

NEU Response to consultation on ‘Transforming children and young people’s mental health provision: a green paper’

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?

The green paper does not fully grasp the scale of the challenge surrounding the needs of pupils in colleges and the measures and timeframe for the changes to mental health provision for children and young people in schools lack vision and ambition.

Similarly, the green paper does not recognise any of the existing causes of the increase in presentation of children and young people with mental health issues. The NEU believes that alongside recommendations for supporting children and young people’s mental health the government should also be consulting on: the effects of the squeezed curriculum and loss of creative subjects in many schools; increased testing and exam pressures on young people from the earliest years; increased poverty; and the housing crisis. The NEU considers the greatest barriers to good mental health care for children and young people are inadequate funding, cuts to services, a lack of school capacity and government education policies that undermine inclusion. The NEU would like to see PSHE made a statutory subject in order for some MHFA work to take place in a regular timetabled lesson.

The definition of preventing mental ill health is narrowly defined by considering only children and not looking at the issue of staff mental ill health as well. With the workload pressures which contribute to mental ill health for many teachers being well-documented the question of their having the capacity to support pupils when they themselves require well-being support must be raised. The green paper fails to address this significant issue.

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?

With no additional funding being provided to schools to fund a specific post holder as the designated senior lead for mental health the NEU is concerned that the tasks related to this important role will simply be added to the role of either the already overworked SENCO or a senior leader with little or no expertise in the field. The NEU therefore refuses to rank the options because without appropriate funding none are likely to be successful.

Incentivising schools to create this post is not the issue, providing them, and local authorities, with sufficient resources is the real challenge. The funding for the designated senior lead for mental health has not been outlined in any detail. If the figures are worked out on the basis of the lowest TLR being approximately £2,000 then the money being offered by the government for this initiative will not provide that in every school for up to 5 years.

The suggested timeframe for the designated senior lead is also problematic as there is no expectation that training will be rolled out to all areas until 2025. A seven year wait to

train all senior leads is unacceptable, insufficient and will do little to effectively address the needs of pupils.

Do you have any other ideas for how the training fund could be distributed to schools and colleges?

If the government is serious about wanting to make a difference in schools they need to provide funding to schools for dedicated additional staffing on the senior leadership team and offer local training, managed by the local authority through teaching schools, for all designated senior leads within the first year of the initiative or sooner. This training must be ongoing as the designated senior lead is likely to change over time and new staff should be trained once taking on the role.

The training should be co-ordinated centrally by the local authority so that a high quality offer is provided consistently for all designated senior leads. The NEU believes, however, that the quality assurance of training delivered from a range of providers would be problematic in terms of creating a consistent offer.

In 2015 a £1.4billion investment in children's mental health was used to plug gaps in the NHS rather than being properly invested in children's mental health provision. The significant risk is that in a climate of real terms funding cuts for schools funding will have to be used to counter cuts unless it is ring-fenced.

Mental Health Support Teams

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?

Mental Health Support Teams (MHSTs) need to consist of well-trained practitioners who can support schools effectively. The green paper proposal on these teams lacks detail and the NEU has serious concerns that the teams will be seen as a substitute for a sustainable, collaborative and co-ordinated 'team around the child' which includes educational psychologists, SENCO's, school nurses and other specialists in mental health, such as CAMHS teams, who have seen roles and funding decimated over the past five years. There is no information in the green paper as to ways in which the MHSTs will be regulated or quality assured.

NEU members report that there is a crisis in recruiting enough educational psychologists into the system which leads to poor outcomes for pupils and delays in accessing services.

The additional pressures on local authority funding has seen them having to make the difficult decisions to cease central funding of many SEND, behaviour and mental health specialist services that in the past supported schools, families and practitioners working with children and young people effectively through having strategic oversight of local resources and services. This is no longer the case in the current fragmented education system.

NEU is concerned that if Mental Health Support Teams are managed by multi academy trusts rather than centrally by the local authority not all schools will access provision in a consistent way.

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

In regard to the choices given in Question 6 of this consultation the NEU have concerns that the cuts to local authority and schools budgets mean that the services listed no longer exist in most local authorities. Every child and young person must have access to the same entitlement with regard to mental health provision and services.

In our recent survey of secondary members on mental health 50% of respondents told us that their school no longer had a school nurse. This is problematic as in the green paper there is the suggestion that school nurses will play a key role in supporting and working with Mental Health Support Teams and that they should be supporting pupil mental health in schools.

In order to access the views of children, young people and parents the DfE could contact local parent/carer forums.

Piloting a waiting time standard

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?

It is essential for the mental well-being of our children and young people that waiting time standards are put in place for referrals and consultation with specialists. The pilot suggested in the green paper has limited detail and suggests a too little too late approach. With the current backlog of pupils on waiting lists for referrals the government need to state clearly their intentions for reducing the waiting times in the immediate future for all children and young people. This is a crisis and needs to be tackled immediately and effectively.

The NEU is concerned that any attempt to reduce waiting times without additional funding and resources will create perverse incentives. The NHS is full of examples of patients being treated poorly in order to meet waiting or discharge times. We would not wish to see any reduction in the quality of provision for children and young people in order to create a reduction in waiting times for a few.

The length of timing of the pilot is unacceptable and wholly unambitious. For many in the sector it indicates only that 'lip-service' is being paid to mental health reform rather than a meaningful intention by the government to improve provision and reduce waiting times for children and young people accessing services and appropriate support.

