Children and Young People's Mental Health Green Paper

Student Insights Report
March 2018

Contents

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1. Executive Summary

YoungMinds was commissioned by the Department of Health to gather insights from students about the proposals set out in the Children and Young People`s Mental Health Green Paper.

YoungMinds engaged with students from three schools across England. We held interactive structured conversations based on the proposals set out in the Green Paper. Prior to the sessions we selected key questions from the consultation to structure the sessions around that were most directly relatable to young people's experience so the sessions were relatable and made best use of the student's lived experiences. Additionally, in the sessions we explored student perspectives of the core proposals in the green paper. Through group work, worksheets and whole class conversations we collected the information via recordings and written accounts from the students, which has been collated and the key themes are outlined below. We engaged 55 students including: 18 students in the London Borough of Barnet, aged 16 to 18, 17 students in St Helens, aged 11 to 16 and 20 students aged 14 to 17 in Loughborough. 34 students were female and 21 were male.

Headline findings from the student sessions are:

1. Students are broadly in favour of the core three proposals but felt that overall there needed to be an additional focus within the new approach around causes of ill mental health amongst young people. Students particularly raised the stress caused by school and felt this was not acknowledged in the proposals.
2. Students believe they have the right to be, and want to be, involved in the implementation of all the proposals and feel that their participation will contribute positively to the effectiveness of the new approaches.
3. Students believe there is an important role for peer support both within schools and potentially within the new mental health support teams, as part of a cohesive support offer.
4. Students want the pilot to focus particularly on two measures of success: the number of young people receiving support and the quality of referrals. Students felt both of these would enhance the experience of you ng people within the mental health system and enable more young people to get the right help more quickly.
5. Students believe educational attainment should not be prioritised as a measure within the pilots as they feel there is already a lot of pressure on this within schools.
6. While students raised an awareness that implementing the proposals would take time and needed to be done well, they also highlighted that improvements are needed urgently now and were concerned about the long time frames set out. Students raised that the changes would happen once many of them had left school.

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2.   Methodology

YoungMinds consulted with a range of students from three schools across England. We held interactive structured conversations based on the proposals set out in the Green Paper. Prior to the sessions we selected key questions from the consultation to structure the sessions around that were most directly relatable to young people's experience so the sessions were relatable and made best use of the student's lived experiences. Additionally, in the sessions we explored student perspectives of the four core proposals in the green paper. Through group work, worksheets and whole class conversations we collected the information via recordings and written accounts from the students, which has been collated and the key themes are outlined below.

3.   Participants

We reached 55 students including: 18 students in the London Borough of Barnet, aged 16 to 18, 17 students in St Helens, aged 11 to 16 and 20 students aged 14 to 17 in Loughborough. 34 students were female and 21 were male.

4. Insight Session responses

4.1 Responses to the consultation questions

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 the proposals meet the right balance for a) schools / colleges; b) NHS services?

Students felt there was too much focus on schools and not enough focus on the issues affecting young people's mental health nor on increasing the support young people could get. Students within all three schools raised the following concerns:

- Schools could be a contributing factor to stress and ill mental health and the proposals did not address this. For some students, the proposals seemed to assume that the only role schools might play around mental health was positive. One student pointed out that there was a conflict between *"school making you stressed, and school being the place to cure you from stress."*
- The timeframe for implementation was slow and wouldn't actually benefit these students even though they felt that they and many of their peer group urgently needed changes now

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- lack of focus on other issues impacting youth mental health within the proposals-students raised that issues at home and within their local community were also important and couldn't see how the proposals would address those
- proposed waiting time may not help anyone get support quicker, there wasn't clarity about how this would work in practice and what would happen for students for didn't get treatment after an assessment

"Schools may be the cause of mental health issues. There is not enough focus on the amount of pressure put on teenagers in school. Not enough support to cope with pressure from school."

"Too much focus on schools. They're not doing enough about everything else."

However, students also recognised that improving school responses to mental health was important. Some students expressed that the quality of in school mental health interventions was currently poor and were positive about the idea of improving what is offered in schools.

