



WESTMINSTER
EDUCATION
FORUM

Next steps for child mental health in England - developing a multi-agency approach and provision in schools 8th May 2018

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About this Publication

This publication reflects proceedings at the Westminster Education Forum Keynote Seminar: Next steps for child mental health in England - developing a multi-agency approach and provision in schools on 8th May 2018. The views expressed in the articles are those of the named authors, not those of the Forum or the sponsors, apart from their own articles.

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Westminster Education Forum Keynote Seminar: Next steps for child mental health in England - developing a multi-agency approach and provision in schools

Timing: Morning, Tuesday, 8th May 2018

Venue: Glaziers Hall, 9 Montague Close, London SE1 9DD



**WESTMINSTER
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- 8.30 - 9.00 Registration and coffee
- 9.00 - 9.05 **Chair's opening remarks**
Dr Lisa Cameron MP, Chair, All-Party Parliamentary Group for Disability
- 9.05 - 9.25 **Child mental health - the scale of the challenge and the rationale for change**
Dr Pooky Knightsmith, Vice Chair, Children and Young People's Mental Health Coalition
Questions and comments from the floor
- 9.25 - 10.20 **Developing an effective multi-agency approach to children's mental health: funding and developing a collaborative approach between schools, CAMHS and the voluntary sector**
Laurie Day, Head of Children and Families Research, Ecorys UK
Dr Zoe Brownlie, Clinical Psychologist, CAMHS, Sheffield Children's NHS Foundation Trust
Linda Oliver, Headteacher, Harrietsham Church of England Primary School, Kent
Dr Lynne Green, Clinical Director, Place2Be
Questions and comments from the floor
- 10.20 - 10.25 **Chair's closing remarks**
Dr Lisa Cameron MP, Chair, All-Party Parliamentary Group for Disability
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- 10.50 - 10.55 **Chair's opening remarks**
Lord Lucas, Officer, All-Party Parliamentary Group for Skills and Employment
- 10.55 - 11.10 **Policy priorities for children's mental health policy following the green paper**
Catherine Tyack, Lead, Children's and Young People's Mental Health Green Paper, Department of Health and Social Care
- 11.10 - 11.25 **Promoting children and young people's mental health: a public health approach**
Claire Robson, Programme Manager, Children, Young People and Families, Public Health England
- 11.25 - 11.50 Questions and comments from the floor with **Catherine Tyack**, Lead, Children's and Young People's Mental Health Green Paper, Department of Health and Social Care
- 11.50 - 12.00 **Mental health in schools: lessons from good practice**
Dr Lydia Marshall, Senior Researcher, Children, Families & Work, NatCen Social Research
- 12.00 - 12.55 **Addressing mental health in schools: prevention, identifying those in need and on-site support**
Jo Hardy, Acting Head of Parent Services, YoungMinds
Professor Louise Arseneault, Professor of Developmental Psychology, King's College London
Caroline Hounsell, Director of Partnerships, Product Development and Training, Mental Health First Aid
Matthew Peers, Commissioning Manager, Integrated Commissioning Team, NHS Sheffield Clinical Commissioning Group and Sheffield City Council
Sue Baillie, Pastoral Director, Royal Grammar School, Newcastle, Tyne and Wear
Questions and comments from the floor with **Dr Lydia Marshall**, Senior Researcher, Children, Families & Work, NatCen Social Research
- 12.55 - 13.00 **Chair and Westminster Education Forum closing remarks**
Lord Lucas, Officer, All-Party Parliamentary Group for Skills and Employment
Sean Cudmore, Deputy Editor, Westminster Education Forum

Westminster Education Forum opening remarks

Sean Cudmore, Deputy Editor

Ladies and gentlemen welcome. My name is Sean Cudmore and I'm the Deputy Editor of the Westminster Education Forum and it's a terrific pleasure to see you all here this morning.

We are waiting for some colleagues to join us and as you can see we've got quite a full room this morning. So if colleagues do arrive, if you could just allow them to squeeze past and find a seat, that would be very, very helpful.

I'm just here to make a few brief business announcements.

First all as is the case with all our seminars, everything which is said in this room this morning is recorded and later transcribed and will be sent to you in the form of a publication in about 10 to 12 working days' time. So if you do have a question or comment to make during the course of the morning, if you could please just say your name, organisation and also just wait for the microphone so that we can ensure you are on the recording.

We encourage a lively discussion in the room and also hopefully a lively discussion on Twitter. Please do feel free to tweet with regard to this morning's proceedings. There's a hashtag WEdFEvents on the bottom of the slide behind me.

Just a very small change unfortunately to this morning's proceedings. Rowan Munson, who was due to speak on the first panel unfortunately is unwell and cannot be with us.

But we should be in for a very good morning and we are in terrifically good hands with both our Chairs. I'll hand over now to our Chair for the first half of the morning, Dr Lisa Cameron MP. Dr Cameron.

Session Chair's opening remarks

Dr Lisa Cameron MP, Chair, All-Party Parliamentary Group for Disability

Well thank you so much for having me here first thing this morning, and I'm managing now to navigate the underground system in London, so I'm quite pleased with myself having got here in one piece and managed to come down the little stairs, which was quite tricky, almost ended up back over the bridge.

However, having come all the way from Scotland to Westminster as an MP has been a real privilege. I represent the area that I grew up in, and for those who know me you will know that I started my career as a psychologist. So Children's mental health is a subject extremely close to my heart, child and adolescent mental health services are services that have often been the Cinderella services in the past, meaning that they haven't always had the funding that they rightfully need and deserve, so I am extremely pleased to be with you this morning, but also to be elected to Parliament at this time in history, because I do believe that this is going to be one of the key priorities and you are going to be the people who are going to deliver on that for our generation, and for generations to come.

So you have the burden of that great responsibility, but we also have the burden of responsibility in politics and policy to make sure that child and adolescent mental health services and that children's mental health services more widely, right across education, across health and actually across the social fabric of what we do, that that is adequately funded, but that is also well thought out and driven by evidence based practice.

So I'm here to learn, as you are today, and to take back the inspiration that I am going to hear about this morning in all of your work to Parliament because it's people who are on the front line like yourselves who actually know what services need, what makes for good services going forward and you're actually the people that we should be learning from.

So I try to come to as many of these events as I can because I'm still on a learning curve in terms of future policy and in terms of progress and, as we know, evidence based changes over time and I want to stay at the forefront of that, I think all politicians should be at the forefront of what's happening on the front line, but also in terms of evidence base and policy, and that's the way that we can ensure that we have the very best services going forward.

For those of you who have researched, the people who are here today, you will see that you have a wonderful panel discussion and that we also have an excellent first speaker to come.

I recently was very, very privileged to be involved in an inquiry report at Westminster with the Health Select Committee on which I currently sit, in combination with the Education Select Committee and we were looking exactly at the issues that you're going to be grappling with this morning, looking at children's mental health and how to take that forward for the future. So I will be interested to hear your recommendations and to go away and compare those with the recommendations of the Committee, and make sure that we have combined expertise.

It's a great pleasure for me to introduce our first speaker who is Dr Pooky Knightsmith, Vice Chair of the Children and Young People's Mental Health Coalition, who will speak for 10, 15 minutes, and then there will be some time for questions from the floor.

So thank you again for having me, I'm learning with you this morning and that's what makes best policy going forward.

Thank you.

Child mental health - the scale of the challenge and the rationale for change

Dr Pooky Knightsmith, Vice Chair, Children and Young People's Mental Health Coalition

Good morning. It's lovely to be here with you today.

And yes, I have quite a big task, I have, sort of, ten minutes, or so to look at the scale of the issue and the rationale for change for children's mental health, but obviously, this will be built on throughout the morning by our other speakers and our other panels, and I will be around for questions, both throughout the morning and afterwards, as well. Twitter is always a good place to catch me @PookyH is the Twitter handle.

So I am the Vice Chair of the Children and Young People's Mental Health Coalition. Many of you will have come across me with that hat on, or one of my many hats. The Children and Young People's Mental Health Coalition we're, basically, a coalition of charities and other organisations working with young people, to try and impact on policy, and also trying to share best practice and move things forward in the world of child and adolescent mental health.

It's no mean task, trying to form a, kind of, cohesive and cogent view, when you're working across so many partners, but we do our best to do that, and most recently, did so by representing all the organisations that we work with at the Select Committee hearing on the Green Paper.

So in terms of the scale of the problem, you'll hear a lot about this today, and I think we can get somewhat lost in data. And it's important, also for us to remember that a lot of the data that we're getting lost in is completely out of date.

But to give a broad idea of, kind of, what we're looking at we often come back to this idea of one in ten 5 to 16 year olds having a mental health issue, or a diagnosable illness. So this is the equivalent of three kids in every classroom. And when we're working with schools, that's always the figure that we think about, three kids in each classroom are likely to be facing significant mental health challenges, which is a lot.

And the thing that kind of, helps to really bring that home, when we look at it across the whole of the UK, that's about 85,000 children and young people. So it's a massive, massive challenge that we're facing. And more of a challenge is the fact that only a quarter of those, actually will receive any help.

And to kind of understand the, sort of, potential ramifications of that across a lifetime, we need to understand that many mental health issues actually begin in childhood. So about half of mental health issues that someone will face in adulthood, will have started by the age of 14. So we're really missing a trick, when we're not picking up, or not managing to provide help for young people at these earlier stages.

So basically, the problem is big, and there is, you know varying evidence about whether it's getting better or worse, and quite what's happening. And we're waiting for better prevalence data, but absolutely everything does seem to indicate that yes, we are facing more mental health issues, and we are struggling more and more to actually give young people the support and the help that they need.

That said, there's fantastic research going on, and there are some really exciting new interventions going on. So things like colleagues down at the University of Reading, who are piloting behavioural activation therapy in adolescents with depression. And we're finding that this is a very cheap, very quick, and looks like a very effective treatment. So there's good stuff happening too, but basically, yes, it's a good problem. I think I'm preaching to the choir somewhat, though, right, we know this.

Something that not everyone's necessarily so aware of, and something that as a coalition, we find to be very important and something we look to, kind of, champion and raise awareness of, is actually the prevalence of

mental health within our more vulnerable groups. So those young people with a learning disability are a third, or more than a third more likely to have a mental health issue. Those with autism, we see up to almost three quarters of them will suffer from a mental health issue.

And children in care, and those who've previously been in care, are very much at risk of mental health issues too. And again, this may not be surprising to you but sometimes, when we look at the way in which young people might access services, or the way in which those services are tailored, all the support that we might be offering, through place like schools and other youth settings, we don't necessarily always think about how best to support the mental health needs of these particularly vulnerable groups.

And not only are they more likely than their peers to have mental health issues, they're more likely than their peers to find it difficult to access those. And they might not have the right infrastructure in place to enable them to have sustainable support and access to services. Does that make sense, so far? Okay.

Everyone's come back off a lovely sunny bank holiday weekend, and I don't know how many of you really want to be here, but hopefully this is helpful.

Okay. The next thing I want to talk to you briefly about is, what young people actually want. So it's great, you know I spend lots of time sitting in steering groups, and advisory meetings, and talking with lots of people, like me, with many years' experience in this sector, trying to work out what we should do to improve the lives of young people, and that's fab.

But, actually, what we need to really do is talk to them about what they think will work. And we need to, obviously, work alongside them, to think about how do we make this actually achievable, and make sure they're not just asking for the moon on a stick, but we do need to listen to their views, and think about how we may be able to achieve what it is they think they want?

Now they have lots of asks, young people always have lots of asks, and that's great, they're good at holding us to account. So the slides will all be available to you afterwards, I'm aware this is not my typical one word per slide, but...

So they're basically, you know one of the key things they always come back to us, is that they want us to listen. Young people often don't really feel heard, so they want to be listened to, and not just in a tokenistic way, they want to be listened to and see change happen, as a result of that.

They want it to be easier to access mental health support. And they want to be able to decide where they access that support. They want to be able to do it either in the community or via their schools, they want it to be, kind of, convenient and not stigmatised.

They want to learn more about how to look after their own mental health, and how to support a friend who might be going through a time of need. And they want their teachers and the other adults in their lives, to have a better understanding of mental health and wellbeing, so both the illness end, and also promoting positive wellbeing and mental health.

They talk a lot about the difficulty of transitioning into adult services. And, actually, there's a group here that we often forget about, because we talk about the difficult of transitioning from child and adolescent mental health services, into adult mental health services, but actually there are lots of people who have never hit services yet, and then that transition into adulthood, you know is even more difficult, arguable, so we worry, actually about that group of unheard voices too.

And then the perennial issue of reducing stigma. So yes, they want a lot. And I guess that just a question for us just to think about is, are they getting it, and how might we deliver that. I would say, that the new Green Paper, the consultation period recently finished, actually there are lots of very positive things in that Green Paper, colleagues have worked very hard on that and there are some really good vehicles for delivering some of the asks of young people, through the mechanisms suggested in that Green Paper.

I would also suggest that that Green Paper isn't stretching enough. It's looking to reach a fifth to a quarter of young people within the next few years, and perhaps what we need is more and sooner, but the actual mechanisms within there, I feel some of them are very positive and could help to reach some of these wants.

So in terms of what do we need to do. What do we need to do in order to better support children and young people's mental health? It's a massive question, I have ten minutes, but I'm going to make five suggestions, which are things that as a coalition, as these many charities and organisations coming together, these are our, kind of, perennial asks, if you like.

The first one, is that we need to take a whole system approach. So again, this is one of the issues with the Green Paper, we've seen that the Select Committee Report will come out tomorrow. I've not received my embargo copy yet, but the title has been released and it's called Failing A Generation. And there may well be strong arguments for that because of the lack of ambition in the Green Paper.

However, I think that we need to understand that this is one Green Paper, we can't fix everything. We can't fix everything that's broken with one Green Paper. And, actually, we need to see this as part of a whole, and what we need to think about is, how can health and education, and social care, all be working together, with the child at the heart of what they do, rather than us always, kind of, working in this bit meal kind of way, and this piece meal way.

So how can we put the child right at the heart of it and yes, actually collaborate and work together. Does that make sense? Yes. So a whole system approach, we feel, is very much needed. And I think we are taking strides towards that. The fact that the Select Committee was a joint education and health committee, was really important. The fact that the Green Paper had leads from both the Department for Education and the Department for Health and Social Care, again, really important. We are beginning to see much more joined up thinking.

What do we need next? Better data. So I alluded earlier to the fact that you might hear a lot of numbers today, and many of these might be very out of date. We often find ourselves quoting prevalence figures that are 15 or more years out of date. We need more frequent and better data, that is helping us to make good decisions, and gives us a real picture of what's actually going on, because often, it feels like guess work and that's, actually not okay.

And so we might have this feeling that from talking to colleagues, that things are getting much, much worse, but do we really know do we really know what the problem is that we're trying to solve? If we don't understand what we're trying to fix, how on earth do we try and fix it. So better data is really important, and again, that is something that is happening but again, we might like more and sooner, always.

The next thing is about utilising the wider workforce. So recognising that the strength that we have within our workforce, and making sure that we're absolutely making the most of that. We want to make sure that everyone who is working in our schools and our youth setting, everyone who is working within health settings, is receiving appropriate training, so that they can recognise and support mental health issues from the earliest possible point in children and young people.

We know that this can work really well, but at the moment, many people feel overwhelmed by the scale of the challenge, they haven't had enough of the right kind of support and training, in order to recognise the issue. And then they feel very scared about perhaps getting things wrong, when they do then perhaps, want to step in and help.

So it's about actually empowering people to do that and somethings that's very simple. Sometimes, that's about teaching people active listening skills, and giving them the confidence to have a conversation. A five minute conversation, for a child who is really struggling, can be life changing.

Better initial training. This links into the previous point, but thinking about the training that our GPs, our teachers, and our nurses, for example, are receiving, and thinking about, does that enable them to recognise mental health issues, and to respond to them appropriately. Are we training our workforce to be confident and empowered responders to mental health issues, in the first instance? And do they know how and when to refer on as needed?

And then finally, and this is, you know our, you know one of our biggest perennial asks, is this need to invest in early intervention. So we feel very strongly that actually the more that we can do really early on, so thinking about prevention as well, but catching things as early as possible, gives us the best possible hope of supporting children and young people with significant issues.

And there are lots of imperatives for this, there are financial imperatives. Young people who grow up to have a lifetime of mental health issues, cost a huge amount to, both the health services, and through loss of work, and through benefits. You know there's lots of data there, we think the cost to the economy is in the billions of pounds every year.

There's also, of course, arguably much more important, the quality of life argument and the cost of quality of life, every day that a child isn't receiving the support and help that they need, is another day that a child is suffering, perhaps unnecessarily, so there are very strong arguments there.

And the third one is just that actually the earlier that we're able to intervene, the more likely we are to be able to provide sustainable support. It's cheaper, it's better, it's clearly the right answer.

My final thing to ask of you, before I finish, though, is that you'll hear lots and lots of figures as we go through the morning. And, actually, I just want you to bear a child in mind, as you think about the different things that come up this morning, and just think about if that was the child being left behind. It might be your own child, it might be a child that you've worked through. And, actually, to remember that each of the children that we have the pleasure of working with or parenting, is more than a data point, and every one of them should have the right to have the best possible opportunity to, kind of, have a go at life, and to be given the support that they need. And we can lose sight of that in the data sometimes.

I've felt this very keenly myself in the past, I remember going to a conference, which was about the latest research into self-harm and suicide. And I found very eminent researchers, presenting really, really compelling data, but I realised that as someone who has struggled, both extensively with self-harm, and with suicide attempts, that to these researchers, I felt I was just a data point, and I found that really hard.

And so I think, yes, just bear a child in mind this morning, think of a child, think about how what you're hearing could impact them. And think about, is what we're doing good enough, how can we make it better, what can I do, and how can I maybe reach out to others to make that change too.

Okay. So very brief. Happy to take questions, but I hope it gets us thinking on the right tracks.

Pooky Knightsmith's slides can be downloaded from the following link:

http://www.westminsterforumprojects.co.uk/forums/slides/Pooky_Knightsmith.pdf

Child mental health - the scale of the challenge and the rationale for change

Questions and comments from the floor

Dr Lisa Cameron MP:

Thank you. An absolutely wonderful way to start the morning, and a real, you know general, sort of, overview of the issues, the crux of what we're going to look at this morning. So very interested to hear questions from the audience now. Yes, lady at the front. Can you just say who you are, when the microphone comes?

Dr Clare Short:

And I think I'm one of two Child and Adolescent Psychiatrists in the whole audience. So I feel like I'm in a minority. And I'm from Bristol. I'm really passionate about this, and I've been working for some 20 years, more and more in schools, because I think we're missing the problem and I think CAMHS, needs to integrate a lot more in schools. I've read your PhD Pooky, and I'm a huge admirer of you.

Dr Pooky Knightsmith:

Wow! One of about three people.

Dr Clare Short:

Yes. Well, part of it, I think, online, and it was really, really good, and such common sense. One of the things that really worries me about this is that we're talking about children and adolescents, but we're missing out a key part of it, which is families. When I started my training in child psychiatry, we used to call ourselves Child and Family Consultation Services, and the family has gone out of the picture. Now I can't think of a single young person or adolescent, where I wouldn't want to be understanding the systemic family context, it's absolutely key, because it's all about relationship. And you were saying, really, giving people the confidence to have a conversation is what it's all about, and I couldn't agree with you more. I do think that we need to start thinking much more broadly and having started to do some external reviews for NHS England on child homicides, one of the things that's really obvious to me is, if we get totally focused on adolescent and child mental health, and don't think about the bigger picture, and don't think about the social circumstances, we are really, really in serious trouble.

