to be valuable leverage in helping the NHS plan meet some of its aims, provided the NHS funds student-specific approaches - both still appear disjointed.

The Wellbeing For Education Programme

20. In response to the Covid-19 pandemic, the Wellbeing for Education Programme was an effective programme to respond to children and young people's mental health and wellbeing.
Disagree

21. Comments

As this programme focuses on mild to moderate presentations, we do not believe it has helped those with long term or more complex presentations.

22. Is there anything you think the government has done particularly well to support children and young people's mental health and wellbeing over the past 5 years?

The early intervention in psychosis initiative has been sustained. Adopting a similar approach to other mental health problems will be just as effective.

23. Is there anything you think the government could do better to support children and young people's mental health and wellbeing?

Change attitudes towards educational achievement and employment to reduce pressure on young people affected by mental health problems, or those affected by the pandemic, as well as teachers. It will be better to have (mentally) healthy individuals entering work at a date that has suited their personal development/education/circumstances, rather than forcing unhealthy

individuals to unrealistically enter into expected education/employment trajectories and subsequently leave work/education due to their health. Health/social support systems need to give greater recognition to the daily issues that crop up for young people with long-term (mental) health problems. Similarly, expect colleges, universities and employers to be more realistic and flexible with respect to the health of children, young people and adults. Too often, health, age or disability is seen as failing to fit with expectations of education (e.g., https://www.youtube.com/watch?v=TOd3UIucQoM), without valuing the human resources that people actually bring nor recognising the struggle they face.

24. In response to the Covid-19 pandemic, do you think the government has responded effectively to support children and young people's mental health and wellbeing?
Yes/No/Not sure
No

25. Comments

There has been insufficient infrastructure resourcing to enable "working from home" for community services to be more effective. This could have presented an opportunity for greater social contact by services to young people e.g., through less time spent travelling. "Working from home" should have made it easier for CYP services to offer more appointments to young people. Instead, a general, long-term underfunding of mental health services for young people is likely to have meant increased caseloads, rather than more opportunity to engage with young people. Not every family (or older person) has access to online facilities, so service delivery is likely to have been affected, and some people will not have been able to access services or educational opportunities at all due to digital poverty (https://www.cam.ac.uk/stories/digitaldivide#:~:text=As%20an%20aspect%20of%20deprivation,income%20of%20over%20%C2%A340%2C001.)

26. In response to the Covid-19 pandemic, do you think the Government has effectively supported the voluntary and community sector (VCS)?
Yes/no/not sure
No

27. Comments

During a period of time where voluntary services were likely to be called upon, ten years of austerity and income insecurity, exacerbated by the pandemic, will have significantly affected

the voluntary sector's financial stability and public support, and therefore its ability to mobilise and plug gaps in health - and especially, social - care. Social care is especially important for people with mental health problems, where compassionate communities and finding meaning in the community, are important for recovery. Larger charities have influence and public reach to sustain income levels, but smaller ones that are embedded within local communities, do not. Charities will undoubtedly have had to spend time on budgeting and merging rather than delivery of services.

28. What further support is needed to better support the work of the VCS going forward?

Creation of more opportunities for health and voluntary services to work together, via mechanisms such as this: https://www.kingsfund.org.uk/projects/healthy-communities-together

However, substantially, more government support and funding for the voluntary sector is needed. Business and health also need to value what voluntary services do for their employees/patients - the government could facilitate a change in this narrative.

Strategic priorities (of CYPMHC)

Our three strategic priorities are: 1. The prevention and promotion of good mental health; 2. Early intervention 3. Skills and confidence of the workforce We want to gather your views on the progress made on these strategic priorities

Prevention and promotion of good mental health

29. What is working well in prevention and promotion in children and young people's mental health?

Providing children with opportunities to begin to articulate their emotional life through the Personal, Sexual, Health Education syllabus. Having services (i.e., health services, business, public services) that have a dedicated and committed remit for a person/team to oversee the individual and systemic barriers to full participation by people who are struggling. E.g., Mental Health Advisers in Higher Education (www.umhan.com). While an "intervention" in itself, the focus on enforcing practical arrangements prevents ill health and promotes health for

individuals/at scale - thereby preventing other costly effects including long-term mental health outcomes, and reducing inequalities that sustain them.

