Green paper on Children and Young People's Mental Health – Consultation response

Question 1

The core proposals in the green paper are:
• All schools and colleges will be incentivised and supported to identify and train a Designated Senior Lead for Mental Health who will oversee the approach to mental health and wellbeing
• Mental Health Support Teams will be set up to locally address the needs of children and young people with mild to moderate mental health issues, they will work with schools and colleges link with more specialist NHS services
• Piloting reduced waiting times for NHS services for those children and young people who need specialist help

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?

We welcome the inclusion of both schools and colleges and CAMHS services in the proposals. However, we believe more concrete steps to prevent mental ill health are necessary. Increased attention should be paid to primary schools where primary prevention is likely to be most effective. Whilst mental health awareness training for primary school teachers could be a positive step, there is a lack of evidence of firmly support this and it is a secondary preventative. Primary interventions, such as peer-to-peer support, are likely to be the most cost-effective and humane.

Further, whilst the emphasis on interventions in schools and colleges is welcomed on the whole, the core proposals must be implemented sustainably to create a culture of wellbeing. This is crucial in ensuring mental health and emotional wellbeing are issues which every individual feels confident in engaging with.

RSPH has accredited and supported the national roll-out of the Connect 5 mental health training programme. Evaluation of the programme has shown that it is successful in increasing the confidence and core skills of a wide range of public facing staff, allowing them to be more effective in conversations about mental health and wellbeing with their clients and patients. We believe the programme would be highly effective in building confidence and capacity in schools to create a culture of wellbeing.

Whilst we believe prevention is vital, it is of course necessary to reduce waiting times for CAMHS services and prevention should not be at the expense of this.

Question 2

To support every school and college to train a Designated Senior Lead for Mental Health, we will provide a training fund.
What do you think is the best way to distribute the training fund to schools and colleges?
Please rank the following in order of preference:

Set amount of funding made available to each school, for them to buy relevant training with – **THIRD CHOICE**

Funded training places made available locally for schools to book onto – **FIRST CHOICE**

Funding allocated to local authorities and multi-academy trusts to administer to schools – **SECOND CHOICE**

Funding distributed through teaching school alliances – **FOURTH CHOICE**

Our first choice ('Funded training places…') is our preference because it is likely to be the most convenient for schools and colleges. With staff time at schools and colleges already under considerable pressure, this option appears to be the least complex to handle from within a school. Further, this would allow the best training to be bought in bulk, ensuring a high value of training consistent throughout the country, therefore avoiding the risk of increasing health inequalities.

Our second choice ('Funding allocated…') does also have advantages, chiefly that multi-academy trusts in particular are likely to have a good understanding of the needs of the children in their care which can be taken into account with distributing funding.

Our third choice ('Set amount of funding…') is not recommended because big businesses are likely to be best placed to sell training to schools, which has the potential to mean schools may not be placed to pick training of the best quality or fit. It also places expectation on schools to handle the procurement of mental health training, in which they may have limited or varied expertise, leading to an increase in health inequalities according to the time and expertise schools can afford.

Our fourth choice ('Funding distributed…') is also not recommended because teaching school alliances are poorly attended and therefore not well-placed to distribute funding.

Question 3

Do you have any other ideas for how the training fund could be distributed to schools and colleges? (max 250 words)

No, the above cover the main options in our opinion, but it should be emphasised that it is vital that the options made available to schools and colleges are clear and the expectations of the Designated Senior Leads are clarified. Further, regardless of which funding distribution option is chosen, avoiding exacerbating health inequalities must be prioritised and areas at the highest risk must be funded to deliver a high quality of training.

Question 4

Trailblazer phase: A trailblazer phase is when we try out different approaches5

Do you know of any examples of areas we can learn from, where they already work in a similar way to the proposal for Mental Health Support Teams?