Dr Pooky Knightsmith:

I completely agree with that. And one of the things, as a coalition, that we're trying to push more and more, is an approach of nought to 25. And that doesn't mean to say we don't care what happens after 25, but we're very much interested in nought to 25 and increasingly, we're thinking about pre-birth as well, but also as you say, the child at the centre, and within the context of both school, other youth settings and family, as well. And we are seeing some very, you know there are some very interesting and positive interventions coming through, where parents and carers can make a huge difference, but again, I think there is much that we can do in order to empower people to do this role as well as they can. It's very difficult to be a parent, actually as a mother of two 8 year old children, it's hard, and it's hard to know where to turn. So there are some good things out there, Minded for Families, for example, we're finding is being really well received, and is a great place for people to go and get more information about how to support children. But again, we do see schools can be a great, sort of, hub, if you like, for reaching out and

working with families, so that's one of the means through which we go, but I 100% agree, the role of parents, supporting parents, is crucial. And trying to destigmatise, as well, if you are a parent of a child who is struggling in any way, often, there are lots of very difficult feelings that go with that. And actually being able to ask for help and support in your parenting is hard, and we need to empower people to do that better, I think.

Dr Lisa Cameron MP:

Further questions? Okay. Okay. So we've got two questions there.

Janet Willicott:

Most people know me as the mother that collapsed last week. I'm not just a mother, I'm also a professional in public health, I've got my own years' experience in research. I agree with all of your information that you have on your slides, but there's one thing that you've omitted, local authorities. Local authorities do not take on board any of this information, and they need to be trained in everything. Local authorities need to be aware of this.

Dr Pooky Knightsmith:

I would argue that a lot of local authorities, they are very underfunded, and I couldn't argue that in every case everything is perfect, but there are very good people, working throughout local authorities across the country, who have the children at the heart of what they do. I think, often, that we are unable to do as much as we want, because either there's not as good a training as there might be, maybe they don't have as much information or as much money, as much resources as might be wanted, but I think there is some wonderful practice out there too. I go up and down the country, working in different areas, and yes, there are the horror stories, but there are also some, you know examples of really, really wonderful practice too. And what I would hope is that we can learn from what's working well, and see that shared more widely, and learn from that.

Dr Lisa Cameron MP:

Do you think it's still a postcode lottery then for people in terms of where the excellence is?

Dr Pooky Knightsmith:

Yes.

Dr Lisa Cameron MP:

And how does that get rolled out because obviously, that hasn't happened in your case, and that's been an issue?

Janet Willicott:

It's across the board, it's not just my local authority, it's up and the country.

Dr Lisa Cameron MP:

Yes. What would have made a difference for you, just briefly?

Janet Willicott:

First off, for the local authority to take accountability, and to take responsibility. Thirdly, for them to actually have sufficient enough training. My local authority have admitted they haven't had the training.

Dr Lisa Cameron MP:

Training. Okay. So...

Dr Pooky Knightsmith:

Yes. I mean, I think there is definitely a role for training there, and making sure, also the funds go to the right place. So we would like to see ring-fenced funding for mental health, because often this

funding, you know when you get to a local authority that is in crisis... So I live in Croydon, for example, and you know they have had lots of varying issues. And when given some money, is mental health going to be the first place they're going to spend it? Maybe not. And I do think it's very important that that funding is ring-fenced, that it's spent wisely, that training is in place, but yes, we need not to have so much of a postcode lottery, absolutely. And it is the case because yes, there are examples of excellence out there. The other thing that's an issue is about the fact that this can be a question of those who know the system can access better health support. And that is true of both physical and mental health issues. And again, that shouldn't be the case, it shouldn't be that if you are someone who understands this area, or has a good education and can navigate it, that you and your family will access better support, that's not okay. So we need to enable everyone to access the right support.

Dr Lisa Cameron MP:

Okay. Thank you. Lady at the front. I think so.

Councillor Anne Jones:

I'm from West Sussex County Council.

And I've been all through the care system, and the whole thing, and this is a great passion of mine. The situation has worsened, over the last 20 odd years. There are two things. One, as a school governor I was shocked at the expulsions. And we've heard expulsions of 4 year olds now haven't we, who shouldn't have been in school anyway. And a child tells you by their behaviour that things aren't right, but what we usually do is punish them, we punish the victim, because they can't voice what's going on. And you talked about adolescents, I know from all my work that I've done, that it starts with the baby, it can start in the womb, but it starts after birth. And we have sent mothers out of hospital now before they've even got time to understand what to do with this crying baby, and so it's a partnership. So what I'm saying to you, because you're a lot of experts here, how are we going to get the message across that if we don't give the right care at the right time to the young families, and the new mothers, that depression impacts on that baby. And that comes out in adolescents if we don't get it right, and we put them into nurseries, and into schools, and we are creating a minefield of problems that can last them for life. And it's expedient, because I am a professional woman and I need to work, or, I need to work because I need the money. And I can go on, sorry, but you know we've had all the stabbings, and I remember years ago that if children were having a struggle in London, they would be sent out to almost like boarding schools, or places to thrive and have a different life. And I thought, who is doing a lot of the low paid jobs in London, probably some of their parents, and they're supposed to raise their children, while they're doing all this work as well, and then we blame them if they're not parenting them properly. So yes, I'm going on, because I think some of the people here may be the people who can say, come on, stop, we've got to do something better. We've got to look at Finland and the countries to the west of us, and say, stop talking, but let's act.

Dr Lisa Cameron MP:

Okay. Thank you very much. So early intervention and support for parents, is that...

Dr Pooky Knightsmith:

Yes, absolutely. And this argument that we need to be aware from a very young age is important. And also this does bring up the, kind of, discussion around the ACEs, so the adverse childhood experiences, which we're becoming much more aware of, and actually recognising, as early as possible, if a child is more likely than their peers to develop issues, because they are exposed to multiple ACEs is important. And enabling people to recognise, whether they're a parent, or they work in the educational health sector, that a young person is at risk because of those reasons, is helpful. And then giving them practical support to respond appropriately too, and that's often where we fall down, we're very good at identifying the issue, but sometimes it's the next step, it's the, so what, what do we do, how can we actually help, that can be missing. And that doesn't always need to be deeply, deeply complicated. And the potential to have a huge impact on young lives is huge, and it doesn't necessarily always take, you know a world leading expert, sometimes it just takes someone who cares and has some time for that child.

Dr Lisa Cameron MP:

Yes. Thank you. So we have time for a couple more questions. Yes, lady in blue.

Dr Sue Roffey:

I'm an academic and Director of Growing Great Schools Worldwide. I really am appreciative of what you have said, about the importance of the micro moments in schools, and I am very concerned about some of the training that is needed. And we have recommended a mental health lead in schools, and I'm really concerned about who is going to do that training, and whether that training is only going to be about recognising mental health problems, or whether it's about school culture, because an awful lot of the issues are around school culture, and what's happening to people on a day to day basis. And we know that in the micro moments of relationships, young people's lives can be saved, they can have a different view of themselves. And one of the things that is not mentioned, I don't think, enough in the Green Paper, was the role of educational psychologists. And educational psychologists are the lynch pin between education and health, and they have far more ability to influence systemic interactions and schools as cultures, if they're given the opportunity to do so.

Dr Pooky Knightsmith:

Agreed. And so the idea of having a mental health lead in all schools, and actually increasingly, this is a role that schools are appointing ahead of any expected, kind of, Government targets, but the idea of having a mental health lead in every school, is something that we've been asking for many years, really encouraged to see it in the Green Paper. However, this is not a job that can be done by one person, they should be, you know perhaps the source of expertise and the, kind of, the go to, like we have for child protection, but we do need them to have appropriate training, and we do need to think about how that's cascaded down to the rest of the team, as well.

The other thing on that so, you expressed a concern about who would be doing that and what training would be available. This is something that is being very actively discussed between Department for Education and Department of Health, at the moment. And there are some very interesting programmes being put together by places

like Leeds Beckett and the Carnegie School of Mental Health, where they're looking to put together some really thorough programmes for mental health school leads. So I think we are going in the right direction, we're not there yet, but there is some great practice that we can learn from and think this is an opportunity that we need to encourage colleagues to seize. And we also need to recognise the role of those mental health leads, as the person who can do things like help coordinate people like the educational psychologist, because there are some great people that we can work with across education and health, but we need someone to help to coordinate that response, to make sure we're making the most of the expertise that we do have. Because that's the other thing that happens, at the moment, sometimes there is great expertise there that's just not being drawn on, we don't always make effective use of the resources that we have.

Dr Lisa Cameron MP:

And just last week, I was on another panel discussion, and they were saying that educational psychology numbers have actually gone down. So how does that sort of, marry with what we're trying to do?

Dr Pooky Knightsmith:

The job of an... Are there any Ed Psychs in the room? It...

From the floor:

[transcript gap]

Dr Pooky Knightsmith:

It's tough job, it's a really hard job. And it's like many jobs, I suppose, the pressures feel more and more, and it's not necessarily the inviting prospect that it once was. And I train a lot of educational psychologists, and they often feel very frustrated by the level of need that they see, and how helpless they feel to respond to that need. So again, if we're able to better utilise the expertise we have there, but also to further the training that they're having. So I'm speaking at a conference later in the year, organised by the British Psychological Society, and that is educational psychologists coming together, specifically to look at child and adolescent mental health, and the practical response they can take, because again, like any of us, they all will benefit from further training, further support.

Dr Lisa Cameron MP:

Thank you. Yes, gentleman at the back. Sorry, lady at the back.

Orla Casey:

I'm a Music Therapist and I work for a local authority. So just two points, please, if that's okay. One is, what I experience in our local authority, we are a school service, primarily, what I experience in the local authority is siloes. Huge amounts of people trying to do the same type of work but making it very difficult to work together. So for example, my experience as a music therapist, and in the arts therapies profession, which is about supporting people to engage using, perhaps, non-verbal mediums, is that arts therapies is not in vogue at the moment. And so it's quite difficult sometimes to work, even, for example, with the educational psychologists, who are in our county council, because we're not in vogue. Arts therapies is often thought about as not having scientific data and quantitative data so therefore, it can be difficult to prove, but lots of people, you know can understand that music therapy and arts therapies do have a function and a real role. So that's one point, in terms of working with siloes. And we work in schools every week, so we can deliver on

the ground, where ed psychs are more in a consultative role these days in schools and may not be able to work with the schools as frequently as we are.

The second point I'd like to make is, as a clinician, my role has become much, much more about trying to find money to bring to a service. So we're very passionate about the work we do, but in terms of what we can do, I cannot provide the work that I do without bringing money at this stage. I'm a clinician, I'm trained as a clinician, I'm not trained as a fundraiser, I'm not trained as a budget person, but I'm having to do all that now which is very, very difficult to do, instead of just being able to provide the clinical work. When we're trying to do professional things, like fundraising, budget holding, I haven't got the skills, it takes me ten times as long to do something like that role, I'm a clinician. And so that's what I'm finding within the country council, that it is hugely difficult to have to do that you know.

Dr Lisa Cameron MP: So saying you're not in vogue, you're feeling that the work, the therapeutic role you have, is less valued, currently, in terms of...

Orla Casey: I think, often, perhaps it's to do with monetary value. So there's an idea that music therapy or arts therapies are expensive, and perhaps the interventions, you know they are, by their nature, longer term interventions than perhaps a six week CBT model. However, I think, where we're coming from perhaps is that the change is slower, but perhaps more organic, and more long lasting.

Dr Lisa Cameron MP: Yes, and not everyone is going to benefit from a six week programme, so there are going to be young people with different needs. I'm interested as to how that might link into the behaviour activation type work you were talking about, does that link with activity, is that what I'm picking up there, and this type of...

Dr Pooky Knightsmith: Behaviour activation therapy in 30 seconds...

Dr Lisa Cameron MP: I mean, you don't have to tell me what it is.

Dr Pooky Knightsmith: No, no, no. It is a very simple approach. But yes, if you look up Professor Shirley Reynold's work on the topic, she can provide far more, but essentially, behaviour activation therapy works on the basis that when we are depressed we tend to become less active and more withdrawn. And when we become withdrawn, and we don't engage in the activities and with the people we once enjoyed, then we end up in this, kind of, very negative reinforcing, sort of, cycle. So the less that we do, the less good we feel, the less likely we are to do things. And behavioural activation is, basically, about trying to break that cycle by going out and doing things that we have previously enjoyed or taking up new activities.

Dr Lisa Cameron MP: So would that fit with those types of therapeutic activity then perhaps sports, music, arts?

Dr Pooky Knightsmith: Absolutely. I mean, the behavioural activation therapy, it tends to be tailored, you know somewhat to the individual and their interests. And yes, lots of young people do find that things like, you know sport,

or music, or art, or what have you, might be the thing that really works for them, but the key thing with this is, it's about beginning to understand your own mood, and to monitor that and to see the positive impact that engaging in activities has on it, and to, kind of, preserve with that and to try and essentially, work into a positive cycle. It's very difficult, the way that funding works and things come in and out of vogue, as you say, but the key thing that people generally are looking for at the moment, is to be able to see, both that there is an evidence base for the things that they're investing in. And b, that they feel like good value for money, because there just isn't enough money to go around. So interventions which are brief, cost effective, and which impact rapidly on the individual, are often the ones that will get funding.

Dr Lisa Cameron MP:

If you just want at brief follow up.

Orla Casey:

I appreciate that and I think there are several levels of intervention. So for example, as a music service, we offer instrumental tuition in schools. The next level up then we offer... which is mentoring, which is exclusion work, early identification work, which is maybe about music interaction, sports interaction, as you say, behaviour interaction. I think, in terms of the clinical work, it's at the upper level, where we're doing what people who have perhaps statements, who have a very high level of need, but what I hear from schools all the time is, when I go into schools, is that the threshold is so high for people to get intervention at the moment, that the children who are coming underneath that threshold are really struggling. And yes, it's about behavioural intervention, but I think what determines any behaviour is the emotion behind it. And I think we need to address, and we need to look at what is going to help the emotion, and sometimes going backwards into the emotion, rather than the behaviour, will shift the esteem and resilience.

Dr Pooky Knightsmith:

And sometimes, it's about using those as an earlier intervention too. So In Brighton and Hove, we ran a lovely project where we worked with the learning support assistants, so you're non-teaching support staff in schools. And we taught them a range of skills, from people like yourself, who taught them the basics of, kind of, music therapy, art therapy, puppet therapy, all sorts of different interventions they then had in their toolbox. And they have more time, they have more time one to one with kids, and they were able to work, not with those kids who had a high statement of needs, but those who were just, you know an early cause for concern. And the, sort of, early impact from that looks really, really positive. So sometimes, it's about taking those skills, and thinking, how can we, sort of, mobilise our workforce to use those, and make use of the people that we have, and the time that we have, and the money we do have available.

Dr Lisa Cameron MP:

Thank you so much. And a round of applause. So I think that was an excellent introduction, and very, very clear messages about putting the child at the centre of everything we're doing and having a whole systems approach.

So I'm delighted now to have four speakers this morning. The first is Laurie Day, Head of Child and Families Research at Ecorys UK. So welcome. Thank you, Laurie.

Developing an effective multi-agency approach to children's mental health: funding and developing a collaborative approach between schools, CAMHS and the voluntary sector

Laurie Day, Head of Children and Families Research, Ecorys UK

That's great. Thank you very much. Good morning, everybody.

My name's Laurie Day. So I'm from Ecorys, we're an independent research organisation. And we've been involved in a number, an increasing number, actually of pilot evaluations on this type of thematic area. Not just for Government, but also a lot of work that's being commissioned, increasingly, by the third sector, as well. So I think this is, you know an area that's definitely raising in profile.

So I'm going to use my five minutes this morning, to talk through some of the key findings from the School Links Pilot Evaluation, which is one of the evaluations that I was involved in, which fed into the Green Paper. And also to talk a little bit around some of the ongoing work that we're doing at the moment around this evidence base.

So just briefly, for those of you that are unaware of the origins. So the School Link Pilots were launched in June 2015, and it is a joint programme between NHS England and the Department for Education, building on recommendations from Future In Mind, and specifically, picking up on this point around needing to improve communication and joint professional working between schools and specialist children and young people's mental health organisations.

So there are 22 pilot areas, and three main elements to the pilot. So the first one was around testing single points of contact in schools and in NHS CAMHS, so in specialist health organisations. Secondly, was joint planning workshops, and these were independently facilitated. So it was bringing together, not only schools and CAMHS, but also a whole range of other partners from the local system, and implementing a cascade framework, which was developed by the Anna Freud Centre, and that's been rolled out since then, and then some national events, to share the learning from that experience.

So in brief, what do the pilots tell us? I think, what really stood out first of all, was the diversity of the local models that were developed. So we found really varied circumstances, in terms of the starting point for joint professional working within the pilot authorities that were involved, ranging from areas where there was already well-established work, through to some areas where there was a real initial, sort of, breaking down of boundaries involved in that process.

There were also very diverse routes and pathways from schools into specialist support. So in some areas, it wasn't possible to refer directly, and schools had to go through GPs, health professionals, often for good reasons, in terms of why that had been set up, but very much not a one size fits all approach, in terms of how the models had to develop.

The model that was taken in terms of the single point of contact, was linking up a primary mental health worker with, typically, around ten schools. So they could be primaries, secondaries, a mixture of the two. So initially, this was looking at testing the idea, on quite a small scale, with an idea of, you know, how could that potentially be scaled up afterwards.

What we did find, though, was that even in the course of quite a small-scale pilot, some of the ways in which that role evolved very considerably. So from one end of the scale, there would be primary mental health workers actually based in schools for significant proportions of time, they would be co-working with teachers, with school-based professionals in terms of observation, direct practice.

At the other end of the scale, there were some areas where it was more of a triage approach. So it was really interpreted in terms of having a single point of access to specialist support, but there wouldn't necessarily be a named worker. And that was much more about clarity of understanding of how and when referrals could take

place. So even in the small number of authorities that we were working with, I think there was some real food for thought there, in terms of how multi-agency teams might develop this area of work.

So critical success factors, as I've mentioned, there wasn't, sort of, one single approach that was most effective overall. But there were some common factors that came through really strongly. The first was the importance of strategic leadership from both health and education, and those two elements had to be there for that to really match up. And in the context of this pilot programme, that meant, particularly, around in terms of the role of CCGs, and the role of local authorities in working together.

Secondly, was clearly defining pathways to specialist support. And one of the first steps in a lot of the areas that took part, was sitting down with all the stakeholders, and actually mapping this out in terms of what pathways are available to young people in the local area. And quite often, that led to surprises to, perhaps, routes to support that weren't widely know about. Keeping open channels of communication, and a theme, again, I think was discussed earlier, in terms of making best use of existing resources within the system.

So in terms of the overall findings from the evaluation, a fairly positive message. So we found that there was clear evidence of improvements in frequency and quality of communications. So professionals talking to each other, rather than, perhaps, going directly to referral, it would be picking up the phone, having that direct point of contact.

They were also harder to quantify, but there were perceived improvements to the quality of referrals that were coming through to specialist CAMHS, but without opening the floodgates, I think one of the concerns at the start of the pilot programme, was that this was going to result in huge numbers of new referrals and actually that didn't happen. Though, in some instances, there were schools where very high levels of unmet need were identified, as a result of taking part in the pilot programme.

And there were also promising early signs, in terms of capacity building for preventive mental health within schools, so in terms of building the knowledge and confidence of school-based staff, to work and support children and young people with mental health needs.