30. What is not working well and what are the barriers from prevention happening?

We're concerned about the lack of evidence for some interventions being used/promoted by schools. Consistent data collection and creation of an evidence base should be a priority. Additionally, the focus on therapeutic support and psychoeducation promotes the belief that mental health can always be improved by making changes to self. We'd advocate for a more empowering social/affirmative model based approach.

31. What change is needed to better promote prevention?

Looking at CYPMH from an ecological framework, including parents/family/carers, socio-economic factors. Connection between MH and SEN provision.

Early intervention

32. What is working well in early intervention children and young people's mental health?

Early intervention in psychosis. More available eating disorder services.

33. What is not working well and what are the barriers from early intervention happening?

Support in schools is still largely counselling based; MHSTs are focussed on mild to moderate presentations and do not seem to be linked with SEN provision. A wider range of roles are needed e.g. Specialist Mental Health Mentoring which empowers students to find strategies to manage their MH and study. Practical strategy based approaches, such as that provided by Specialist Mental Health Mentoring can improve self-esteem, independence and functioning in people with ongoing mental health conditions. UMHAN would welcome opportunities to consider this kind of work with other sectors.

34. What change is needed to better promote early intervention?

For mental health messages to be reframed to give recognition to people's lives. E.g., that silencing mental health - "keeping calm and carrying on" or even seeing childhood trauma as rare - only protects the healthy and happy from the harsh realities that impact on others' lives. Story-telling is a good forum for breaking down barriers between people.

For public health, primary care, social services, voluntary sectors and businesses to pool some resources and create free, publicly-accessible community facilities in each community for engagement in health at the community level. Educational establishments (largely quiet of an evening) could contribute in some ways too.

Use citizen science to identify and continually review early intervention strategies.

Skills and confidence of the workforce

35. What is working well in building the skills and confidence of the workforce in children and young people's mental health?

Health Education England Frameworks such as for EMDR and Eating Disorders.

Professional and specialist membership organisations such as UMHAN ensure that support is safe, high quality and as consistent as possible, by providing forums for sharing best practice, creating guidance and resources, promoting the need for supervision and CPD.

36. What is not working well and what are the barriers in promoting skills and confidence of the workforce happening?

Many staff in a variety of different roles find themselves supporting students with a higher degree of need and complexity than they have either been trained for, or without appropriate peer support or clinical governance structures (This relates to both mental health, disability and safeguarding forms of support). This leads to anxiety, issues with boundaries and defensive practice. This is why it is so important that there are adequate numbers of professionally trained staff. While there is some guidance about quality assurance for mental health practitioners and disability specialists (e.g., UMHAN and DFE), it is unclear whether this exists for other mental health related roles (e.g., safeguarding and wellbeing staff).

37. What change is needed to better promote skills and confidence in the workforce?

Recognition of wider range of practitioner roles, such as MHA/MHM. Better understanding of boundaries of roles and need for professional skills in certain situations. Quality assurance for other health-related roles.

For all emergency/urgent health services to have mental health specialists available to them for training, staff supervision and intervention, rather than relying on service-specific specialists who have no limited/out-of-date training.

Sharing best practice and evidence

38. Please provide any best practice examples and evidence that you would like to reference in the report.

UMHAN meetings/forum/training - feedback from our members shows high levels of satisfaction, including the ability to reflect on work and apply new material and thinking to their practice. We have moved all events online, and during 2020 held 30 different meetings attracting 498 attendees; these included specialised meetings for particular roles, professional backgrounds, and also training for remote working. Topics have included supporting students during the pandemic, how to engage with students remotely, the use of assistive technology and MH Equality, and have added to the skills and confidence of our members.

During 2020 we also reviewed our Capability & Conduct Framework which is tailored to MH Practitioners working in HE. This adapts the 10 Essential Shared Capabilities designed to identify specialist capabilities for the specific context-based approach of supporting students with mental health conditions in Higher Education.