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:

Students in all three schools we consulted with had varying knowledge and understanding of the suggested links. The school in Barnet identified that Educational Psychologists and GPs would be useful to be part of Mental Health Support Teams as they can create strategies for students and make appropriate referrals, assessments or make prescriptions available.

The students in St Helens had more knowledge of charity based organisations in the area they could talk to, including YMCA, Barnados, Childline, Catch 22 and Teen Advice Zone and felt it was important these organisations were included in the teams as they are already widely accessed by local young people.

The schools in Barnet and St Helens spoke positively of the role that peer support can play in schools and the value of having a person their own age to talk about their concerns with and suggested that there should be a consideration of MHST including a peer support element, alongside other support.

"Our school thought it was better to have students so that we feel comfortable talking to children rather than adults... because young people can relate more."

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.

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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:

All student groups were asked to prioritise the measures and then responses within schools and across all three schools were collated. The measures were all explained and discussed before the prioritisation to ensure student understanding and for some measures, a youth-friendly version was also provided to enable clarity. **'Numbers of children and young people getting the support they need'** and **'Impact on quality of referrals to NHS Children and Young People Mental Health Services'** were both prioritised across all three schools.

Facilitators explored these with students. In terms of 'numbers of students getting support' students had prioritised this as they felt that there were many students in their school who needed support but weren't getting it and because some students were themselves on waiting lists for support and felt they wanted help sooner and more easily.

With regards to 'Impact on quality of referrals', students felt that getting the right help quickly was really important. Some students shared stories of being referred to services that they then didn't meet the threshold for treatment from. Some students also raised that sometimes school staff and GPs didn't seem to know where to send them to for support, resulting in them not being properly signposted or having to wait for a referral or signposting. They felt that all staff understanding how to link between services better and making sure referrals were effective would really improve the experience of young people seeking support. Students sharing these perspectives during the discussion impacted the views of other students and therefore what measures they prioritised.

Other measures prioritised in at least two schools were:

- Mental health knowledge and understanding among staff in school and colleges
- Quality of mental health support delivered in schools and colleges
- Young people's knowledge and understanding of mental health issues, support and self-care
- Amount of mental health support delivered in schools and colleges

Question 9: How can we include the views of children and young people in the development of Mental Health Support Teams?

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Overall, students want a role in the development of all the core proposals, not just the development of the Mental Health Support Teams.   Students felt their involvement was important and would help assure the success of the new approaches. While students were not always clear about how they could be involved, across all there schools there was an agreement that students had the right to be involved, and wanted to be.

In terms of the Mental Health Support Teams, students felt they could contribute through recruiting and training staff, helping design how the teams would link with schools, delivering peer support as part of the MHST offer and promoting the MHST to their peers within school.

Students also wanted to have a role in the recruitment and development of the Senior Designated Leads. Additionally, students in two schools suggested they could work with the leads to co-design and co-deliver some school based interventions; to contribute to mental health training for staff and to influence the school policies around mental health.

Two students groups focused on the importance of peer support and saw this as a key way they could be involved in the implementation of the changes. Students in St Helens had a peer support programme in school that they felt was effective and widely used and suggested that this could be expanded under the new lead implemented this. Students in Barnet do not have a peer support programme in school but raised this as a suggestion of one of the interventions they could co-produce with the lead.

4.2 Student perspective on the core proposals

Summary of student perspective on the core proposals:

1. 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
2. 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
3. Piloting reduced waiting times for NHS services for those children and young people who need specialist help

4.21 Designated Senior Lead for Mental Health

Students broadly supported this idea for the following reasons:

- It could help advise other staff so they can support students better
- It would mean there will be more support in schools
- The role could help address and reduce mental health stigma amongst students
- Many interventions in school were not felt to be high quality e.g. school assemblies and lessons on mental health- and students felt this role could improve these so these were more useful

> *"This idea will provide a positive ability of someone who you can be open to and will help you."*

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"It will provide a specialist in mental health. Which will allow any students struggling or suffering from mental health to speak to someone. Then they can provide solution and help the student to see what is before for them."