So very briefly, areas of further exploration. Three main things, I think, that really stood out from our work for the evaluation. The first one was around the importance of scaling and sustainability. So this was developed at small scale, what does this look like if it's delivered across a whole local area with multiple schools. There's a cost, I mentioned to that there's also health inequalities, I mentioned to that in terms of different levels of need in different local areas.

Putting in evidence based preventative interventions. That was at a relatively early stage during the pilot project. And also in terms of the, sort of, culture change. So how can we progress towards more of a common language in terms of children and young people's mental health, between education and health professionals.

So following on from this piece of work, there's an ongoing expanded pilot programme, which is testing some of these ideas. So it's working in 20 CCGs, 1,200 schools, so a much bigger scale. And we're currently evaluating this, there will be a report in the spring next year. I think one of the key things is that we're going to be using some of the same types of measures that we used in the regional pilots. The idea is to look at, is there a change in outcomes, when this type of work is scaled up and perhaps delivered with greater numbers of schools.

So I'm aware my time is up, so I'm going to skip the last slide, and just briefly flag up the availability of the final report from that piece of work.

Dr Lisa Cameron MP: Thank you very much.

Thank you very much.

Dr Lisa Cameron MP: If you can join me up here, we'll have some time for questions a bit later. And our next speaker is Dr Zoe Brownlie, Clinical Psychologist at CAMHS, Sheffield Children's NHS Foundation Trust.

Developing an effective multi-agency approach to children's mental health: funding and developing a collaborative approach between schools, CAMHS and the voluntary sector

Dr Zoe Brownlie, Clinical Psychologist, CAMHS, Sheffield Children's NHS Foundation Trust

Good morning, everyone.

I'm here to talk about our work with CAMHS, collaborating with Sheffield Schools. We're working with 44 Sheffield schools at the moment. We started with the CAMHS School Link Pilot, we're now jointly commissioned by the local authority and Sheffield Clinical Commissioning Group. We're working with 2 year olds up to 16 year olds, so nursery to sixth form.

I'm listening to comments today in the room, I really want to share with you, that I think we've got a great model going on in Sheffield. And that might sound a bit arrogant to say that but what we're doing is a true whole school approach. We've got this amazing opportunity to work with schools, highly skilled staff, who spend seven hours a day, up to seven years of a child's life with them. Staff who really care, who think about their school as being a community, and who want to do the best for those young people.

The work we've been doing with them, sharing psychological theories, and current neurodevelopmental research, just makes sense to them. And they're coming back to us and saying, what you're saying, it's not rocket science, it makes sense, I kind of knew this already, but now you've given me the confidence to really persevere with this, and prioritise it, and make sure it's offered sustainably and robustly across my school.

Of course, the barriers for schools, time, capacity of staff, how the school's being measured. And also what we hear from very, very experienced headteachers, is that a raising complexity and challenge of those young people that they're working with. We do whole school training, with the whole school staff team. And then we also work with up to three members of core staff within that school, to really embed their skills, and support them across a year's contact with the school.

When we're talking about training, mental health, it doesn't work just sheep dip training, you go to one lot of training, and that's it, you've done it. It's about revisiting your learning, it's about having reflective practice, it's about being able to offload your worries, your anxieties, your concerns, your frustrations with certain things. And having an expert mental health team, connected to that school, to be able to absolutely enhance their practice.

And we truly are learning from schools too. I often say to schools, you've got more ideas than me about how to deal with a group of children. I can give you the psychological theory, and the process of why and what's important. And then you've already got loads of fantastic activities that you can utilise within that school.

We've just had a conference in Sheffield. We had 300 people turn out, we had eight schools presenting, and it was just so exciting. And people I'm able to stand here today to say, this is a good model, because the feedback I'm getting from schools is giving me more and more confidence that this is working, and this making a difference. And the anecdotal evidence for individual young people is astounding me, at times.

So I'm going to rush through this a little bit, because I haven't got much time. One of our offers within our Healthy Minds offer, is to do a survey across all students, parents and staff. Students tell us, absolutely overwhelmingly, when we ask them, what more would you like your school to be doing around mental health, improve the school culture. We want staff who care, who ask.

We ask staff, they're like, oh, my goodness, I don't know if I want to open that can of worms. And I think it's so important that we shouldn't be talking about mental health, as in mental health conditions, because then it's

frightening, isn't it? But if we think about emotional wellbeing as a continuum and of course, some young people might need some specialist more intensive support.

But actually even those young people, it's the day to day interactions that they're getting in school, makes a massive difference to them, that we can really, sort of, absolutely put in those, sort of, strong emotional resilience for all young people, which is, not only going to make a difference to their emotional wellbeing and mental health, it will make a difference to their attainment, their readiness to learn, their lifelong health outcomes.

So what we're trying to support schools with in Sheffield, is not teaching about mental health conditions, but teaching about these core, core principles of what makes sense for children's lifelong health and wellbeing. Yes, we want the behaviour management stuff is important, we need to be a little bit careful about it, but we also want to really boost building quality relationships with young people and supporting their emotional regulation.

So I haven't got time to go through this slide very carefully, but we talk very much about the three levels of the brain, you've got your instinctual brain, your emotional brain, and then your thinking brain. For people to be in their thinking brain, these two bits need to be in place. And so if we can create an environment and culture, in school, where young people can turn up and feel safe, secure, acknowledged, heard, then they're much, much more likely to be able to access this thinking brain.

I... My key message today is, I don't want to just teach about mental health and signpost, I want young people to experience good mental health. And school communities can provide that when there's lots and lots of other chaos, maybe, going on in that young person's life. And this is the key, the executive function and emotional regulation. If you want to hear more about that look at Harvard Centre on the Developing Child, a fantastic website, and loads and loads more information around that.

But if we get that right, it's not just about mental health, it's all these other things. What do we want for our young people? What do we want for our institutions to provide young people with? We want them to be successful and have life satisfaction. And all these things, it will make a difference to all these aspect of that child's later outcomes, if we can build these quality relationships, and think about their emotional regulation, and building this absolute bedrock of emotional resilience.

I work in CAMHS, my CAMHS colleagues are on their knees, school's colleagues are on their knees, everybody has got a lot on at the moment. And yes, we need to think about referral pathways, and making sure it's clear, and getting young people to the right place at the right time, but there's also this great cohort of young people that when we're talking about ACEs, adverse childhood experiences, some of the schools we're working with in Sheffield tell us, 40% of their children have some safeguarding concerns.

So they're not the young people who are going to manage with just a little bit of intervention out there. We need to be getting in the village, mental health professionals in the village, with these school communities, to absolutely give them the best opportunity possible. And that doesn't mean anybody can do that we need experienced mental health professionals to be able to support schools in doing that.

Okay. Thank you very much.

Dr Lisa Cameron MP:

Thank you very much. Fantastic presentation and very interested to hear about your work.

So next we have Linda Oliver who is Headteacher at Harrietsham Church of England Primary School in Kent. Welcome, thank you.

Developing an effective multi-agency approach to children's mental health: funding and developing a collaborative approach between schools, CAMHS and the voluntary sector

Linda Oliver, Headteacher, Harrietsham Church of England Primary School, Kent

Good morning everybody.

I'm really pleased to be here to tell you about the fantastic work that we are doing at Harrietsham.

I've been a Headteacher for 7 years, at Harrietsham for the past 2½ years and basically in that time I've noticed a significant increase in children presenting with mental health issues. The impact of mental health problems on the lives of children can be significant and half of the mental health issues are established before the age of 14, so we've heard that 1 in 10 children roughly have mental health issues and I would probably say that is actually higher, and 8-10% of 5-10 year olds actually suffer from a mental health disorder.

These children tend to have more time off school, obviously behaviour issues, and later on in life basically leading to being criminalised for an illness and still not being helped. It's therefore vital that these children receive the support and treatment which they actually need without having to wait 12-16 weeks to be seen after referral.

I've seen a significant impact that it has on the child's education, their emotional wellbeing, their self-esteem and behaviour, as well as the efforts on the family, fellow pupils and staff.

So at Harrietsham over the last few years we are more aware of the number of children demonstrating with mental health issues and found that as educators, staff did not have the necessary expertise to actually help and support these children. So the referral process to CAMHS can be difficult with a 3 to 4 month wait for children to be seen, only to be told that they don't meet the threshold, and it's then handed back to the GP or us in school.

I found this extremely frustrating and quite upsetting, as a headteacher, because I want the best for my children in order for them to thrive and to reach their full potential. I therefore, with the help of my senior leadership team and PSHE coordinator, decided that something needed to be done on improving our children's mental health and wellbeing.

More and more is being put on to the schools at a time when school budgets are tighter and we don't have the funding. So we decided to put in a lottery bid, with the help of the charity, Mind. In December 2017 we were successful in receiving our fund. This gave us 16 staff places on mental health first aid training courses, 2 mental health awareness days for up to 50 parents at each session, and 6 courses over the academic year of 6 one hour sessions for children linked to need and learning style. The course included topics covering anxiety, temper, resilience and self-esteem.

Whilst this was a great achievement and celebration that we were the first primary school in Kent, in the UK to receive lottery funding to support mental health, the local and national press reported this in a more negative light in that we had issues in our school of children self-harming, rather than us being trained to be able to identify children who are at risk of mental health and to intervene early.

This prompted our local MP, Helen Whately to visit our school to see the great work that we are doing. So far the impact on these sessions has been fantastic, the children have developed skills to be able to talk and express their feelings, and to help them deal with their problems. Staff who have attended the mental first aid course are now more able to support these children and to signpost parents to relevant services for support.

There definitely needs to be an improvement in the coordination of interventions and a development of mental health services. By promoting social and emotional skills in supporting these children it will improve their mental health and academic attainment which will give the children better opportunities in life. It is essential that we are better at supporting pupils and parents and with the mental health challenges that are faced and improving their wellbeing in order for them to reach their full potential.

So in conclusion I want to see some joined up thinking and knowledge of all areas where help can be sought, mental health services to work better with schools and the Government to increase funding so that we have an education system where good wellbeing and mental health are at the heart of the culture and ethos of all schools, so that children and young people, supported by their teachers and family, can build confidence and to flourish.

Thank you very much.

Dr Lisa Cameron MP:

Thank you, thank you very much. Very interesting to hear the account really from the frontline, and obviously I think it's excellent that you've received that funding, but not everyone is going to be access funding from the Lottery, so funding is a key issue that we will take forward when we have our questions.

The next speaker is Dr Lynne Green who is Clinical Director of Place2Be. So thank you and welcome Dr Lynne.

Developing an effective multi-agency approach to children's mental health: funding and developing a collaborative approach between schools, CAMHS and the voluntary sector

Dr Lynne Green, Clinical Director, Place2Be

Thank you very much. Thanks for inviting me. Hi, everybody.

I should just start by saying, there are pros and cons, I think, to going last in a line of speakers. You know a lot of the points have already been made, so I'll try not to repeat those. And perhaps, try and pick up on some of the comments that have already been raised in some of the questions that we've heard today.

So my background, I'm a Clinical Psychologist. I've worked for the NHS for the last 20 years, and the majority of that has been at the more acute end of service provision. So child and adolescent in-patient services, for example, chronic eating disorders.

I'm really delighted that there's been a surge of funding in the more acute, can everybody hear me, in the acute end of service provision, because I think that's absolutely been needed, but I'm even more delighted to see a real focus now on early help and prevention, as I think we all are.

I think, the Green Paper is absolutely welcome, I'm sure you'll all agree. I think there are a lot of challenges, to make sure that we really now nail the Green Paper down and implement the recommendations in it. And it will be interesting to see how that pans out, and I'm looking forward to more debate around that.

So for those of you who are not familiar with Place2Be, Place2Be is a mental health charity for children that is all about schools' provision. It's about early help and prevention in schools, and that's what really appealed to me, actually having worked at the acute sector, in fact started working with adults with mental health problems, then Moved to adolescents, then to younger children, and I'm now in More focussed on early help within schools.

I'm even thinking about pre and postnatal work and starting to have conversations about that. Because I believe it's never too early for us to intervene.

It's quite a complex slide but hopefully, it will give you a flavour of the different layers of our organisation, with children and young people right at the core, right in the centre. So we do lots of one to one counselling with children, we do group work, we do whole classroom work.

Within Place2Be, we're also really focused on working with the parents. And that might be through evidence-based one to one counselling interventions, we have a good evidence-base for that within our service, and also using external evidence, as well.

But we also do more informal work with parents. A lot of our parents, may not need one to one counselling, but they have lots of questions around their child's developments including their behaviour as well as their mental health. This may be for a one off session or, it might be a series of sessions. Sometimes the reassurance that actually their child is developing normally is sufficient.

And as a parent myself of three children, aside from the fact that I'm a psychologist, I know when my eldest started secondary school, there were all sorts of things happening, that were really confusing to me. So I think, sometimes, that reassurance about what is normal, can be really helpful for parents, and we get some really good feedback about those sessions. I think, in the last year, there was about 8,000 or so sessions of that nature, and we get really positive comments.

We're in, I should say, about 280 odd schools. We're across England Scotland and Wales, not in Ireland yet, so we have quite a far reach. We do thousands and thousands of counselling sessions a year with children within

our whole school approach. So we're not just looking at the children in school who present with, or who are identified as having mental health problems, we're looking at the whole spectrum of emotional health and wellbeing and promoting resilience. So when children, at some point, meet adversity in their lives, hopefully, they will be strong enough to deal with it.

Somebody mentioned over there about the creative therapies. Very recently, we joined with The Art Room, which used to be a standalone charity, that offers artistic methods of counselling. We're really excited at, looking at how we can evaluate those sorts of interventions. In addition to looking at what we do well and trying to do more of that we're really keen to look at what the children who maybe don't do so well, and what sorts of approaches might work for them.

So not forgetting teachers, teachers are a really important part of our whole school approach. I've got lots of friends who are headteachers, and work in the teaching profession, generally, and again, as has already been mentioned, they tell us that teaching has changed over the years. What they're expected to do is incredibly different, the levels of complexity that they're seeing is, up here compared to what it was. So we have two programmes, in particular, to address that.

Our teachers, the leaders tell us that they don't know how to commission a good service. How can they tell the difference between what is a really good offer around counselling and mental health, and what's an okay offer? And when funds are really tight, it's really difficult for them to make those decisions. So we offer two flagship programmes, one, is a programme for the leaders to help them come up with strategic models for their whole school approach, to create mentally healthy schools. And the other one is a more practical approach for the class teachers that they can use in the classroom.

We also deliver a wide range of training up to professional qualifications, for our in-house staff. So it's a rolling programme, but people can train up to Masters level and postgraduate level, as well. I'm just going to show you this very, very quickly, because I'm at the end of my time. I can talk to people more about our outcomes.

I'll just mention the economic evaluation at the end, this is quite a new thing for us, in Place2Be, we tend to focus more on the clinical evaluation, but recently, Pro Bono Economics, did some evaluation around our numbers. And as you can see, it's pretty compelling, in terms of the potential savings that we can make through our one to one counselling, which is just one aspect of our intervention.

Very, very, very quickly, I really liked Pooky's last slide about, helping children to fly, and that being a take home message. This is my take home message. I think it's brilliant that we're destigmatising mental health, I think it's really important that we do that absolutely. And if people need help, and if people have identified mental health problems, we need to address them, and we need to address them early.

However, I think we need to be really careful that we don't over medicalise, we don't over diagnose children, and we see children as a whole. I've got three, I see them as all sorts of different things at different times, and we need to not lose sight of that. And that's my final note.

Thank you.

Lynne Green's slides can be downloaded from the following link:

http://www.westminsterforumprojects.co.uk/forums/slides/Lynne_Green.pdf

Dr Lisa Cameron MP:

Thank you very much. Excellent.

Developing an effective multi-agency approach to children's mental health: funding and developing a collaborative approach between schools, CAMHS and the voluntary sector

Questions and comments from the floor

Dr Lisa Cameron MP:

So very wide-ranging material from our panellists there. And if you can, yes, come and join me here. Do we have some questions from the audience? Lady there, right at the... straight away.

Louise Engels:

Am, I on yet? Thank you. I'm a parent, but I'm also a co-founder of Not Fine In School, which is a peer support organisation, where we support parents who have attendance difficulties. And I think there's something that has been missed here, which has been just briefly mentioned, which is, we represent a lot of parents who are of school refuser children. These are not behavioural children, these are not choices that they're making, these children cannot cope with the school environment, they cannot cope with what happens there. A lot of them, their special needs are not being met, they're just not. In 2018, you've got children with very severe dyslexia, not even having access to a laptop, or any kind of assisted technology. That affects their self-esteem, being put in detention for not being able to write enough, for children with ADHD being put in detention, or punished for fidgeting. It's unbelievable in this day and age, but that's what's happening, and that affects their mental health, it also affects their physical health. A day for a dyslexic is, as, you know some people would say, a six hour day is like a 12 hour day to a child who is holding something in. That goes the same for autistic children, the environment is not right for them, quite often. I realise that's down to resources but also I know that those children are more vulnerable to bullying, they're more vulnerable to difficulties within the school environment. Now somebody mentioned safeguarding, attendance at school is one of the big red flags for safeguarding, but also sending your children into a harmful environment, I would say, is a safeguarding issue as well, and I refuse to do that to my son, who has been caused, and has been diagnosed with school-based trauma. I'm not going to tell you my whole life history, but it's quite interesting, so if you want to look at Not Fine In School, there's lots of our stories that we share, but they are stories, they are thousands of people, thousands and thousands of parents, and they're probably the tip of the iceberg, because they're the parents who have reached out and connected. What I will say is, I was then referred for prosecution for attendance. My child is not well enough to attend, and I've been referred for prosecution. I've been referred to social services for safeguarding, apparently I've fabricated and induced illnesses in my children, which I have not, 100% have not, that is also very, very common. People in schools may not know how social services work, social services may not know how the NHS works, schools may not know how NHS and social services work.

Dr Lisa Cameron MP:

Yes, so having it linked together and...

Louise Engels:

The problem is that my school would expect that my child would be well. Two and a half years of waiting for CAMHS, he isn't well, he

hasn't had any treatment yet. He has a diagnosis, but he hasn't had any treatment yet. So he will not get well, probably. He's not come from a chaotic home, he hasn't come from a deprived childhood, he's come from a very, very loving home, and is, unfortunately for him, and also fortunately because it's an amazing gift, he has ADHD and he has dyslexia, and he has many gifts, but I have three children, two with medical conditions, and one with dyslexia and ADHD. And that's why we had to form Not Fine In School, because these parents, who love their children, who are absolutely desperate, who want to work with all of you and be a trusted partner, are being seen as the problem.

Dr Lisa Cameron MP: Okay. I'm really pleased that we've managed to hear from a parent who has found it difficult to navigate the system. I'm sorry, I have to take other questions, as well.

Louise Engels: It is not diagnosed, you know. Thank you very much.

Dr Lisa Cameron MP: I'm really grateful that you've shared your experiences, it's so valuable. And school refusers, I think, is something where we haven't probably touched on very much this morning, it may be throughout the rest of the day that we do. However, I think you make a very, very valid point, and thank you very much. So another question there.

Dr Clare Short: I'm sorry, it's me again.

Dr Lisa Cameron MP: And we'll take three questions or so and then get the panel to...

Dr Clare Short: I seem to be hogging it, so I'll make it really brief.

Dr Lisa Cameron MP: Okay.