N/A

Question 5

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? Please rank the following organisations in order of preference:

CCGs – **SECOND CHOICE**

Groups of schools – **FOURTH CHOICE**

Local authorities – **THIRD CHOICE**

Charity or NGO – **FIRST CHOICE**

Other – **N/A**

Question 6

Mental Health Support Teams 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 Mental Health Support Teams:

- *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: _____*

Three most important:

- Educational psychologists
- LA children and young people's services
- School nurses

Question 7

Mental Health Support Teams and Designated Senior Leads for Mental Health 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:

- *Impact on children and young people's mental health*
- *Impact on quality of referrals to NHS Children and Young People Mental Health Services*
- *Impact on number of referrals to NHS Children and Young People Mental Health Services*
- *Quality of mental health support delivered in schools and colleges*
- *Amount of mental health support delivered in schools and colleges*
- *Effectiveness of interventions delivered by Mental Health Support Teams*
- *Children and young people's educational outcomes*
- *Mental health knowledge and understanding among staff in school and colleges*
- *Young people's knowledge and understanding of mental health issues, support and self-care*
- *Numbers of children and young people getting the support they need*
- *Other: _____*

Top three:

- Impact on children and young people's mental health
- Quality of mental health support delivered in schools and colleges
- Young people's knowledge and understanding of mental health issues, support and self-care

Question 8

Trailblazer phase: A trailblazer phase is when we try out different approaches

When we select areas to be trailblazers for the Mental Health Support Teams, we want to make sure we cover a range of different local factors. What factors should we take into account when choosing trailblazer areas?

Please rank the following in order of importance:

Deprived areas – **SECOND CHOICE**

Levels of health inequality – **FIRST CHOICE**

Urban areas – **THIRD CHOICE**

Rural areas – **FOURTH CHOICE**

Areas where children and young people in the same school/college come under different Clinical Commissioning Groups (CCGs) - **FIFTH CHOICE**

Other – **N/A**

Question 9

How can we include the views of children and young people in the development of Mental Health Support Teams?

Please provide your answer below (max 250 words)

It is critical to take the views of children and young people into account when implementing all of the proposals. The first method of gathering the views of children and young people may be from within the curriculum. Including mental health and wellbeing in the PSHE curriculum should be prioritised and views on the Mental Health Support Team proposals could be gathered from PSHE lessons.

If gathering the views of CYP is to be done outside of the curriculum, it must be done in a time-efficient way. It may be best to nominate a 'mental health champion' from each school to feedback directly to CCGs on behalf of peers. This may link to the Youth Health Champions qualification that RSPH has successfully delivered in schools, in which young people are trained in peer-to-peer education and can specialise in mental health and wellbeing.

Alternatively, the Designated Senior Mental Health Lead could feedback to the support teams on behalf of students – perhaps having gathered views from the student council or a volunteer student focus group.

Question 10

Waiting time standards are currently in place for early intervention for psychosis and for eating disorder services.

Outside of this, are you aware of any examples of local areas that are reducing the amount of time to receive specialist NHS help for children and young people's mental health services? Can we learn from these to inform the waiting times pilots?

Please give your example(s) below (max 250 words)

N/A

Question 11

Schools publish policies on behaviour, safeguarding and special educational needs and disability.

To what extent do you think this gives parents enough information on the mental health support that schools offer to children and young people?

All of the information they need
Most of the information they need
Some of the information they need
None of the information they need
Don't know

Answer: SOME of the information they need

Please tell us more about why you think this (max 250 words)

It must first be clarified that there is variation in parents' knowledge of schools' policies by area, as more deprived areas and families are less likely to be able to access the information above. At present, the information above must actively be searched for and therefore is not readily available to some parents. However, regardless of area or family, the policies above do not explicitly cover mental health and certainly not in one easily accessible place.

There should be a separate mental health policy published for each school in order to inform and engage parents as much as possible. Involving parents is absolutely crucial to the success of the proposals through establishing a culture of wellbeing and therefore sustainable change. Without this, there is a danger the proposals become box-ticking exercises. Clear, accessible, comprehensible policies on the school's mental health policy will allow parents to fully engage with the mental health policies and provide feedback.

Question 12

How can schools and colleges measure the impact of what they do to support children and young people's mental wellbeing?

Please give your answer below (max 250 words)

There is a great chance to build the evidence base around mental health interventions through assessing the impact of the proposals. Undertaking longitudinal, cohort studies will be the best way to collect robust evidence on the impact of the proposals.