To make a real difference the government needs to allocate sufficient funding for CAMHS to ensure a secure pathway which will not only reduce the waiting times but will offer a service for the whole child.

Schools and colleges

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?

Rather than schools being required to provide information to parents in isolation this is an area in which the local authority, if properly funded, should provide information centrally to parents which can then be supplemented by additional work being carried out in individual schools.

A whole school approach to pupil and staff well-being is required but schools are facing too many other pressures in most instances and do not, therefore, have the capacity to do this. Approaches, such as that advocated by Time to Change, where mental well-being approaches are woven throughout the curriculum and school as a whole can make inroads to preventing increased mental health issues amongst children and young people.

Unfortunately the capacity of schools to conduct much of the support work necessary for the mental well-being of all children and staff has been drastically reduced by the funding cuts and the loss of learning support assistants and teaching assistants. These staff members provide early support and preventative input for many pupils who are otherwise at risk of increased mental health issues. They can support pupils with breaks from the classroom and managing everyday issues.

The government must provide clarity around the role of senior leaders in relation to the provision and the extent to which it will be properly funded. Many school leaders have raised concerns with the Union about the current accountability system punishing their schools for being inclusive.

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

It is important that the quality of provision is evaluated by the school with support from the local authority. However, the NEU would not wish to see links to any other accountability measures on schools in relation to children and young people's mental health.

The NEU has concerns about the role that Ofsted may play in evaluating mental health provision in schools as part of the inspection process. Will inspectors have the skills and experience to do this effectively? Will more inclusive schools or schools in deprived areas be penalised in any way for their mental health provision in areas of greater challenge?

Vulnerable groups

*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?

The mental health of students with protected characteristics, is given little focus in the paper. This must be addressed by the Government in its plans to reform mental health provision.

An increase in specialist mental health staffing dealing with LGBT+ issues specifically is a necessity. Cuts to local LGBT+ specialised services and support groups exasperates mental health issues and isolates LGBT+ students. There is only one service available for students under 17 experiencing symptoms of gender dysphoria and waiting times of 16 months upwards are unacceptable. Similarly, specialist services for eating disorders and self-harm, which are largely accessed by girls have also been reduced or lost completely. These services must be provided locally by specialists. Education professionals cannot bridge the gap in the provision of these specialised services, if these services are underfunded or in some areas don't exist, schools have nowhere to refer students requiring further support, which they are not equipped to offer.

Government policies, such as Prevent, and their failure to tackle child poverty isolate already marginalised social groups and undermine school's efforts to create inclusive environments which promote healthy, happy students.

Ultimately the Government is failing to treat the root causes of ill mental health, students with protected characteristics disproportionately experience. If the Government are serious about preventing ill mental health, more emphasis needs to be placed on tackling poverty, discrimination, prejudice and bullying with a broader focus on funding for CAHMS and specialist mental health services.

Support for children looked after or previously looked after

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?

Testing whether children, who are in the care system, can access mental health support sounds more like a data gathering exercise than a proper attempt to assess the needs and requirements of children and young people with mental health issues.

The NEU suggests that the government work closely with local authorities to look at case studies of individual children and young people and their access to mental health support in order to look at all of the issues relating to their care needs and whether the proposed approach has met those needs. Creating easy to read spreadsheets with data will not measure the effectiveness of the proposals for children and young people in the care system.

Support for children in need

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?

Teachers told the NEU (NUT Section) in its report on Exam Factories (2015) that stress about exams or tests was often the immediate trigger of mental health problems for children and young people in primary and secondary school. Childline (2014) reported that school and educational problems were related directly to suicidal thoughts “*The pressure and stress of exams and not being able to deal with failure was another reason young people wanted to escape, seeing suicide as their only option*”.

Concern is also expressed by teachers that the exam factories culture in schools has also lead to a reduction in time to focus on pupil social and emotional development. Eighty-four per cent of respondents to the NEU (NUT Section) Exam Factories survey said that “*The focus on academic targets means that social and emotional aspects of education tend to be neglected.*” This has a significant impact on both staff and pupil well-being and mental health and should be addressed by the government in relation to the proposals within the green paper. Making PSHE statutory will in some part, but not wholly, address this.

Support for children and young people with special educational needs or disability

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?

It was disappointing to see very little which referred to children and young people with special educational needs or disability (SEND) in the green paper itself, so the inclusion of this question in the consultation is welcomed although the way it is phrased to suggest an accountability measure is less welcome.

SEND children and young people are six times more likely to experience mental health conditions than others. For this group of pupils to be omitted from the green paper is a huge oversight by the government. These young people are already less likely to get referred to CAMHS than others due to perceptions about their SEND. This has raised concern in the sector about the capacity of the Mental Health Support Teams to address this issue and to be equipped with the specialist skills to ensure that pupils with SEND’s mental health as well as educational and physical needs are being met fully.

Funding cuts to schools have meant that many now, despite wishing to remain inclusive, find it impossible to meet the needs of all pupils with SEND. For this reason more pupils are being admitted to special schools unnecessarily and others excluded when schools no longer have the capacity to meet pupil needs effectively in the mainstream sector. The pressures on schools being able to remain inclusive of all children and young people are exacerbated by the narrowing of the curriculum and constant testing culture which pervades the system today.