Dr Clare Short: And I do understand about being a parent and feeling criticised, and I think that does happen, and we have to be really careful that we try and understand relationships. So the first thing I want to say is, Zoe, yes, yes, yes, because absolutely everything you have said, is what I've been banging on about in Bristol, and it is really, really, really simple. And it is about empowering schools, supporting them in an intelligent way, not deskilling people. You know a woman after my own heart. And I just wanted to add, also that I feel one of the things that worries me about some of this, is how we're referring to mental health. I'm not sure I'm really that keen on that term, and I guess, one of the things as a psychiatrist is that you know we have to take the Hippocratic Oath, do no harm, I just sometimes wonder whether the mental health services, including psychiatry, hand up here, actually creates more problems sometimes than it solves. And that we are at risk of medicalising a lot of emotional distress in young people. I was really inspired by Natasha Devon, who was interviewed in The Guardian. For those of you who don't know her, she was sacked by the Government for being a mental health tsar in schools and saying that what was happening in schools was the problem, and the Government didn't like that. And she talked about this idea of their being a gap between who we really are and what we present to the outside world, and the gap is where problems lie, and we're all in it, nobody is exempt. And I think that's much more helpful to get rid

of the idea of stigma, you know if we keep talking about mental illness, mental health. And, actually, Professor Simon Wessely, who was the outgoing President of the Royal College of Psychiatrists, was actually interviewed saying just this, that his heart sinks when he hears another mental health campaign because actually we need to talk about being human and building relationships.

Dr Lisa Cameron MP:

Well, we don't want pathologise children, I think that that's a really well-made point. And I think, a lot of the panels have already discussed the importance of making sure that it's mental wellbeing, and a continuum, and that we're building resilience, actually which I think is a really important issue. So thank you for touching on that. So we've got a lady here with a quick question at the end, and then this lady, and we'll take the panellist's responses.

Trudy Srawley:

I work for Wiltshire Parent Carer Council, which is Wiltshire's Parent Carer Forum.

And I would say, Wiltshire is doing some excellent work on this level. In particular, we have CAMHS workers embedded in children's service, we're working to thrive hub model, so some of our secondary schools have CAMHS workers in there one and a half days a week, working with the young people, but also with staff, and taking that a bit like what Zoe was talking about, that whole school approach. I think, what's really come across to me, when we're thinking about the training, in particular, with looking for a, sort of, senior lead. With the figures that we've seen for children with special educational needs and disabilities, it's not just mental health training that those leads need, it's linking it in with special educational needs and disabilities. Because quite often, what happens when anxiety and depression present themselves and a child withdraws, it's almost like people can cope with that better, but when it's challenging behaviour, which is quite natural, behaviour is a form of communication, and my own son acts out when he's got issues in school, I think there's just a bit more work needed. And it would be interesting, with the research and the training that we've heard you all speak about, whether there has been any specific work done around those children.

Dr Lisa Cameron MP:

Fantastic. A fantastic question. Yes. And last question and I'll summarise them.

Joanna Booth:

I'm an Advisory Teacher for Mental Health in Blackpool.

And one thing that I'm noticing, since coming into post, is, sort of, it's, kind of, been alluded to a bit, but it's actually the teachers and the support staff in schools, and their mental health, because as soon as you start talking about the children's mental health, or getting them to do, kind of, interventions or having an understanding, they do, sort of, what Zoe said, kind of, step back and oh, my gosh, I can't go there, what am I going to open up here, but actually part of that is because they don't have an understanding of their emotional wellbeing and mental health. And if you start talking to them, a lot of them is, I'm here now because I have to for the money or what have you. And actually that love of the job, and teaching is probably one of the main professions where you're dealing with young children who don't have a supervision process in place, either. You know within the

NHS there's lots of clinical supervision going on, but teachers can hear all of this information, be having to deal with it on a day to day basis, but there is no supervision, there is nobody to then go and talk to, to deal with this. And one of my concerns from the Green Paper is, is that sort of, person on the senior leadership team as the mental health advocate in the school, going to be the person that then actually has to take on the staff as well as the young people in dealing with mental health within schools.

Dr Lisa Cameron MP:

Thank you. Another excellent question. So we have a question about teacher's mental health, what work is going to be... or, is being done in that area, it's really important, obviously, if they're going to be providing extra input into children's mental wellbeing. An issue about, basically, are we training people just in terms of picking up mental health systems, or could we also be looking at special needs symptoms, autism, ADHD, those types of things, is that going to be integrated. And the other part, I think, was really about children who are very complex, and are we involving parents enough, listening to parents, and making sure that we are responding appropriately within the system. So do you wish to pick up on a particular issue?

Laurie Day:

Yes. Perhaps on the first one, just from the experience of the pilot evaluation. I think, certainly, what came across was, the fact that bringing together CAMHS and schools in the schools' environment, I think was one of the, sort of, the key turning points in a lot of areas was that first-hand experience of what the school environment is like. What teachers are dealing with on a day to day basis, which wasn't always the case in some areas. And also sort of, the whole school effect where, perhaps, sometimes, there have been individual cases that were being dealt with, but then the knock-on effect for peers, the knock-on effect for parents. So I think, in some of the cases, the real benefit there was around the ability to work in the school, to actually deal with reducing anxiety levels across a whole range of, you know teaching staff and pupils, as well, rather than just looking at it in terms of individual referrals to and from specialist services.

Dr Lisa Cameron MP:

So again, it is back to, I think someone made a point at the start, as systemic approach, rather than, you know having someone undertake so many weeks of treatment, and then appearing as though they're fixed. That's just not what should be happening, at all, it's not helpful, it's about a systemic approach with families and teachers. Yes, did you want to...

Dr Zoe Brownlie:

I suppose, just to generally pick up. I think that's why I find the model we're using in Sheffield, that's got the core processes of psychological wellbeing, it seems to apply, really, to all vulnerabilities, in thinking about, well, how can we best support that child's emotional regulation and build positive relationships with them, as well as support them in, you know in responding in the way that we would expect or hope for them to respond. Definitely, on the training side of things and the supervision, or reflective practices, as we're calling it in Sheffield. You know school staff and of course, parents, but I'm focused on schools at the moment, care so much for these children, and are seeing them on a daily basis, and it's heart wrenching some

of the stuff they're dealing with. And they need opportunities to be able to process that stuff themselves, to retain their professionalism, and their compassion, and their empathy, because if not, they'll have to put up some barriers, or they will be overwhelmed and be going off sick themselves. So it can't just be two days of training, it's got to be continued reflective practice, for it to be sustainable.

Dr Lisa Cameron MP:

But do you think that teachers, or those who are going to be working in schools, will also be skilled up in picking up children who have special needs, learning disabilities, symptoms of autistic spectrum disorder, those types of difficulties, because they may find it more difficult to self-regulate, etc., and...

Dr Zoe Brownlie:

Yes. And it is quite surprising, I suppose, if you look at teacher training, the massive gaps there are, really in their training for developmental issues, and emotional wellbeing issues, and how we best support staff with the whole, sort of, learning around child development. And then I think, also just apply... and you can then apply those core principles to understanding, but obviously, trying to really empathise and understand the individual needs of that particular child, or that particular family. Is that okay?

Dr Lisa Cameron MP:

Do you have any extra comments?

Dr Lynn Green:

We have Educational Psychologists as part of our model. As has already been mentioned, there are not enough to go around, so we use more of a consultancy model to try and spread their skills, you know wide and far. I think there is an issue about teacher training. We're also having conversations it's actually with Ireland at the moment, around embedding some of our training into the basic mandatory training for teachers, which I'm really excited about. What was the other point? There was something else that I wanted to mention, the other question? What was the first question now?

Dr Lisa Cameron MP:

It was about parents being involved and being adequately supported.

Dr Lynn Green:

Yes. And teachers, as well. I mentioned earlier, we do, you know really look at the children who maybe don't do so well, you know with our counselling, and really try and think about different ways of managing. So for example, one of the things we've noticed, I mean, you mentioned behavioural problems over there, we noticed that some people who have conduct disorder, for example, don't tend to respond well to one to one counselling. So we've done lots of work looking at the sorts of interventions and the evidence-base that makes a difference for those children. And you know surprise, surprise, it's often the parenting type interventions, so we've really invested a lot of time and resources into doing that. And we continue to look at the children who don't do so well. In terms of the support for teachers, I absolutely agree that they need ongoing support and supervision. And our parent partnerships, I'm not talking about the one to one counselling, but our parent partnership sessions, where parents can, you know rock up, they can either book in or, you know rock up and talk about issues that are bothering them. The same sort of model is offered for teachers, And they tell us all the time, that it's, you know a life saver for them, to be able to just perhaps offload

about a difficult day that they've had, you know will talk in a more sophisticated way about the way that they're dealing with their children. So I think we are looking at that but there's absolutely a lot more work that we can do.

Dr Lisa Cameron MP:

So much more support for teachers, but also I think, there does need to be some recognition of how do we support children who aren't even able to get to school because of their difficulties, because if all of these things are happening in school, and some of the children aren't in school, then you know that doesn't marry up either.

Dr Lynn Green:

Yes, pre-school work, as well, I think.

Dr Lisa Cameron MP:

Well, yes. And that's such an important issue, and I think that is one that we're going to have to take on board, in terms of policy development, as well. Yes, and finally.

Linda Oliver:

I think, for me, as a leader of a school, I'm very passionate about the wellbeing, not only of my pupils, but my staff as well, as well as parents. I realise that not all schools are like that but hopefully, you know people will have that caring nature. We have a system where we have wellbeing activities at school for our staff. So we have a fund, where we put in for each week, and then we have activities for the staff. And there's also opportunities for the staff to actually come and either talk to myself or another member of the SLT in confidence. And we're a church school, and we've used the Living Well, which is a place of sanctuary, down in Kent, where we send our teachers for time of reflection and wellbeing. So to me, it's really important. Teaching is a tough job, and I think, for me personally, I don't think teachers would be doing the job, if they didn't genuinely care, because it is a hard job, it's not a nine till three, what a lot of people think. My staff work extremely hard, working all through holidays, as well. And I'm proud of them, we're a good team that work well together. And regards with the children, the impact that we are finding, with the support that we are putting in, you know at the end of this year, come December, I will, obviously, have some statistics to actually see what the impact is. Because we asked the children the questions, a questionnaire, we asked staff a questionnaire, and at the end of the year we will then analyse and ask the same questions again. And obviously, what I want to do is, funding will stop, but I want to carry on doing some of these workshops to actually help the children, and to make the parents more knowledgeable, as well.

Dr Lisa Cameron MP:

Thank you. Thank you to all of our panellists. And I will just briefly sum up now, but another round of applause for our panellists.

Session Chair's closing remarks

Dr Lisa Cameron MP, Chair, All-Party Parliamentary Group for Disability

So I think that has been a great start to the morning, I know lots of people still have residual questions and I'm sure that we can catch up over coffee, but I really didn't want to eat in to anybody's tea and coffee break time, especially on the first day back after the Bank Holiday.

It's been a fantastic morning because I think it's brought together so many different issues that are important going forward, and one of those key issues that I have learned this morning is to be remembering that it's children we are talking about there, not data points, I think was pointed out really early on in the session, we need to have a holistic approach, it needs to be a systemic approach and it needs to be about mental wellbeing rather than a pathology type approach.

So I think that we are, policy wise, trying to make the leap, trying to make sure that mental health has greater priority, trying to make sure that children have access to services, but those are all the finer points that we need to make sure that we understand in terms of children's development and natural development along the way is extremely important.

I would like to be saying to people, you are doing a great job in all that you do, and we've heard from teachers, we've heard from parents, we've heard from clinicians and those who are coordinating services, without you we wouldn't have the excellent policy drivers that we seek to implement. So please continue to inform Government, wherever possible. Please link in with the Mental Health All-Party Parliamentary Group in Parliament and there's also a Psychology All-Party Parliamentary Group running in Parliament that I Chair currently and I would be happy for people to get in touch with me regarding that group and the sessions going forward. The more that we can involve people like yourselves at the very front line with your expertise, your understanding and those that have been through the system and know exactly what needs to change the better opportunity we will have to develop services for our children moving forward.

They are the future, it sounds corny, but it is so true, and therefore we need to work together to make sure that we give them the best possible opportunities and to ensure, as we all want them to do, that they reach their full potential going forward.

So thank you so much for having me this morning, and thank you again to our wonderful panel of speakers.

And it's time for your coffee break.

Session Chair's opening remarks

Lord Lucas, Officer, All-Party Parliamentary Group for Skills and Employment

Good morning. I'm Ralph Lucas, I've got 5 minutes to begin with to tell you who I am, but I won't because I'm here to listen like the rest of you.

So we shall hand straight on to Catherine Tyack who is taking over from Ellie Isaacs who sadly is ill this morning and can't be here. Catherine.

Policy priorities for children's mental health policy following the green paper

Catherine Tyack, Lead, Children's and Young People's Mental Health Green Paper, Department of Health and Social Care

Good morning, everybody.

So my name is Catherine Tyack, unfortunately Ellie is ill this morning, however I lead on the Green Paper for Children and Young People's Mental Health at the Department of Health, so hopefully should be able to give you a really good run through of the Green Paper and answer any questions.

What I'm going to do today is talk a bit about the Government's Green Paper for Children and Young People's Mental Health, give you an overview of where it came from, what's in it, what we're hearing from people about it and what the next steps are in terms of us taking the Green Paper forward.

So, let me just click onto the next one. So I think it's really important to say the Green Paper builds very much on a huge amount of existing activity around children and young people's mental health, it's taking forward the vision set out in the document Future in Mind that probably lots of people in the room have heard of. That, in 2015, was a report by an independent taskforce to Government setting out how we needed to improve children's mental health and the Green Paper is very much part of that journey, not a separate strategy or a new direction, it's building on those commitments and pushing them forward further in terms of how health and education can work together.

A few figures there in terms of money being put into children and young people's mental health on the NHS services side of things. And I think another really sort of stark statistic is that actually clinical commissioning group spending is going up, we are managing to protect children's spend and CCGs are in increasing spend. We know there's still more to do and a lot further to go, but I think the direction of travel is positive.

So the Green Paper, it was announced that there would be a Green Paper I think over a year ago now from the Prime Minister herself, so showing backing at the top of Government for this area, she talked about the burning injustices that people with mental health problems face including children and she's personally very committed to trying to reduce some of those inequalities and injustices. So the Green Paper developed between the Department of Health and the Department for Education was very much about trying to bring together education and schools as being one important dimension of the support out there for children and young people, not the only one, but certainly a really important link to improve and get better services for children.

So we published the Green Paper on 4th December, we then had a 13-week public consultation and I'll talk a bit later about who replied to us in that consultation, what they said and what some of our thoughts are on what people said.

I'm now going to go through the main proposals in the Green Paper, so we had three core proposals. Firstly, that we will incentivise every school and college to identify a designated lead for mental health, so this will be an existing teacher with sufficient seniority that they can effect sort of school policy on mental health. And we're talking about somebody who's maybe on the senior leadership team, it could be somebody with existing responsibility for other issues like the SENCO, or it could be somebody who has sort of pastoral responsibilities, but the key thing is that they are sufficiently senior that they can promote mental health in a whole school way. Interestingly here from a survey that the Department of Education conducted, we already know that well over half of all schools already say they have a lead for mental health and schools tell us that those don't want to do more in this area and they see the need and they're keen to do more.

Secondly, and I think this is the most important and ambitious, hopefully transformational, aspect of the Green Paper, we will create new mental health support teams. We're talking about a new workforce here, not just re-

badging people who are already out there, but training and recruiting new people in a postgraduate qualification to provide mental health interventions to children in schools and colleges supervised in CAMHS, so by NHS staff, but jointly managed between schools and health working in or near schools and colleges. I think this is really the kind of the biggest change that we're hoping to see, the thing that's going to cost the most money, we're going to have to pay all these people and train them. And at full rollout we're talking about a workforce, our modelling shows, of about 8,000 people. Now if you think the CAMHS workforce is only about 6,000 or 7,000 at the moment this is a significant new quantity of support for children and young people's mental health.

And thirdly, we will trial a four-week waiting time access standard for those children that need specialist NHS mental health services. So we know that there's huge variation around the country, waits vary from 4 weeks to 100 weeks for access to mental health services and Jeremy Hunt, Health Secretary, is very, very exercised by this, he knows it's not good enough, he knows it's appalling that some children have to wait up to 100 weeks and he's really keen to get those waiting times down. We know it's going to be difficult, there are issues with the CAMHS workforce, we don't want to incentivise areas to gain the target and just see people quickly and then put them on another waiting list. So we want to try that out very carefully and thoughtfully in order to not create perverse incentives through creating a target that people hit the target and miss the point, but I think the ambition is to improve access to specialist services.

And this sets out our timeline to deliver these core proposals, we're planning on doing it through a series of Trailblazers, so we will choose some areas, I'll talk more about that a bit later, who will test out those three elements, probably not everywhere, testing out the four-week wait because I think that's the trickiest thing, but certainly testing out having a lead in schools and the new mental health support teams integrated into existing provision, building on existing provision, not replacing it and working very closely with others who already support children. And many of you maybe in the room, I'm thinking of people like educational psychologists, school nurses, school counsellors, health visitors and others who already support children with their mental health.

We've said a fifth to the quarter of the country by 2022/2023, I think we've had a lot of pushback on that for not being ambitious enough, for not reaching more children quicker. I think when you think about the scale of what we're trying to do, recruit new people, create a new training course at universities, have a team that is integrated into a really complex landscape of existing provision working with schools and health, it's really complicated, it's a new thing to be doing, we want to get it right. And so I think it's right that we test this out through the Trailblazer programme rather than bombard the system with another new initiative that is too fast and we don't get things right.

We're preparing already to think about how we can expand that training provision for the mental health support teams, how we might choose Trailblazer areas, as I say I'll talk about that a bit later and how we actually create this new support.

We have funding committed to the Green Paper proposals, which is absolutely fantastic given it's only a Green Paper. We had Government saying that they will back it with additional funding, so we're talking about £215 million over the next three years for the mental health support teams and £15-£20 million for the training fund to train designated senior leads in schools. And this is in addition to existing mental health funding, so we're not just re-badging existing NHS funding for this work.

The Green Paper also talked about a number of other areas, so clearly just by doing this there are still a huge number of things we need to do to continue to support children with their mental health. We've got a suite of action going on in education, some of it listed on this page, but there are actions in the Green Paper around teacher training as well, mental health awareness for teachers in schools, importantly a manifesto commitment that every child will learn about mental wellbeing in the curriculum and that's being taken forward as part of the national review of PSHE. So I think what's important here is we appreciate we need a whole school approach that is ripe for putting mental health support teams into, it's not good just coming out with a new idea over here, we need to ensure that schools are set up and welcome the new support.

Secondly on social media, so this is something that Jeremy Hunt is personally very concerned about, he's very concerned about the impact of social media on young people's mental health. We absolutely appreciate that social media can be a force for good as well, we know that young people access support through social media, that you can deliver interventions online which can be hugely positive for young people's mental health, but we're also concerned about the harm that young people can come to through their online lives. We're working with the biggest social media companies to try to encourage them to take action and you may have seen there's been quite a lot press activity around various bits of Government who are increasingly concerned about this. We've also, our Chief Medical Officer in the Department of Health is conducting a review of the impact that technology has on young people's mental health, because actually the evidence base here is not as full as we would like it to be and we'd like to get better evidence on this whole question.

We had a few commitments in the Green Paper to commission further research, so we know again that there are various areas where the evidence base on children's mental health could be fuller and we've committed to further research in various areas, I won't read them out and you'll get the slides later I'm sure.