Practical ways for schools and colleges to measure the impact of the proposals must be time and cost-effective. One such way is testing CYP's knowledge of mental health and wellbeing through surveys. Although not a direct measure of mental health and wellbeing, the proposals should aim to foster a culture of understanding of mental health and wellbeing in schools. A more direct measure may be to test wellbeing indicators, using recognised measures such as the WEMWBS. Mapping to educational outcomes will also be beneficial in giving momentum to the agenda. Staff knowledge and mental health and wellbeing should also be tested using similar measures.

As well as quantitative measures, it is vital to use qualitative methods in assessing the impact of the proposals: talking to the CYP directly and getting feedback will be critical to understanding the impact of the proposals. Studying the lived experience of those with mental health problems through conversation will allow a more well-rounded understanding of the impact of the proposals. Similarly, schools and colleges should engage directly with parents to understand their engagement with the proposals and their views on the impact.

Through a combination of these measures, there is potential to collect very useful data which can contribute meaningfully to the evidence base.

Question 13

In the development of the Mental Health Support Teams, we will be considering how teams could work with children and young people who experience different vulnerabilities.

How could the Support Teams provide better support to vulnerable groups of children and young people?

Please give your answer below (max 250 words)

Charities and third sector organisations are likely to be key in supporting vulnerable groups of children and young people – mental health support teams should ensure they engage with these organisations who will have considerable expertise and experience in how best to provide support.

It will also be critical for support teams to engage with the parents, families and carers of young people to ensure an integrated approach. It will be crucial to aid parents to support children and young people to ensure mental health problems are not cyclical or mutually reinforced within a family. This may start by increasing families' understanding of mental health and wellbeing, with the ultimate goal of building family resiliency as a way of coping with mental health problems. Providing training to families, such as through the Connect 5 course, may play a key role in this. Likewise, providing education in mental health and wellbeing to other institutions and services in the community who play a role in children's lives will reinforce an integrated approach.

Support teams should also work closely with pastoral teams in schools and colleges who are likely to have a good knowledge of the most vulnerable students and therefore could help to identify those who could benefit from working with the support teams.

Question 14

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?

Please give your answer below (max 250 words)

All looked after children are part of Virtual Schools – the bridge between their home and school. The Virtual School coordinates educational services for children in care, working alongside both the child and that young person's education provider, in order to ensure they are able to access opportunities to succeed and are supported in pursuing these goals.

The Virtual School plays a key role in monitoring indicators such as achievement and attendance in school. The ability which the Virtual School has to observe the conduct and academic performance of looked after children at both home and in school, provides a unique opportunity to assess whether those young people require additional support around mental health and wellbeing.

The Virtual School should act as the gatekeeper between residential homes, teaching and pastoral staff in schools and mental health support teams, to ensure that individual young people have access to the services and support they require, in the same manner as they would in identifying and securing additional educational support.

Question 15

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?

Please give your answer below (max 250 words)

Pastoral teams in schools are likely to have a good knowledge of pupils who may be in need. Engaging with these pastoral teams will provide a source of information on who may benefit from support and how

many of those children in need have been able to access the support. Understanding the lived experience of children in need may be the most important route to understanding whether the support on offer is accessible, and so dialogue with the children themselves will be crucial.

Question 16

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?

Please give your answer below (max 250 words)

The best point of contact for support teams will be special educational needs coordinators (SENCOs) in schools. SENCOs should have a good understanding of the needs of the children within their school. They should thus be best placed to understand whether the children in their care have a need for mental health support and if they are able to access this. It is likely to be beneficial to provide SENCOs with training in mental health awareness, so they are able to identify and prevent mental health problems as best as possible.

Question 17-21

A consultation stage Impact Assessment was published alongside the green paper. The following questions seek to gather further evidence to inform future versions of the Impact Assessment. We welcome references to any evidence, published or in development, or expert opinion on the topics set out above to help refine our final Impact Assessment.
If you have not read the Impact Assessment or do not wish to respond to these questions then please skip to the next section.

N/A