However, students also raised some concerns, especially around how the role would affect their relationship with other school staff. Students in Loughborough raised that currently students were able to identify teachers and other staff they would want to talk to in school if they were worried. This was based on having a good, trusting relationship with that staff member, rather than the staff member's formal role. Students were concerned that if there was a designated person they could only go to them and not to the teacher they wanted to talk with. Relatedly, students in two schools raised questions about confidentiality and whether information they shared with a trusted teacher will always be reported to the designated lead.

Other concerns raised were the capacity of one member of staff to support the whole school and the need for the role to be fulfilled by someone with the right personal qualities including being approachable and trustworthy.

These concerns all highlight the need for the role to be actively promoted to students so they are clear about the remit and boundaries of the role, and for students to be involved in the recruitment of the lead.

"This may frighten people believing that someone will watch you and know providing an anxiety feeling."

"Only one worker per school or college may make the relationship between student and worker feel less personal."

"How is one person going to deal with the whole school?"

"Not all kids will have the confidence to speak up so what will happen for them?"

4.22 Mental Health Support Teams

Students were broadly in favour of this proposal, primarily because they believed it would increase the number of young people able to access support, and enable them to access it quicker. Other reasons students liked this proposal were:

- It will improve the links between schools and CAMHS and GPs
- They will be more closely linked to young people's lives and communities than CAMHS so will feel more relatable
- It could have closer relationships with families, especially parents, than CAMHS which would help parents support children better

"I think it will be good as then everything will be linked rather than you having to link everyone up yourself."

"It is an easy link to specialists so you can get professional help. Easy access."

"Interlinking institutions with mental health services improve communication in local areas. Makes these communities more proactive. Prioritises young people who are perhaps most vulnerable"

However, as with the designated lead proposal, students again raised concerns about confidentiality, especially regarding the possible involvement of community groups within the teams as students were concerned leaders within community groups would know their parents and break their confidence.

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Students also raised that many of them didn't know what services there were to support them in their community now, and the risk that therefore students wouldn't know about the teams. They highlighted that the mental health teams needed to be widely promoted- in both schools and beyond- and that, there had to be a choice of ways for young people to refer themselves to the teams, and access support from the teams.

"It won't reach all children, e.g. home schooled children"

"Open it up to whole community – make it online."

4.23 Waiting times standards

Students were not as positive about this proposal as they were concerned that it may not actually result in young people getting support more quickly. Students wanted clarity about how this proposal would impact the whole waiting time between referral and treatment- and what would happen if a young person had an assessment and was not approved for treatment.

Students also felt that the proposed waiting time was still too long, especially if a young person was in crisis. Students also questioned how assessments were conducted and how levels of need would be identified and prioritised as they felt many young people in schools need help.

However, students did also identify some potential positive aspects of this proposal including that a shorter time between asking for help and seeing someone will reduce stress and feeling of 'being alone' and that if a young person won't be accepted for treatment it is better that they know this quickly so they can find help somewhere else.

"It will take out the stress as you will know you will get an appointment soon."

"After you have the assessment you should know how long it will be till an appointment as this will make it less stressful."

"Shorten the time between assessment and treatment massively."

"Quicker treatment for young people who need very urgent help"

"How do you measure the urgency? Who decides this?"

"4 weeks is a long time especially for someone who is unstable"

4.24 Trailblazer proposal

We also sought student feedback on the proposed Trailblazer approach and timeframe for implementation. Students felt that it was important that the ideas were implemented effectively and therefore could not be *"really rushed."* However, students in all three schools overwhelmingly expressed that the proposed implementation time and coverage was too slow and too limited. They raised that the proposed approach would not impact their experience in school or even that of their younger siblings in some cases. Students in St Helen's wanted to know how the Trailblazer sites would be picked and felt it was important that they were spread across the country *"not just in the richer parts"*.

"Too long – more funding to mental health services and cover more the country than 20% to 25%"