On 16-25 year-olds we know that that's a particularly tricky time for some young people particularly if they've got a mental health problem particularly around transitioning from different settings, school to university, school to work. And we know that at that time the support you get for your mental health is not always smooth and seamless. We're working with the Cabinet Office to set up a new partnership with key stakeholders like Universities UK to look at what more we can do in this area and we've said we will look at the financial incentive scheme that NHS England has to incentivise local areas to plan for better transition to see whether that is resulting in better planning in NHS services.

So, turning to the consultation, it closed in March, we received over 2,500 responses to the online consultation, we also held a whole bunch of face to face events in London and elsewhere. We also held a number of focus groups with young people themselves, both those who had experienced mental health services and those who hadn't, parents, carers, professionals so that we had a very broad range of views. We're busy analysing the responses now, but these are some of the key themes that came out

On scope, lots of concern that the Green Paper should have covered a much wider range of ages, whether that's students, or early years and early prevention, early intervention. I think our view is that we absolutely appreciate that we need to take action on multiple fronts and there is other work going on in terms of perinatal mental health, support for early years through the Department for Education in other parts of Government. The Green Paper I think we see as part of the picture, not the Government's only solution to supporting young people's mental health.

Scale and pace, so I referenced that earlier, are we being ambitious enough? I think we're really keen that we do this as quickly as we can and we are planning now is sort of full steam ahead based on consultation responses to try and get this new workforce of mental health support teams set up. As I said before I think looking at the modelling it's really hard to see how we could do this any faster when you're talking about recruiting brand new people, training them through courses, putting them into existing NHS mental health services who we're fully aware are already very stretched with their existing caseload, we don't want to overwhelm existing people with these new proposals. And it's really important that we test them and try them out and learn from the Trailblazers, we're thinking about how we measure and evaluate the Trailblazer programme and we think that's absolutely key, so we think we're being really pretty ambitious considering what we're trying to achieve here.

Vulnerable groups, so lots of concern in the consultation about particular groups, particularly those with higher prevalence of mental health conditions, I'm thinking about looked after children, young offenders, children with physical disabilities and there are lots of groups who have particular barriers in accessing services. And we absolutely agree, we think that these proposals should, we hope, benefit those young people who have the greatest need the most. We want to use the trailblazer programme to test out some of those links, so we think that some trailblazer areas might want to look at particularly how do you work with looked after children and local children services, or how do you work with the local youth offending teams, how do

you join up all the different agencies around the child rather than this being a sort of new thing just popped into the system. So we agree, we think that that's really important and we want to explore those links further.

On the school lead, generally welcome for that as a kind of proposal, but understandably concerns about teachers' workload, how is this going to fit in, how are people going to be able to do this and can it be tailored to, you know, a small local primary in a rural area is completely different from a big college in the middle of a city, how are we going to be able to tailor that. Again, we agree that we think that needs to be the school lead role does absolutely need to be tailored according to the needs of the school. I think we hear from schools though and teaching unions largely that they welcome the extra support that we're putting in for children's mental health and we need the school lead to be able to link into that support as effectively as possible.

And lastly on the wider determinants of mental health, so people concerned that we should be tackling some of those root causes; I think again we absolutely agree, I think the Green Paper is really only part of a whole package of work across Government looking at social mobility, looking at poverty, looking at worklessness and so on and rather than being the only answer to those issues. And we absolutely agree that you need to tackle the wider determinants in addition to providing this new support.

Next steps, I said we were awaiting the report from the Health and Education Select Committees who did a joint enquiry into the Green Paper, at the time I wrote these slides I didn't know when that would be, I can now tell you it's tomorrow, so look out tomorrow and there was a very helpful enquiry into the Green Paper. And we'll be publishing the Government response both to the Select Committee report and to the consultation hopefully before summer recess, so before July, where we'll not only set out what the consultation told us and our response, but also how we're going to take forward the Trailblazer programme, how areas can become Trailblazers, how we're going to create the mental health support teams, what the timeline is for doing that and of course some of the other announcements we had in the Green Paper, we'll give more detail on those as well.

So I'm going to stop talking now I think, I'm really keen to hear thoughts from people, although the official consultation ended, I'm really keen to continue talking to people and hearing people's concerns, questions about how we're taking forward the Green Paper and there's our generic email address if you don't get a chance to ask a question today.

So thanks very much.

Lord Lucas:

Now we have Claire Robson.

Promoting children and young people's mental health: a public health approach

Claire Robson, Programme Manager, Children, Young People and Families, Public Health England

Okay, good morning everybody.

I'm Claire Robson, I work for Public Health England, we're an executive agency of the Department of Health and I work in the National Children, Young People and Families team. We are quite a large organisation, our mandate, if you like, is to protect and promote the public's health and we bring our data, evidence and science to bear on that area of reducing health inequalities and promoting the public's health. We have 9 centres across England and the work of those centres is primarily to support local authorities in their public health function, working in partnership with many people in doing that.

So my input to this conference is to really share with you what we are doing on the theme of children and young people's mental health. I'm not going to rehearse some of the data that I think has already been covered so far, but there's some useful references for you, should you wish to make use of these infographics in your own work at the end of the slide set, and I believe these will be circulated to you.

I think also just to flag, in terms of prevalence, when we talk about 1 in 10 young people between the ages of 5-16 suffering from a clinically significant mental health illness, actually that draws on data from 2004 and it will be important to observe what the more recent statistics that are due to be published later this year in the autumn tell us in terms of some of these figures.

I'm not going to dwell then on the context, but I did want to flag up this, and I'm aware there's a lot of detail in this slide and I don't expect you to be able to read the detail at the back, but what I think in public health it's important for us to get across really, that we recognise the importance of the social determinants of health and that some of the greatest factors that influence our health and wellbeing do lie in social, economic and environmental and cultural factors through which we experience our lives, into which we are born, into which we grow, live, work, study at school and these affect, don't they, factors such as our education, our employment, our housing, the type of neighbourhood we live in, and that actually that can lead to differential exposures to risk and protective factors relating to, as we are talking today, children's mental health, such that how we think and feel, and this is not rocket science, we know this to be true for ourselves, how we think and feel influences how we behave and how our body reacts. And, therefore, we are interested, in public health, in the causes of the causes and looking beyond just individual responses to that. So that's essentially what the diagram seeks to convey.

We also take what we call a life course approach, again this is something I'm sure many of you, it's not new, it's something that you will be working on yourself, but recognising, as Sir Michael Marmot highlighted to us, the importance of taking an approach that really stretches right across the life course, from maternity, through early years, through schools, and on into employment and older age.

So just to highlight to you briefly then what Public Health England is doing in some of these areas.

So perinatal mental health is one of the priorities that we are working on, in collaboration with our colleagues Health Education England and NHS England. We have a specific objective there around promoting wellbeing and evidence based early identification and intervention. We're developing a number of perinatal mental health tools and guidance, we are doing quite a lot with colleagues in Health Education England around the workforce, particularly supporting midwives and health visitors, around competency frameworks to support them in their work, and also reducing stigma during that perinatal mental health period.

Within the early years stage, I think for us an increasingly important area of focus is around early language, because we know there's a considerable overlap between early language needs and poor mental health in

childhood and later on, and that the foundations of language are built up, really from very early stages of parental attunement to babies' cues and that this is an important area that we are focusing on within public health and we know that those inequalities start very early on and you see summarised there, by the age of 3 there's already a 17 month income related language gap.

So we are working in collaboration with the Department for Education in this area, we are shining a light on how data can help us to understand need amongst the local population, what the evidence can bring to bear in terms of what we can do to address that, but the health visiting professions play a really significant part in helping to address that.

I wanted to flag again, apologies another busy slide, but I think it's a really interesting slide and one which, if you haven't seen you might want to have a look at. So this slide draws on an analysis of the millennium cohort data and what it shows is statistically significant factors that influence both children's mental illness and their mental wellbeing, we've talked, I think, some of the themes this morning have been recognising that there's a spectrum here and there's differences to understand.

For me the important message to come out from this slide is recognising the different colours, if you like, of the different domains that influence children's mental health, that span individual characteristics, families, relationships and home, very significant, you can see the red dots on that graph, the wider socioeconomic circumstances, and the wider school and neighbourhood environment, so that when we are looking to tackle children's mental health we need to acknowledge those different domains, we need to have some consideration as to what are the risk factors and the protective factors that the evidence tells us we can be building on in terms of where our efforts best lie.

So just quickly then to tell you a little bit about Public Health England and what we're doing, what our expertise is.

Data and intelligence is one of the key areas that Public Health England is perhaps known for. We publish a number of profiles. This one here is the Children and Young People's Mental Health and Wellbeing Profile, and what this does is we collate, we analyse a wide range of publicly available data on risk, on prevalence, and we present that back to local areas and we show where areas are performing in relation to the national average. So you can see there's a kind of benchmarking if you like, and at a glance local areas can see perhaps areas where they need to improve more in comparison to their statistical neighbour or to the national average. So we have this for children's mental health, we have it also for perinatal mental health.

Another area within Public Health England that marks us for our expertise is social marketing, and we manage a programme called the Rise Above programme, it's targeting 11 to 16 year olds and the aim is to delay and prevent the uptake of risky behaviours through peer support. There are two main routes for delivery, one is lesson plans for teachers that have been accredited by the PSHE Association, and then there's another element which is direct to young people. So that delivers sort of video content designed to promote positive mental health, including, for example, managing online stress, dealing with body image, the importance of sleep, the importance of dealing with problems caused by social media, something called fear of missing out there is one of the themes that that social marketing campaign looks at.

In terms of what we do to support the workforce, we have published a competency framework for public mental health leadership and workforce development. This is about supporting workforce capabilities to improve mental wellbeing of the whole population, but also those at risk of poor mental wellbeing, including enabling people to stay mentally well. And we've also published in collaboration with Health Education England some emerging practice examples of good mental health promotion and prevention training programmes, and I think you're going to hear a bit later perhaps from some of the providers on that.

I wanted to flag this, the Healthy Child Programme, so in terms of the health visiting profession and the school nursing profession, what the 4-5-6 model that you see here sets out is five opportunities for health reviews from the health visitors, from the school nursing profession. Six high impact areas of which maternal mental

health for health visiting is one, and for which resilience and wellbeing for school nurses is another high impact area, and four levels of service.

So what the Healthy Child programme does is highlight evidence and best practice for improving the health and wellbeing of children aged 0-19, and this sets out nationally where we see the priorities lie in terms of a framework to guide and inform local practice.

And then we've developed a number of tools and I'm just going to flick through a few of these because I think colleagues have already talked about the whole school approach. We published a while ago now a tool, in collaboration with the Children and Young People's Mental Health Coalition around the principles to guide a whole school approach and highlighting some practice examples.

We've also published, in collaboration with the Anna Freud Centre, a toolkit for schools and colleges around measuring and monitoring children and young people's mental wellbeing. And in association with the Association of Young People's Health we've developed a public health approach to promoting young people's resilience. So I just wanted to highlight those, as I think they're relevant to the area that you're looking at today.

And then finally a piece of work that we began last year is something called the Prevention Concordat for Better Mental Health. There was a comment earlier on about local authorities are needing to do more in this space, but actually what the Prevention Concordat does is bring together a whole partnership approach really to highlighting what needs to happen and trying to galvanise action around prevention for mental health, of which children and young people's mental health sits within that.

There's a whole series of resources, I don't have time to mention them all, but I've given you a flavour there of one of the suite of resources that sits within that package and that commissioning cost effective services for the promotion of mental health and wellbeing.

I've listed links to some key resources that I think will be of interest to you.

But I shall leave it there. Thank you.

Claire Robson's slides can be downloaded from the following link:

http://www.westminsterforumprojects.co.uk/forums/slides/Claire_Robson.pdf

Questions and comments from the floor with Catherine Tyack, Lead, Children's and Young People's Mental Health Green Paper, Department of Health and Social Care

- Lord Lucas: Thank you very much indeed. Now we have about 20 minutes for questions, there is a roving microphone, who would like to start? This lady at the front please and then the gentleman to her right? If you can say who you are before you ask the question.
- Catherine Grummitt: I'm a Parent.
At the start of this it was recognised that 70% of autistic young people may have mental health needs, and we know anxiety can be... I think that's bound to be 70% in some research. Moving forward to what you've just said about a holistic approach, if they're diagnosed as well with, or have selective mutism and they're not getting the support from health services, as in speech and language therapists because they've had late diagnosis, or occupational therapist as we're only now recognising sensory needs, and particularly the effects of all this in the school environment impacting on their experiences which are different. Have you addressed that in anything you have dealt with, with having a whole approach to health?
- Lord Lucas: Claire?
- Claire Robson: So within Public Health England our focus is on population level approaches and recognising, you know, what you're describing there as targeting support where it's, you know, most needed. I am just wondering if it's something that is picked up through the mental health support teams in schools and the training that'll be going in to addressing that.
- Catherine Tyack: Yes sure, so I guess the Green Paper's proposals are also about, at a national level, an ambition to have greater links between health and education and greater identification of situations where a child might well have another diagnosis of a whole range of different conditions but that a mental health need might form part of their needs, they might well also have a speech and language need or a specific, you're talking about selective mutism or autism as well, I think our proposals should mean that the right people are considering mental health needs as well in the rounds when looking at a child's needs, and that the teams with the designated leads are better able to work in a multidisciplinary way to put around that child all the support they need, including a mental health aspect if that's relevant. So I think we hope and we know that for some children with additional needs a mental health conditions sometimes is masked, sometimes it's dismissed as a behaviour issue, but actually there is a mental health need there and that child will benefit from additional support. So I think we hope that our proposals will support children with those kind of additional needs you're speaking about.
- Lord Lucas: Sorry do you mind if I move this around because there are so many people who want to ask questions.

- Catherine Grummitt: Yes can I just mention though about sort of obviously it was mentioned before about CCG's and funding, and so where would this fit in to and all that, because it's not going to happen if there's no funding?
- Catherine Tyack: Funding for the Green Paper proposals or specifically on autism, greater funding for autism did you mean?
- Catherine Grummitt: Just generally if we're looking at a whole health approach to the whole picture of supporting children so they can access education.
- Catherine Tyack: Okay, sorry, it's a very large question so I'm trying to break it up. I guess so I talked about how CCGs were protecting mental health investments through CCGs with the Mental Health Investment Standard which is a commitment that all CCGs must increase spending on mental health at the same rate as on physical health generally, which should result in better mental health services. It's for local areas to determine what the needs are of those areas, and then through local transformation plans come up with a plan working with other agencies that meets the needs of that local area. So it should be for local commissioners working with partners to determine those needs at a local level. But on the mental health aspect particularly, as I say, we're seeing protection of that funding so that mental health services, which we know have a long way to go to provide the full support that people need, are going some way to provide that support.
- Lord Lucas: Then the man there?
- Earl of Listowel: Independent Cross Bench Peer, Treasurer of the Parliamentary Group for Children, Trustee of a mental health service for adolescents in Brent and a Patron of the Institute for Recovery from Childhood Trauma.
To you, would you think of offering... we recognise there is a systemic problem that needs to be met holistically. I think we can also recognise that leaders need to be supported to understand these things and reflect, so would you think it a good idea that officials, like you and yourself, should actually experience for themselves clinical consultation perhaps from a clinical psychologist as a group with your peers, and that this might be an offer that you might like to make available to lead councillors of local councils and directors of children's services, senior officials, senior councils. My experience that people at the top also have to experience this if they see how valuable it is, and of course the people at the top carry a great deal of anxiety and if things go wrong they carry a great weight to. As this Institute of Recovery from Childhood Trauma, the trustees and myself have recently experienced consultation, we found that very helpful so do you think that has some merit please?
- Catherine Tyack: So that leaders and officials should go out and actually visit people on the frontline?
- Earl of Listowel: No to actually experience yourself what teachers, headteachers, parents, children are getting from the mental health service, this method of consultation, reflective space, think about the emotional

burden for your work, to think about what past issues in your own lives bring you to be involved in this and change your judgments, to humanise the approach that even the Secretary of State might take to these things. I mean clearly some of the proposals from Government are very detrimental to what happens to children on the ground.

Lord Lucas:

Francis you're going to have to keep this short.

Earl of Listowel:

Yes of course, of course. Thank you.

Catherine Tyack:

Yes sure, gosh that's a really interesting proposal. I think you're absolutely right that we need to remember that at the heart of this is real children facing real difficulties, and real families who find if you've got a child with a mental health problem it's, you know, deeply traumatic for the family as well, and particularly when you're struggling to find the support you need. I guess on a personal note I do try personally, although I have not gone for particular counselling about myself, but I have absolutely gone out and I try regularly to meet real people and visit frontline services. We have a whole programme in the Department of Health, the Connecting Programme about going out and visiting frontline services and observing real patients and people on the ground so to remind us really what this is all about. I think your proposal that leaders at a local area should undergo consultations themselves, I guess it's up to local areas if they felt that that would be a valuable thing to do. It certainly sounds like an interesting approach, but I think for now I would absolutely say that it's crucial that we all remember what this is all about, it's absolutely about improving children's lives and doing that in as thoughtful and, I think for me, evidence-based way as possible.

Lord Lucas:

The lady at the back middle there please, in the orange and then you and then you.

Professor Isobel Heyman:

I'm a Child Psychiatrist.

I had a comment and then a question.

So in the 30 years or so I've worked in child mental health, I mean this is so exciting, I mean I think it's the biggest head of steam we've ever had behind child mental health, so it is fantastic. I have to say it kind of feels a bit like the internet feels to me sometimes, that there's been lots of stuff kind of thrown up into the air and it's all coming down and lots of things are very familiar, have been there a very long time, and you know even hearing the Public Health England some of your amazing materials, your competency framework, your fact sheets on resilience. I had no idea they existed, so it feels to me there's an incredible need to have some sort of catalogue, an organiser of all these vast numbers of ventures and activities going on, anyway that was my comment.

My question was about workforce, so in the health domain it's really well established that in order to do a good assessment of what's going on you need to put actually your most highly trained and skilled people at the front door, and I was really struck about that in some of the earlier discussion, people were saying, well let's not use this term mental health, you know most children haven't got mental ill health,

and I totally agree with that we don't want to over medicalise, but we have got stepped care and stepped issues from wellbeing to adjustment to emotional behavioural problems to mild mental ill health, to moderate to severe, but whoever looks at the individual child needs to quickly and easily be able to sift through that. And so how are we going to do this in a way that is both economic and achieve the best outcomes? One suggestion I would have is that we use...

Lord Lucas: Sorry there is so many questioners can we stop there please.

Professor Isobel Heyman: Okay.

Catherine Tyack: Yes so to take your two points the catalogue, well you will be delighted to know about the Royal Foundation's Mentally Healthy Schools portal, I don't know if people in the room might have heard about it so working with the Anna Freud Centre and I think other partners who I probably am failing to name check...

Dr Pooky Knightsmith: Place2Be and YoungMinds.

Catherine Tyack: Place2Be and YoungMinds, thank you so much Pooky, they have... this is nothing to do with Government by the way I'm not claiming credit for it, but with the Royal Foundation and the Duchess of Cambridge personally behind it, created a new online portal which is meant to bring together all the information for schools, primaries and secondaries on the support available, the interventions to enable those. It's an amazing piece of work but I think what's really good about it is, it's not just a kind of copy and paste job listing things, it's very much about what the evidence base is for things and promoting to schools, who aren't experts in commissioning mental health interventions, promoting to them what they...

From the floor: [transcript gap]

Catherine Tyack: The Mentally Healthy Schools portal, I think you might have to contact them for a log in, but if you Google it you get the home page and I am sure there will be a contact name to access it. So that's a really exciting initiative it's only launched a few months ago, very recently, so I think that will really help schools navigate this, as you say, in some ways quite crowded landscape.

On your workforce point and needing sufficiently trained staff to do proper diagnosis, or triage, or assessment, or rather assessment, triage and maybe diagnosis. Yes I think we absolutely agree and that's why with the mental health support teams we think it's really important that there's clinical supervision and oversight in CAMHS with qualified staff, I think the combination of that with the designated leads will mean that for those children who need a proper assessment, the routes in to getting that will be a lot easier, the referrals will be more appropriate, and the schools will be better able to make those better referrals. I think I was really struck by a visit I did to Camden and the Tavistock and Portman Trust working really closely with schools where they've just broken down all the barriers between, you know, you're on a waiting list and you get referred and

you have to wait for ages and then you get an assessment and then it's a long waiting list for treatment. They've just broken all that down and they have qualified psychiatrists working really closely with teachers in schools. When I asked about waiting lists it wasn't the right question because it's just so much more integrated. So I think there's some really interesting models that gets that assessment in with qualified staff in a not expensive but sort of 80/20 rule, you know, small amount of effort, huge amount of impact, getting that child signposted to the right support quickly rather than left lingering on a waiting list. So I think those sort of local models are really fantastic and something we want to build on in our trailblazers not obliterate and start from scratch.

Lord Lucas:

Okay that lady there and then the man at the back?

Dr Ana Mendes:

I'm a Consultant Clinical Psychologist and I work in CAMHS currently. I really welcome the Green Paper and I think it's really exciting to be thinking about input into schools. I don't think it's particularly new, because I think local CAMHS services always knew that this was needed and I remember years ago going to do mindfulness training to young people in schools, so we know that for the fact that there's back-up from Government around [transcript gap].

Lord Lucas:

I'm sorry can we keep this short please there are so many people who want to ask questions.

Dr Ana Mendes:

That's fine, my question really is about, you know, the input, the emphasis on change and transformation and the risk that that has in actually stopping good initiatives that are already going in place. In my current service we've just gone through a recommissioning where actually what I feel is that we've gone backwards. There was lots of good initiatives going on that actually came to a standstill because we are now transforming and changing, and the resources and energy that has been put into that, I think, has taken us backwards only for us to arrive at the certain point that will be very similar to where we were at anyway, and I think even for public health...

Lord Lucas:

Sorry can we draw this to a close now please.

Dr Ana Mendes:

Yes, hearing from public health about health visitors, school nurses, midwives, you know it's almost like yes great, that was there already and somehow it was cut down only to now be put back again. So for me the question really is, how do we put emphasise on increasing the awareness and input into mental health without destroying what's already there and the good practice that is in place already that we heard about from this morning?

Catherine Tyack:

Yes, sorry do you want to...? I don't know who takes that first.

Claire Robson:

I guess it's down to local leadership, it's down to recognising good practice and sharing that and I think we have responsibilities when we're working at an organisational level where a national or regional footprint gives you that oversight to enable that sharing a practice. We were just commenting over coffee, a colleague of mine, with whom I was involved in the Healthy Schools work over, you know,

many years and what we benefited from then was regional networks and sharing of practice and expertise and that, you know, filtering up and informing leadership as well. And we've lost quite a lot of those opportunities for networking, I think that's part of the solution.

Catherine Tyack:

Yes I completely agree, we don't want to throw everything out that's already working. I mean there's so many examples across the country of schools already working closely with health, of, you know, great examples of sort of things like the mental health support teams. I mean our proposals in the Green Paper were based on what we know is already working out there, rather than pretending we had all the answers. We absolutely want to ensure that in the Trailblazer programme we incentivise local areas to keep existing provision and build on it rather than replace it, and we think that we absolutely need all the existing workforce whether that's health visitors, school nurses, but appreciating the pressures on those workforces we think the new mental health support teams add to that and build on that in a much needed way.

Lord Lucas:

The gentleman the back.

Tristan McKenna:

Tavistock and Portman NHS Foundation Trust actually.

Catherine Tyack:

Ah, hello.

Tristan McKenna:

Backing up very much what this lady said and my question she sort of asked but I've got a bit more on it. So looking at the Green Paper and what is coming, we also know working at the Tavi that trying to encourage people currently to go into mental health is a huge problem in itself and that is something we are currently working on at the moment. So to see the paper it's kind of bittersweet because I see a great head of steam and we are making this progress but I worry, and I am worried and I think everyone should be worried as such, that these groups that you're going to form, which are going to be great and, you know, would be wonderful, there is a fear they're never going to happen if I'm honest, we can't recruit people into them, funding we're heading into Brexit as well which hasn't been discussed and that could impact funding in the future...

Lord Lucas:

Please don't start on Brexit.

Tristan McKenna:

Of course, but I am just sort of worried off the funding, and although the idea is good and the evidence supports it etc, etc could we not be pumping more money into current existing programmes and building on those strengths, so that we can continue to do the work that we are doing and not wait for a pipedream that might be five years in the future.

Catherine Tyack:

Yes I can hopefully answer those points quite quickly. I think I absolutely appreciate the concern about existing workforce and I do absolutely appreciate that. I think what gives us heart in terms of the new mental health support teams is we're thinking of basing the training for that on the child wellbeing practitioner, training that already exists in seven higher education institutions, those training courses are hugely oversubscribed, we know that those universities

are turning people away. So in terms of the kind of pipeline of people coming into that we feel confident that there are people out there who will want to do these jobs and are available to do these jobs, it's also a much... we know that we can train people in a relatively short amount of time to deliver some interventions as effectively as people who might take a lot longer to train, for some conditions, obviously not for everything, and I think we're fairly confident that we will be able to create that workforce. But I appreciate that actually you do still need the wider mental health workforce to support those, and I think now is probably not the time to go into Health Education England's plans for bolstering psychiatrists and psychologists and so on, which obviously a much harder nut to crack given the kind of length of time it takes to train those people. So I do appreciate the point there.

Lord Lucas:

Can we take three questions from the front here please, first of all the lady one back, then the lady in red and then the lady in blue and white.

Tanya Callman:

I'm a barrister and I do a lot of work with schools and local authorities around exclusions, early intervention and so forth. Two quick questions, the first one to Catherine, thank you. How are you feeding into the Government's review of school exclusions, and any thoughts on that please? And the second one is this morning a lot was made about where do the teachers turn when they have all this information to process about young people, are you building in any external reviewing or mentoring for teachers that isn't just going to their own senior leadership?

Dr Pooky Knightsmith:

From the Children and Young People's Mental Health Coalition. My question is about what do we, as a coalition, need to be campaigning for in order to enable the 4 out of 5 children who won't currently be touched by the current Green Paper aspirations to be reached, because we applaud the stuff that's in there, great stuff but we're very worried about the 4 in 5 who won't be reached by the end of this period.

Councillor Hilary Hibbert-Biles:

Oxfordshire County Council, Lead Member for Education and Public Health.

In Oxfordshire we've had public school health nurses in every secondary school for the last 4 years, and given you were speaking earlier about lead members within schools and perhaps teachers have a workload that they would not wish to take on the responsibility for this, I wondered where school health nurses sit, given I can only use my own authority's, the way we do things, should I say, and they write the school health improvement plans, they work with many of the children who sometimes actually don't want to go and speak to teachers, but they're very happy to go to speak to school health nurses, which is a separate part of the school. However the school health nurse is an integrated part of the school, she works with the staff, so I wouldn't want to see the level of school health nurses reduced because we've built them up, and we still have family nurse practitioners which, if I had the funding, I would double that as well because we've already been talking about young mums.

Lord Lucas:

Which of you wants to go first?

Catherine Tyack:

Well I've got things to say on all these things actually.

So gosh a very broad amount of areas to cover, so on Tanya's point about school exclusions, yes absolutely and we know that excluded pupils are likely to have a higher prevalence of mental health issues and we want, through the Trailblazers, to work with alternative provision to test out how these mental health support teams might support children, not in mainstream education, I think that's really important, because often those are the children with the greatest need. So yes absolutely and the Department for Education are joint partners in this Green Paper, so clearly the review of school exclusions will, I hope seamlessly, be talking to the Green Paper part of it, and as I say we're already fully aware of the need to join up and, through the Trailblazers, ensure that local areas are looking at how to ensure that new support is available to excluded pupils.

On Pooky's point about the children who won't be reached, so I think the first thing to say is that although we know at the moment for a quarter of young people are getting NHS specialist mental health support and we, through NHS England's Five Year Forward View for Mental Health, are increasing that to a third of children getting specialist NHS support, the message is absolutely not that that's two thirds of people with nothing at all, and we see the Green Paper's proposals, and particularly the mental health support teams, as being there for those two thirds, and in fact for the children who may well be receiving specialist support, because even if you're getting specialist support in the NHS that might well only be once a week, once a fortnight, once a month, what are you doing the rest of the time, you might well need support, you might to stay in mainstream education. So the Green Paper proposals are very much about not categorising people into sort of this cohort of serious end of things and need support, and this cohort don't, but saying children in schools and colleges who might need support these teams are an additional workforce there to help provide that support. However having said that, I think we're very conscious that they're not going to suddenly come in and wave a magic wand and then all the support is there, I think it's really important that existing provision, and this touches on Hilary's point, existing provision is maintained, we're really, really keen that the Green Paper doesn't replace existing provision, and I'm talking about things exactly like school nurses, I talked about educational psychologists, school councillors, charities like Place2Be that provide a really important role, and so I think for local authorities who fund preventative interventions, and so I think for me it's just really important that the message isn't that the Green Paper is the only game in town and that there's clear evidence that early intervention and prevention supports young people and has clear cost benefit, you know, when you think about commissioners with tight budgets that there's a really clear cost benefit case, a financial case to continue investing in those approaches.

And that, I think, segues me rather neatly onto your point Hilary about school nurses, so I have absolutely talked to Wendy Nicholson and Viv Bennett, the school nurse leads in Public Health England, they say exactly the same as you, they are very keen that the important

role school nurses play is maintained, they're often trusted by young people, in the best areas, it sounds like Oxfordshire might be one of the best areas, they're integrated into school planning for health and they play a really important role That would be absolutely fantastic if an area is already doing that, we don't want to replace that, we want this to be new provision that helps deal with the issue that often, when a child has got a mental health need, people don't know where to send them, CAMHS won't take them because they're not serious enough, the threshold hasn't been met, what do you do with those people? And so we hope that this should be welcomed by school nurses to provide that extra support. I think the issue for me is that with the best will in the world, actually, you know, school nurses cover thousands and thousands of children, when you look at the sort of number of school nurses and the number of schools and pupils, school nurses alone are part of the solution rather than being the only solution and...

- From the floor: [transcript gap]
- Catherine Tyack: That sounds fantastic.
- Lord Lucas: We need to move on to three last questions...
- Catherine Tyack: We're providing extra provision I think.
- Lord Lucas: Gentleman at the back, lady at the front, lady in the middle, the lady in the light top.
- Councillor David Kershaw: A secondary headteacher of 25 years.
- Lord Lucas: Sorry if you can keep it to 15 seconds please.
- Councillor David Kershaw: I will, and now an elected member.
A comment first, in one sentence, three cheers for Zoe from Sheffield for that short but inspirational description of what can be achieved. My question is to Catherine. It's wonderful at the end of my career to see this commitment towards mental health and with priority funding, however the question is, I don't believe it will develop as fully as we would like to meet the needs of so many of these vulnerable young people unless leaders of health authorities and leaders of children services across the country drive the vision, do lead the practical strategic partnerships, we need their support not all give it.
- Lord Lucas: Sorry that has to be enough, the lady in the middle please and then the lady at the front?
- Delegate: Good morning, I'm a recent graduate from the University of Worcester and I've just got a CAMHS degree. So my degree covers all spectrums from pre-birth to death but specialised from pre-birth to 25. I also work in a primary school...
- Lord Lucas: Sorry you literally have got 15 seconds so ask the question?

- Same delegate: Will the mental health support teams be professionally registered or affiliated to the HCPC or BACP to give them a status within the school and with parents that they're actually taken seriously in what they do?
- Councillor Ann Jones: West Sussex.
Very quickly, ADHD which I think we used to call hyperactivity, the effect on children when they come into schools and if you worked in a job you weren't happy you wouldn't want to go in every day, these youngsters this is they are telling you they are unhappy and we label them. So my two questions quickly are, one, on the new teacher training programme now and the years ahead, can we teach them about the psychology and understanding the behaviour of children, what their behaviour is telling them but they can't speak. And the other is that can we do something, that because although I've got three teachers, good teachers, good schools, often it's the introduction to school this just 4 or 4 ½, whatever, which can put a child off for life and cause a lot of harm. Can we look at what's going on in Finland and other countries because we're not getting it right and I know how important it is and it's costing us, it's costing all those children?
- Lord Lucas: If we can have a sum up.
- Claire Robson: I was just going to say on that last point I mean ideally there should be someone from the Department for Education answering that question because you're talking about education policy and practice. On the comment of the gentleman at the back about local leadership, yes absolutely, couldn't agree more and that I guess is, you know, when we talked about the Prevention Concordat for better mental health, the vision for that is about local leadership and how we can embed more systematically approaches for prevention in particular, and I think the other question was more specifically with regard to the Green Paper.
- Catherine Tyack: It was for me yes, yes just to absolutely agree with David at the back about the importance of local leadership absolutely that's going to be key to what we're trying to achieve.
- On the lady from the University of Worcester will mental health support teams be officially registered? I think the issue here is that kind of interventions they're providing won't necessarily just be counselling, so BACP wouldn't be the right sort of official body. I think the assurance that they will have been trained through a university level post graduate qualification that will be, you know, a proper course and you know we're talking to those institutions about adapting the child wellbeing practitioner course to our needs, hopefully should give them the credibility. They will also be, as I said supervised by CAMHS staff and so ensuring that they're providing evidence-based interventions in a clinically safe and effective way and that the proper supervision is in place in order to support the staff themselves. ADHD I'm afraid I'm also going to have to say I'm afraid I'm not exactly sure what teachers are trained on, I think you do need my Department for Education colleague, I'm not quite sure the extent to which people get ADHD training, I guess our proposals

are very much about identifying where a child has a mental health problem in addition to another diagnosis, and we know that children with ADHD may well have a mental health problem, do I think there's... and the creation of these new teams should help pick up that need better than already happens in some cases.

Lord Lucas:

Thank you both very much, thank you Claire and Catherine.
And now we have Dr Lydia Marshall.

Catherine Tyack:

I'm terribly sorry I have to leave as well, mostly because the Health and Education Select Committee Report has come out and I have Ministers who want to know what it says, so...

Dr Lydia Marshall:

I won't take it personally, don't worry.

Catherine Tyack:

Thank you.

Lord Lucas:

Thank you.

Mental health in schools: lessons from good practice

Dr Lydia Marshall, Senior Researcher, Children, Families & Work, NatCen Social Research

Well thank you very much for having me today. I am going to be talking about some research that we at NatCen have done for the Department for Education that I'm promised is being published today, but isn't on the website yet, so this is a nice sneak preview for people here.

So a bit of background to what I'm going to talk about, this started back last academic year, 2016/17, when the Department for Education commissioned NatCen and the National Children's Bureau to conduct a really large scale mixed methods research project which included a survey of schools and colleges across England and some qualitative work and the aim of that research was to provide a robust national picture of what schools and colleges in England were doing to support children and young people's mental health. And as well as that to kind of explore what that really looked like in practice and to identify some specific activities that schools and colleges found particularly effective in supporting people's mental health. That fed into the Green Paper which we've heard a lot about so I won't rehash that, but the Green Paper as we've already heard drew on some of the findings around mental health leads and other such activities.

So the research I'm talking about today is what we're calling Pen Portraits of Mental Health Provision in Schools and Colleges and the aims of this research were to provide some specific examples of specific elements of mental health provision in schools and colleges, to offer really practical details of what that looks like, how schools and colleges set it up, how it fits into their wider provision, what they think about the kind of benefits of that provision and really importantly, to identify some lessons learned around keys to success and overcoming barriers to this provision. So the result is 36 Pen Portraits covering these 9 topics and areas of provision in schools and colleges.

What I want to talk about today is just three key lessons from these examples that I think kind of drew across those themes and they're all about things that enable schools and colleges to put these things into practice.

- So the first is having mental health specialists in schools.
- The second is about support for staff.
- And the third is about collaborating with other schools and other services in order to enable this provision.

So when I talk about mental health specialists this can be a few things and all of which we've touched on today. So the first is kind of internal integral school staff who have relevant expertise in mental health, so lots of the schools we spoke to had someone who in a past life had been a mental health nurse or a social worker or something like that and were now teaching staff. There were also internal professionals, so the school counsellor who worked full-time in the school, other types of therapists. And there were also external points of contact, so CAMHS workers in particular, but also other external mental health services that worked really closely with the school.

And the first thing that these mental health specialists provide is a higher level of specialist intervention that school staff themselves might not be able to offer, so they would come in and they would offer counselling or play therapy or things like that.

And the second thing they did was around upskilling current staff, so although they weren't expecting teachers to go on and deliver those specific interventions, they were developing their knowledge and understanding of children's mental health and how they could best support the children that they were working with.

The third really important aspect that I think is sometimes overlooked is just the reassurance that these people were offering people working in schools. So I've got a couple of quotes here which I won't read out, but the first is from a LA maintained primary school and the second is a specialist pupil referral unit for children and young people who aren't able to be in mainstream education because of their mental health or social and

emotional needs. And what these quotes really bring out is just the reassurance that it would bring having that listening ear, having someone to just say oh you are responding in the right way or why don't you try this, so that schools have the confidence that they weren't going to do harm, they were really doing the best for the children.

And the fourth thing that these mental health specialists provide is support for staff themselves, this has already been brought up today and I think it's a really important point that it can be really hard work for professionals dealing with children who are experiencing really high level mental health needs, that might be expressed through difficult behaviours and also often, particularly in primary schools but also in secondary schools, the school have really close relationships with families who are going through really difficult situations. And the schools and colleges we spoke to really valued just being able to turn to someone as a personal support as well as providing advice about how to deal with the children and the families.

So that brings me onto the second thing I wanted to talk about which is support for staff, so those mental health specialists were providing informal support, a listening ear, drop in, give me a call, but also in some instances they were providing formal counselling or clinical supervision for staff themselves and that was found to be really valuable. There were other ways that schools and colleges supported staff to deal with these challenges as well, training and CPD we've already spoken about, it's really important to reduce the burden on staff by making sure they are really fully equipped to deal with these situations that they're going to encounter. And schools used the specialists they were already working with to deliver training as well going to external services.

Another thing that was really important was about prioritising resources for mental health, so reducing the burden on staff or ameliorating that burden by making sure that mental health provision was fully resourced, it wasn't an afterthought, it was a really high priority for the school.

And the final point was around referring to external services, so making sure that all staff knew that there were these appropriate services that they could refer children or families onto if they were kind of encountering issues that they didn't feel equipped to deal with themselves.

So finally the third theme I wanted to draw out was about collaboration with other schools and services. And this came out in a number of ways, so we had schools and colleges working with others to source and to deliver training, also more formal and informal knowledge sharing. So examples included local authorities arranging knowledge sharing events where different schools came together and shared best practice. There was also something coming out around more specialist staff working in special schools or PRUs going into mainstream schools and sharing what they had learnt, particularly the way they saw it was around preventing exclusions, so helping mainstream schools deal with these situations rather than pupils needing to be put into specialist provision. And schools and colleges also worked together to source and fund services that they wouldn't be able to afford on their own, so coming together to fund something that they wouldn't be able to fund as an individual school.

So just a couple of examples of this, I'd really advise looking to the 36 different case studies because there'll be different things that are relevant to you, but just a couple of examples. So Claremont Primary School, this was another local authority maintained primary school, it's in Moss Side in Manchester and it's a really large primary school and with a lot of pupils coming from really vulnerable backgrounds including living in temporary accommodation, asylum seeking and so on. And Claremont Primary School commissioned services themselves, so they commissioned external counselling services, play therapy, they also worked really closely with the local authority's early help to identify families who might need additional support as well as Operation Encompass, which was about working with the police. So if the police were called to a domestic violence incident they would inform the school before 9 o'clock the next morning so that the school were ready to receive that child knowing what they'd experienced the night before. And they were also part of a parental inclusion partnership which was a partnership of local schools that had clubbed together to fund two key family liaison workers who had worked directly with families needing more mental health support.

And the other example I've pulled out is the hospital and outreach education, this a pupil referral unit offering education in hospitals and also in outreach centres. And again, they worked with local mainstream schools, what I mentioned before about providing guidance and advice for teachers within those schools in the hope that they could kind of intervene more early on and reduce the levels of exclusion in the local area.

So those are just three themes that I wanted to draw out, hopefully I've given you a few more concrete examples as well picking up on some of the things we've heard about this morning. And I'll be joining the panel for questions in a bit so we can discuss further then.

Lydia Marshall's slides can be downloaded from the following link:

http://www.westminsterforumprojects.co.uk/forums/slides/Lydia_Marshall.pdf

Lord Lucas:

Thank you very much.

And please can I now have the rest of the panel. Thank you very much. Jo, are you speaking first? Just straight up to the... please. Jo quickly straight in.

Addressing mental health in schools: prevention, identifying those in need and on-site support

Jo Hardy, Acting Head of Parent Services, YoungMinds

Right, hello everybody. Lovely to be here.

I'm Jo Hardy, I'm Head of Parent Services at the charity YoungMinds.

We certainly welcome the proposals relating to schools and mental health support teams and we think the direct of travel is really good. At the same time I think I'd echo some of the things that Pooky and other people have said about being disappointed in the pace and scale and actually I think one of the things that certainly keeps me awake at night is the two-thirds of children that don't get the level of help from CAMHS that we know that they absolutely desperately needs and it's something that we work around.

I think it's important that any of these proposals include a programme which provides practical and emotional support to parents whose children are experiencing mental ill health and parenting programmes which can equip parents with a better understanding of mental health. So we have an award winning parents helpline, it's UK wide, we talk to about 13,000 parents every year, we currently don't get any Government funding, we used to, but that's kind of gone so we're really struggling to keep that service going.

The top things we hear, we hear school refusal on a daily basis, anxiety, depression, self-harm, suicidal ideation, amongst our key topics and about a third of all calls do have a safeguarding element, so we're hearing from parents who are at breaking point. We also hear a lot about what we call service blocking, GP blocking where they say there's no point in making a referral because waiting lists are so long, so even if you need that help we're not going to refer you because you're just going to go into a vacuum. And we're going to be working with the CQC to highlight some of those.

So parents often tell us that they really lack mental healthy literacy, they don't understand what is going on with their children and they often really lose confidence in their parenting skills, so how do you tell a teenager off if they're self-harming or if they've come home late, is that going to trigger more behaviour and parents as I say often call us at breaking point.

They do hold the responsibility I think for their children's mental health, so whatever intervention is happening to a child or young person it is primarily families and parents who are holding that burden of responsibility and actually without that understanding, they can inadvertently undo the good work that maybe being done with their child, so it just doesn't make sense that they're not kind of part of that process.

And I think one of the things we also hear a lot about at YoungMinds is about generally really adversarial relationships with professionals and we hear that from both sides. We deliver a lot of training to professionals and often they're really scared of getting a battering from parents because that's how they see things, but at the same time parents are felt really that they're blamed by professionals about what's going on with their children. So actually particularly schools who might be tackling issues of concern, they might be talking about behaviours, disruptive behaviours, declining grades, falling attendance, from a parent's point of view that's really adversarial and it's very difficult to have those conversations in a positive way.

And I think it's really important for professionals to see that those parents maybe struggling to cope with a child who maybe really unwell and actually lots of those parents are part of the workforce, so they're trying to go to work and they might have a young person at home who they're really worried about being left home alone when they are really unwell. So parents often get a really bad deal.

We do believe that wellbeing schools is essential for increased attainment, so children will not thrive or learn if their wellbeing is not a focus. I loved what Zoe was saying from Sheffield, I think number one person today and that fantastic model, so really blown away by that.

And I think these new support teams really need to position themselves as allies for parents because otherwise they really won't be successful and it is about relationships and communication, kind of one-off kind of dipping in, dipping out doesn't really make the difference. There's such a change from primary to secondary school in terms of how parents are involved in their child's education and that I think is a real issue.

To underpin the training, the mental health first aid training we really want to see a high profile youth led mental health literacy campaign which will embed generational and cultural change in families so that parents can kind of keep their children emotionally healthy and actually recognise problems so they can understand where problems are emerging and know where to go to get help.

Some of the things we do at YoungMinds, I'm going to give us an unashamed plug here, we've got a lot of stuff on our website, so yes we are part of the mentally healthy schools hub with the Royal Foundation, but we've got lots of things on our website, we've got a campaign at the moment called Take 20 and we're trying to get parents to do one activity for 20 minutes a week to just make sure they check in with their children's mental health. We've also got a seminar on Facebook Live that we do once a month when we answer a lot of questions.

We've got some key messaging for parents about being the anchor and being part of the solution, getting involved, asking questions, acting on warning signs tackling that stigma, but actually acting on warning signs and doing something and also taking care of themselves and kind of really focusing on parental resilience.

We've got a new programme that we're piloting called Find Your Feet and that is about the transition from primary to secondary, that early intervention approach. And some of the lesson plans of how schools can engage with parents and set up parent groups and equip parents with this understanding about mental health.

We did do a poll a couple of years ago with the NCB and we talked to 2,000 parents, children and young people and teachers, 73% of those parents said they would choose a school where they thought their child was happy over a school where they thought exam results were great. And I've just been given the red flag so I can't say the rest of everything I'm going to say, but I think this actually, that transparency around what schools are doing to promote wellbeing will really influence parental choice of education, so to not overlook that.

Thank you.

Addressing mental health in schools: prevention, identifying those in need and on-site support

Professor Louise Arseneault, Professor of Developmental Psychology, King's College London

Some of you may have childhood memories of being pushed around and being punched by other pupils when you felt you couldn't retaliate. You may also remember being the topic of nasty rumours or being excluded by others. Unfortunately, being bullied is not an unusual experience still today.

Similar to maltreatment, bullying involves abusive behaviours where it is more difficult for the victims to defend themselves. But in contrast to maltreatment, these abusive behaviours are perpetrated by other youths. The research I have been conducting for the past 15 years emphasizes the importance of moving away from the common perception that bullying is a just an unavoidable part of growing up.

We studied the impact of being bullied in childhood in a longitudinal cohort of young twins born in the England and Wales between 1994 and 1995. Our findings indicate that children who were victims of bullying in their first 2 years of formal schooling have increased symptoms of emotional problems, symptoms of anxiety and depression, despite taking into account their difficulties prior to being bullied.

Moreover, our research showed that bullying victimization has an impact on children's development over and above their genetic propensity to being bullied and to developing mental health problems.

We examined pairs of monozygotic twins where one twin had been bullied, while the other twin had not. The twins who had been bullied showed higher levels of emotional problems compared to their co-twins and even so after accounting for their emotional problems prior to being bullied. Because monozygotic twins are genetically identical, and in this case grew up in the same family, genes and shared environmental factors cannot account for the differences in emotional problems between these two groups.

These findings have been replicated by 2 other twin cohorts and together, these studies provide strong support to the belief that being bullied is a social experience that contributes to the emergence or the increase of emotional problems at an early age.

First point to remember: Research supports initiatives aimed at stopping bullying behaviours in schools. If we reduce bullying behaviours, we increase our chances of limiting suffering and mental health problems among young children.

Ok, but research also shows that interventions will not eradicate bullying. So, what about those children who do not escape bullying. Can we be hopeful that their difficulties will disappear once the bullying has come to the attention of parents or school staff?

To answer this question, we turned to another longitudinal cohort of people who were born in Great Britain in one week in 1958 this time. This cohort also collected measures of bullying victimization and also mental health outcomes, 40 later.

Our findings indicate that participants who were occasionally or frequently bullied in childhood, had increased rates of psychological distress, depression, anxiety and suicidal thoughts at midlife. These associations remain after controlling for childhood IQ, parental SES, child neglect and other forms of adversity, and also for emotional and behavioural problems in childhood.

These findings have also been replicated by other longitudinal studies and together, they show that mental health problems among young victims do not cease once bullying at school has stopped.

Second point to remember: We must not only aim to stop bullying behaviours at school but we also must focus on the young victims of bullying and extend our efforts to provide them with adequate support to limit the harm associated with being bullied from a young age.

But can we address mental health problems related to bullying victimization by nipping the issue in the bud by preventing youth from becoming the victim of bullying in the first place?

Our previous work indicates that being the target of bullying is not just about being at the wrong place at the wrong time. Children who show early symptoms of mental health problems, children from deprived background and poor neighbourhood, and children who are already victims of abuse at home at the hands of an adult, are at risk of experiencing bullying. But despite their vulnerability to develop mental health problems in the first place, young victims of bullying have worse outcomes later in life because they were bullied.

Research has identified sets of factors, individual and contextual, that make some youth more likely to be targeted by bullying behaviours.

Third point to remember: If we equip those “at-risk” youth with tools and social skills to avoid becoming the targets of bullying in the first place, we may reduce prevalence of bullying AND decrease mental health problems in schools.

In a policy briefing document that I can share with people we suggest that school interventions aimed at tackling mental health problems associated with bullying victimization should:

- 1) Be part of a wider mental health and education agenda, rather than standalone initiatives
- 2) Integrate into existing resources or approaches whenever possible (both antibullying policies and mental health or wellbeing initiatives)
- 3) Blend universal intervention with targeted escalation for those at higher risk of victimization.

Thank you!

Addressing mental health in schools: prevention, identifying those in need and on-site support

Caroline Hounsell, Director of Partnerships, Product Development and Training, Mental Health First Aid

Okay, I'm going to speak, but I'm wondering, I'm hoping that you are all going to be with me.

It's been a really fantastic morning, really useful, a lot of the things that I was going to say have actually been said already, so that will make my job a lot easier.

I am Caroline Hounsell, I'm a Director for Mental Health First Aid England. I'm going to introduce this session, I'm talking from Mental Health First Aid England's point of view, I'm also talking from my experience as a practising psychotherapist, I have a practice down in East Sussex, and I'm also talking to you as a carer for somebody with severe and enduring mental health issues, and what's really interesting about today's session is that we haven't talked about young carers in the whole of the session. So my session is going to talk about, very briefly, the issues of youth mental health which has already been talked about, but thinking about the mental health training gap in education, the Mental Health First Aid England approach and how we support mental health first aid teachers and people in the community.

So I guess the numbers that tell the story, we've seen throughout this morning that the statistics are potentially old and also potentially quite alarming. So if we're talking about 1 in 10 children, so if we've talked about 3 children in every classroom. We've talked about the 70% rise in rates of self-harm in teenagers since 2011, and for those young people aged between 5 and 19 years of age, suicide is the second most common cause of death, road traffic accidents are number 1. And then we've also got 1,000 11-16 year olds were surveyed, and in the survey 70% had said they've experienced negative feelings in the past year. So we are up against this situation where are there more issues of mental health issues going round the community, or are we just better at reporting them? And I think those of us that have worked in education work quite closely with young people, we probably think there's a mixture of the two things going on.

Now if you're thinking about the training, so we've talked about training teachers, we've talked about training young people, we've talked about training parents today, and what's been interesting is the National Association of School Master's Union and Women Teachers, when they did some research they found that 98% of teachers had actually come in contact with pupils who were experiencing mental health issues, this is not going to be a surprise to anybody in this room, but we are talking about only 46% of those people that were interviewed had had any adequate form of mental health training. What's significant is that school staff are so well placed to be able to help support young people, because they spend as much time, if not more, with the young people than their parents and care givers at home.

So it's absolutely crucial that we think about the knowledge and confidence that are needed when we are thinking about safeguarding mental, as well as physical health, and when we're thinking about the National Association of School Master's Union and Women Teachers Easter conference, what was significant about that conference, was the fact that they actioned a motion on mental health, calling for the Union's national executive to continue to campaign to promote mental health first aid training in schools and increase the provision of the union's mental health first aid training programme for all members, including the training for its leadership.

So it's absolutely great to see that mental health training is getting the recognition that it so well deserves and that the kind of action with help to create momentum for the support of training more and more school staff in mental health first aid and other mental health awareness programmes to help them support both themselves and the young people that they are with.

So if we're thinking about the MHFA approach it's absolutely not rocket science, it's very simple, it's about kind of raising awareness of mental health issues and stigma around the signs and symptoms, it's about

understanding how to identify when something is actually wrong, it's about using the action plan as a framework to approach that young person, to assess the risk and confidently have the conversation that might otherwise be approached with hesitation.

It's also about having the knowledge about where to signpost and whether self-help information is available, what does it look like, how do we signpost to counselling services and professional services, because it might not just be mental health services that are needed, there also might be other types of services that are impacting on that young person's mental health, as well as the parents.

If we think about the self-care, which is really important, it's important to think about what we talked about this morning about supporting the supervision, supporting teacher's mental health, it's critical that we don't separate students' mental health from staff and parents' mental health, they are one and the same things. So we know that teachers are feeling stress, we know that that stress is impacting on how they can cope with their job and we know that they don't often feel very supported in their roles. I'm supporting a young person who is experiencing mental health issues at the moment, and I'm also supporting a head teacher with their mental health issues, and it is heart breaking to hear the same stories about frustrations in their system. I've got, you know, headteachers talking to me about feeling incredibly isolated. So if you're a headteacher and you're focusing on the mental health of your school it's going to obviously impact on the mental health of you yourself. We need a whole school approach to mental health where we support pupils, staff and parents mental health.

So it's great that we are having this conversation and I think it is frustrating when you are feeling like you are having this conversation over and over again, but I want to reassure people that the conversation is moving on and we are progressing, and I think it's really important to appreciate how far we've come, as well as look at where we want to get to.

Thank you.

Addressing mental health in schools: prevention, identifying those in need and on-site support

Matthew Peers, Commissioning Manager, Integrated Commissioning Team, NHS Sheffield Clinical Commissioning Group and Sheffield City Council

Hello everyone.

So I'm Matthew Peers, I am Commissioning Manager for Children's Mental Health in Sheffield, I work for both Sheffield Clinical Commissioning Group and Sheffield City Council leading on all CAMHS transformation work and transformation work outside of CAMHS as well.

This morning I've just been asked to give you a very brief overview of what our commissioning activity has been around supporting mental health in schools since 2015, so publication of Future in Mind. I'm not going to be able to get through everything because it is only five minutes and we've been doing an awful lot, but I thought it would be helpful to just quickly go through some of the challenges we faced, the solutions and what our kind of next steps are.

So back when Future in Mind was published in 2015 we did a bit of analysis of what our kind of key challenges were and one of them was around kind of a crisis point focusing our services, so we were waiting for young people to present at crisis before we are intervening, which was obviously having a detrimental impact on them, their families and actually leading to more complex referrals and things like that. We also found that the relationship between different services involved in schools, in particular, the communication relationship between them wasn't great, so people in school didn't know who the people in CAMHS were and vice versa, and the local authority services that work in schools perhaps weren't as joined up as effectively as CAMHS as they could be, so your educational psychologists, your early help services. And all that was leading to a fragmented service offer basically where young people would end up bouncing between services, being referred to the wrong places, all those kind of things. So the other key challenge we faced was around a high number of inappropriate referrals, so young people being referred to CAMHS who actually should be referred to an early help service and vice versa. Again, that was adding lots of time onto waits and things like that and it was creating quite a poor experience to the young people in that situation.

So in terms of how we decided to address that from a commissioning perspective, as part of our transformation plan we prioritised early intervention as part of that, so that was about investing some of our transformation funding in our early intervention services. So part of that was the Healthy Minds work that Zoe described earlier, which she's sort of stole my thunder on slightly, so I'm not going to go into any detail on it, and also other services as well, so we've invested in some workforce development, so we've had some mental health first aid training things like that. And also community services outside of schools, because we know that there are young people out there that actually a service in school might not necessarily reach them, so providing something different for them to access is quite an important thing.

Another key part of the solution was around joint working recognition of existing good practice. So we know that schools are actually already doing a lot of good stuff for our mental health and, this goes back to 2015, a lot of this stuff they were already doing, they just needed some extra support, from CAMHS around kind of further developing that and kind of verifying that they're doing the right thing. And also joint work in terms of it's not just CAMHS's job to address mental health problems, there are lots of other services involved in schools and we need to bring them together around supporting that.

And the other area of solution was around leadership, now this does get overlooked sometimes I feel, but you need to have the right people in place throughout the system all the way from your schools through up to commissioning. So if you take our CAMHS service for example, we've now got a much more robust kind of management structure in place in CAMHS that we didn't have in 2015. In terms of the schools sector, people who aren't familiar with Sheffield we've split it into seven localities of schools, so each locality has got

between 20 and 30 schools in and the idea of that is to bring together the leaders in those schools to look at how we can develop the school services in those areas. The different localities are at different stages of development, so some groups of schools are really getting on and collaborating well, other ones are, you know, further behind on that journey. So those are kind of the key solutions that we've been working from, from a commissioning perspective.

In terms of next steps, because we haven't cracked it and, you know, if we had cracked it I wouldn't have so many emails, there's a key thing around aligning our commissioning. So I work across the CCG and the council, I know that there's bits of commissioning that we're doing that are actually either, there's duplication or there are gaps that are really obvious that we need to pick up, so there's lots more work we need to do around that. So we're currently developing an integrated commissioning team across the Clinical Commissioning Group and the council which will work across all ages. So my role has been a bit of a guinea pig for that for want of a better word, but we're looking at kind of expanding that to other areas and services beyond mental health.

Related to that we've also got the alignment of commissioning with schools, so in Sheffield you've got over 150 schools across primary and secondary, they're all commissioners in their own right in effect because they're all, they can all buy in a counsellor or buy in training. So there's something about how we can get better alignment across that, because I know of schools who are within three miles radius who are all buying in a counsellor or a clinical psychologist separately and we need to bring back together and get more effective use of resources and how we can join that with what we're doing as a council and CCG.

At an operational level there's lots more we need to do around linking up how people are working on a day to day basis, so the Healthy Minds work is making some real strides towards that, but there's lots more we need to do there. So that's your NHS services, your local authority services, but also your third sector as well which are heavily involved across all of these services.

Finally, we're also making changes to our CAMHS access routes and pathways, so that's more, your traditional specialist CAMHS service, so there will be some changes made there around making access easier, moving to a more consultation model around referrals all that kind of stuff. And we need to keep learning really because we don't know all the answers yet as commissioners, so we've commissioned an independent evaluation of the Healthy Minds framework from the University of Sheffield which we'll be reporting back over the summer, so that will give us some pointers on what's working, what needs improving. There's the Green Paper that we've obviously talked about, so the implications of that for us, the devil will be in the detail around the next steps of that and the Trailblazers, but looking at those kind of things. And joining up with, colleagues, regionally and nationally, so events like this and the networks that are involved in as well, because that's the really important things as well is that we just need to keep learning.

So that's been a very whistle-stop tour of what we're up to, if you've got any questions, feel free to ask in a minute or just drop me an email.

Thanks.

Addressing mental health in schools: prevention, identifying those in need and on-site support

Sue Baillie, Pastoral Director, Royal Grammar School, Newcastle, Tyne and Wear

I find myself speaking on behalf of all schools this morning, I'm the only teacher here speaking.

And I'm very pleased actually that I thought about putting that picture on my slide, because it's about the children and one of the things that is really clear from everything I've heard this morning is how important it is that we remember that they are the ones that we're trying to help. So much good work going on in so many areas, but as the speaker has just said, the coordination and the lack of equality of access for the young people in this country is astounding and I can only speak from my experience in my school and from the schools I work with in Tyne and Wear.

Actually, I'm going to tell you about a day in my school, a week in my school last week. Last week a Head of Year was supporting a student who was feeling very low, they had been bullied for some time, they didn't want to talk about it, but actually the reason why he was supporting was because his sibling, who is also in our school, suffers with significant depression.

At the same time, another Head of Year was talking to a student who has self-harmed on a number of occasions over the years, it's linked to anxiety and stress, it comes and goes, a lot of it is to do with issues outside of school, issues in the home. They will only talk to two members of staff, one of those being my school nurse, the other being her head of year, so they're the only two people who can support them from 8 in the morning until 4.30 in the afternoon when they have to go home.

At the same time, in the junior school a little boy, and he is a little boy, a little boy was sitting with the school counsellor talking to her about how his mum and dad are splitting up because of the issues that are going on in his home.

And that's just what my school has to cope with on a couple of days last week, so if there was a time for the sort of things that we've talked about today to happen, it is now, because those children are already being damaged.

So, those are the challenges we face, we know, we've heard today that there are rising numbers of children in need. There are increasing pressures of levels of anxiety, there's anxiety not just over academic results although that is an important factor, but also anxiety over how they look, how they are, their social anxieties, not entirely fed by social media, but not helped. We know that there are more issues in the early years than we ever thought before and we've touched today on the importance of perinatal mental health in helping young people.

And I think we also are under more stress and strain in terms of supporting children with mental health in schools because we're more aware, there's been a huge change in the shift and the focus in schools towards supporting mental wellbeing in the last three or four years, but the result of that is that we're more aware than we ever have been about the number of students who need our help. And at the same time, we are holding those students for longer as they try to seek support, or we seek support for them and on their behalf with CAMHS and other services. And teachers are doing that, I'm fortunate we do use our resources to bring in specialist counsellors, psychologists that we have on our staff to help, but where schools haven't got that facility they don't have that resource, ordinary teachers. And I don't mean that in a derogatory way, I just mean that they went in to teach history, or they went into the profession to teach maths, are holding students with critical sometimes mental health issues because they can't access the services and their parents are not able to access the services perhaps for reasons of their own mental health or because they don't know how.

So what can we do? Well this is what we do, we train to spot signs of mental health issues early on, proactivity, trying to be prepared to intervene when we can at a level that we're able to do so, mental health first aid training is vital for that I think, and we train both students and staff in our school in mental health first aid. We develop a network of support in schools through training collaborative practice in the Tyne and Wear area that's particularly a source of real strength for a number of schools. And we use our network there, Schools North East, to help us do that.

We prioritise mental health awareness in PSHE and through developing resilience in our children in lots of different ways and talking about that and to parents and to staff all the time. And critically I think also we make sure that we're talking about mental health issues with parents and carers, helping them to understand their own mental wellbeing and helping them to talk to their children about it, developing a language around mental health is still so important. So there's a lot that schools can do.

And I suppose the point is then that schools usually know when children need help, but we are frustrated as teachers when people don't hear us. We bring in a team around the child where we can, we ask for people to join our team, the team of carers, of staff, of family, or extended family, of siblings to help them. And when people can't listen or they don't have the resource to listen it frustrates us and makes our job so much more difficult.

And then we can develop the pathway which enables us to do the best job we can for the children and also to pass on young people to the people who can really help them if it's beyond the skill set of teachers and of schools.

So my final message would be this and it's something that we've heard from the Green Paper, it's something we've talked about today, but it needs to happen before 2022 and it's this, to make schools the hub for child mental healthcare because it's where the children are, it's where we see them, it's where parents see us daily, our knowledge and understanding of the child and their family and their carers, and their extended family, and their social situation makes us best placed to help them if other services can come and help us too.

Thank you.

Addressing mental health in schools: prevention, identifying those in need and on-site support

Questions and comments from the floor with Dr Lydia Marshall, Senior Researcher, Children, Families & Work, NatCen Social Research

- Lord Lucas: Well thank you very much. We have about 10 minutes for questions. How many people want to ask question so I have an idea of who we've got to fit in? Oh well if it's only four of you all in this corner and one at the back. We'll start with one there and then we'll go to the back over there and then we'll come back to the other three here. And if you can keep it crisp please because doubtless more will come.
- Louise Engels: I've spoken before, but I'm from Not Fine in School, and I find that one of the worries that I have is whose agenda the mental health in schools is going to be following. I find that schools are less likely to follow medical advice and I wonder who is the lead professional when we're talking about mental health in schools. And who is going to hold the schools and everybody really accountable, because as far as I can see the education system, there are difficulties within education systems that are adding to this mental health. And actually we haven't talked about SENCOs, you know, mental health comes under the special needs code doesn't it, code of practice, so they do play a really important role. But, this is my concern that it's a sticking plaster approach to just let children be able to cope with school rather than general wellbeing and like I say it needs to be medically led so there are times when attendance and all of those things are not the main criteria, the health of the child matters more.
- Lord Lucas: Who wants to pick that up? I'm going to dump that on you, Sue, since you're, as you say the only teacher here.
- Sue Baillie: I'm the only teacher here. I agree with you that I think that we have to prioritise mental health over all the other aspects that are going on in school so that we can then help, that's the holistic approach for helping the child to then help them succeed. We're never going to get them in, attendance figures don't matter if we can't, if they can't get them into schools they won't come out from under the duvet because they are so distressed then we need to do something about that. So I absolutely agree, it goes right back to the heart of mental health and wellbeing.
- Delegate: Can I just quickly add, we [transcript gap].
- Lord Lucas: No, do talk afterwards, but there's so little time for other people. Sorry can we have the lady at the back there, please?
- Dr Clare Short: I can also add to that question, it actually is the psychiatrist who should take the responsibility for concerns about risk in schools, but I might be a lone voice on that. I would like to ask the panel what their thoughts are, in view of the fact there is no money, there's no new money and no more money for mental health as far as I can see, I can see services shrinking rather than expanding, about the most experienced staff being frontline in schools, including consultant child

psychiatrists, and when people might say that's not a good use of resources.

Lord Lucas: Sue, please.

Sue Baillie: I actually think that it's a very good use of resources to use the right people for the right jobs in schools. So when a student needs counselling they should see a counsellor. When a student needs to see a psychiatrist and that level of help and intervention then they should see them. And when they need to be taught maths they should see a maths teacher. And actually I think that's a good business case for doing that, you get the right people doing the right job for the right money.

Jo Hardy: Can I add to that as well if that's alright?

Lord Lucas: Yes.

Jo Hardy: And I think that is actually one of the key challenges, because we talk a lot about early intervention and prevention, but actually if we aren't resourcing the really extreme end where we're seeing real problems, we're never going to make the justification to invest in prevention. So I think, you know, somehow we need to make that shift don't we that we're actually doing much more preventative work otherwise we're perpetuating that, you know, we're firefighting the most complex cases and that we're happy with that. So I think we need to get to a point where we gradually draw that forward because we don't want to see our children experiencing such extreme problems and we need to be able to kind of do a switch I think.

Matthew Peers: Just speaking as a commissioner around the issue around use of resources and things, as a CCG we've invested in mental health funding from our transformation fund, but obviously that's, you know, that's a set amount. So I think the question now is about as well as hoping for additional resource nationally, about how we can make even better use of the resources we've already got, so, you know, some of the stuff that's being commissioned across the patch from other people, how we can bring that together. And the bit around early intervention versus crisis, it's a bit of a balancing act that we've got at the moment as commissioners to try and invest in both ends, because you can't just pull it from the specialist end and put it into an early intervention, because we've got kids there that are on waiting lists and things like that. So it's how we can balance the two and then shift it down over a period of time, which isn't going to be straightforward. But I think that's the kind of position we're in at the moment.

Lord Lucas: So if we can have the three questions from around here altogether and then we'll sum up down the panel.

Dr Sue Roffey: I'm very aware, as Sue Baillie is, is that we're talking a lot here with health practitioners and not education practitioners. I was involved in the Australian scoping study on student wellbeing and what we discovered in that study is that when wellbeing is core school business at the heart of everything that happens within a school,

then you get better mental health and resilience overall, you get more prosocial behaviour and you get better student engagement and outcomes. To me it's a no brainer that we should be focusing on what wellbeing actually means in school, it's not welfare which is dealing with the kids who come to the pointy end and we know that there's a tremendous need for that, but if we don't do wellbeing as core school business at the very beginning, at the very centre of things, then we're going to get more kids coming to the other end and there's loads of things you can do in wellbeing.

Lord Lucas:

Can we have the next question? There were three of you who stuck your hands up down there.

Lisa-Marie Binns:

I'm a parent and it's just a couple of observations actually. I have been in receipt of mental healthcare for the last 20 years, almost all of my adult life and I have two children who have mental health needs of varying degrees as well. And what I've heard today and what I've read from the Green Paper actually doesn't excite me and it doesn't fill me with joy, it fills me with horror and dread and fear. I can't think of anything worse than a school being a frontline for identifying whether a child is in a mental health crisis or whether they just need a school counsellor. That has to come from a professional. And to go to the gentleman's point about commissioning services and where do we take the money from, is prevention more important than crisis. Well I can tell you having been in crisis for many, many times, I've been sectioned five times, the last time 15 years ago when my son was born and we spent six months in a mental health facility and prevention is absolutely the key, without prevention you will almost certainly end up in crisis. My children can't access mental health in my area because all of the mental health services for children have been closed. I'm led to believe there's something like 94 paediatric beds for children who are at crisis and need admission to a psychiatric unit and there are 94 beds in the UK, it's just not good enough. What I've heard today is not good enough. All of these things that you're talking about sound wonderful, but they have no chance of actually ever becoming real because there's no funding. The services that you're talking about don't exist, all of these wonderful things that you say about signposting us as parents don't exist, I've been signposted for the last 15 years. Yes I'm in an adversary situation with my Clinical Commissioning Group and my local authority because there are no services and I'm sick and tired of people saying to me we'll put you on a waiting list, we can signpost you to these people, we can signpost you to that people, but I've been up and down the country and I've got no further forward other than watching my 15-year-old son hopefully not go down the same road that I did and develop a very serious psychiatric illness because prevention wasn't included in his local authority's plan.

Lord Lucas:

Thank you. Is there one last question from there?

Janet Willicott:

I'm a Public Health Scientist myself. I'm also a mother and a Home Educator and I live in the London borough of Barnet. A question to Public Health and to all the panel is not once has anybody mentioned the Rare Disease Strategy which was implemented from the EU in 2009 and subsequently the Rare Disease

Strategy which was implemented in the UK in 2010. It's called the Rare Disease Strategy 2010 which involves children who have extremely rare diseases and/or children who are not yet diagnosed. So what happens to those children? I've got 15 years' experience as a parent fighting the system, the Government, the Department of Health, NHS, CAMHS etc. etc. for my own child who is currently the only one in the world with a specific condition. So what happens to parents like myself or even to parents who have children like my child but yet haven't yet had a diagnosis because of the ongoing research into their condition and we are just pushed aside to breaking point. So what happens then? And the last point on that is it's all well and good that we have a strategy, we have these organisations, charities etc. etc. etc. which is fine, I speak with my professional mind on, but when we have early intervention, which I am so for, which we need because prevention is better than cure, it says this in the World Health Organisation which also Public Health uses as a core. The Government as a first port of call is to protect its citizens to prevent citizens from harm. What happens then?

Lord Lucas:

Can you finish the question, please?

Janet Willcott:

So what happens to us then? Thank you very much.

Lord Lucas:

Okay. Thank you. Can we start down this end of the...

Dr Lydia Marshall:

Yes. Thank you very much for those questions, I'll just go through them one by one. So the first point about wellbeing being core to the school. The schools we spoke with would completely agree with you there and they were very committed to mental health in and of itself, that was their commitment to the children, but they also spoke a lot about poor mental health as a barrier to learning. And as you said there's no point trying to improve educational outcomes if children are struggling with their mental health and that affects behaviour and that affects engagement and so on. And I think that also links to the point about cost efficiency, so a lot of the schools were saying they would invest in the best professionals, they would invest in making sure that it was a senior member of staff dealing with these issues, because it is cost efficient, it affects people's outcomes and it also reduces staff absence because staff aren't overburdened and being asked to deal with things that are beyond their capabilities.

The second point, I completely understand your fear about schools shouldn't be the frontline, it should be mental health professionals with expertise, but I think what the schools that we worked with would say is that they are the frontline, they are the people that are seeing these children for seven hours a day every day for children who are in school.

Lisa-Marie Binns:

It shouldn't be a case where your child goes to a school, from my own experience, I have two children, my youngest child is undiagnosed, probably on the autistic spectrum and has suddenly developed anxiety that is manifesting in him self-harming, he's picking his skin, he's not sleeping, he's withdrawing, he's not talking and he's not happy. His teachers know that he's not happy. I know that he's not happy. He does not fit any tick box known to man that will enable the

school to refer him to CAMHS, but we all agree that he needs a referral to CAMHS, we need to know whether he's on the autistic spectrum and that's why he's having anxiety, is it sensory related etc. etc. or does he have, which is also a possibility because of my own family history, an underlying psychiatric disorder that we don't know anything about. Now, I love my school.

Lord Lucas: I'm sorry we do have to.

Lisa-Marie Binns: I like the headteacher.

Lord Lucas: We have run out of time.

Lisa-Marie Binns: I like the teachers.

Lord Lucas: So please.

Lisa-Marie Binns: But they're not qualified to make that assessment. And that's just it, they're not qualified to make that assessment, they don't want to be, they themselves don't want to have to make that assessment. But my point is your initiative is great, but at the moment, what we have at the moment isn't working, we can't get a referral to CAMHS if you don't fit their criteria, if you're not in crisis you can't. Yes, and even if you're in crisis you cannot get a referral to CAMHS, as an adult you can't get a referral for a mental health crisis. That's the biggest issue facing children with mental health is the fact that they cannot get an appointment with anybody that can identify whether they need specialist intervention or whether they just need to have a chat with their teacher once a week.

Dr Lydia Marshall: No, I agree and I think one of the presentations mentioned about building the team around the child and improving that process so the child does end up in front of the person that can clinically diagnose them, not saying teachers should be clinically diagnosing them, I completely agree.

Caroline Hounsell: I mean I think, what I'm sensing here today is that lots of people genuinely care about what's going on and it's really difficult whether it be from a parents perspective, from a young person's perspective or from a teachers perspective. Essentially what we need is a massive cultural shift because, we've got this historical focus around academia, amongst everything else that's seen as the most important thing, so we need a massive change in the way we value and understand what makes a successful young person. And actually, you know, I used to have a background working in schools as a Careers Consultant and, my specialist area was working with young people that were disaffected, disengaged and, I was supposed to be talking about careers guidance and help them make wise choices around courses and jobs but there were so many other complex issues going on. So I think in summary, you know, we have to have a cultural shift, we need a whole school approach and that actually mental health doesn't need to just be a tack on to something, it needs to be endemic and at the heart of all we do. We need to think about mental health just like physical health, and ask ourselves, does it run through the fabric of a school? And everything else that we talk

about including pre-birth mental health, you know, supporting the mother and the father as early as possible to help the whole unit. So I think, there's not a one-size-fits-all here and that's why it's really difficult and there's also not this landscape where people can easily find out about what good looks like. So going back to the conversation that I was having with a teacher at the moment, he's the headteacher, he's so frustrated because he is feeling quite isolated, he doesn't understand what's going on. So I think I welcome, you know, a future, it may take a generation to get to where we need to get to, so we do need a level of patience and understanding, but I can really understand when you're at the cutting edge how disheartening and frustrating it actually is. So, you know, that's all I can say.

Lord Lucas:

Professor.

Professor Louise Arseneault:

I don't think I can add anything to what has been said already so

Lord Lucas:

Fine. Thank you.

Matthew Peers:

I think there's just a key thing that I would add for myself is just in terms of the prevention, it is, you know, it's at the heart of what we need to be moving towards and doing. I think just following on from what was previously said, I think the importance of that kind of whole school approach when we're thinking about schools in particular is something that's really shown through in the work in Sheffield we've been doing that actually the schools that are embracing the Healthy Minds kind of approach and that kind of cultural shift around mental health are the ones that do seem to be, you know, supporting the mental health better, that's what we're picking up from case studies, that's what was talked about at the conference last week that Zoe mentioned. And I think just speaking as a commissioner in Sheffield is trying to progress, to drive a lot of this work. There is a positive trajectory around all this, but it's going to take time, it's not going to happen overnight and we need to keep going. And I think we do need to keep pushing on that prevention agenda, because if we do stop saying prevention is key it will drop off because that'll be the easy thing for people to do, so we just need to keep pushing that prevention line. But I do share your frustrations if you've got a referral that needs seeing today, and we need to do more to provide that support more quickly. So I think there is just something about we do need to keep pushing on prevention. I think in terms of schools, a whole school approach is really key and we just need to keep pushing.

Sue Baillie:

Yes I just want to echo everything everyone has said and again, I agree that wellbeing it should be at the heart of what we're doing in school. And also that we need to keep on talking with everybody, the team around the child for me makes a big difference in understanding how we can really help and it's a term that we should use more often I think.

Lord Lucas:

Jo.

Jo Hardy:

Yes, a couple of things to finish, so I think that what we actually need is a system, a whole system that is able to meet individual need and that's the problem because currently we don't have that. So you're right in saying that, you know, it's not a one-size-fits-all, we need a menu of kind of options, but I think we're not doing any of it well at the moment so that's why we're kind of not in agreement. I think the Green Paper has to be a start, but it is only a start, there is so much more to do. So I think that schools are where most children are and I've got two children and one has been picked up by CAMHS and one for the last seven years, now adult, has continually had that door shut in his face. And that's under the same kind of mental health service. One of the things we do and we talk to parents actually is that I call this the parental gasp, sometimes parents tell such horrific stories that we actually say to them, it doesn't sound like your child is well enough to be in school right now, because we will say that and they do this pause and gasp because nobody said that to them. They are so pushed around attendance and attainment above all else and actually I think we just need to stop doing that because parents are so pressured from all sides, so, you know, wellbeing has to be our priority.

Lord Lucas:

Thank you to my panel. Thank you very much all.

Session Chair closing remarks

Lord Lucas, Officer, All-Party Parliamentary Group for Skills and Employment

If I can just say a word before you all evaporate.

It's been a wonderfully positive morning. We seem to have a well set up, well supported set of initiatives. Yes it will take time; do not rush the Government. If you rush the Government they make a mess of things, like apprenticeships: it's going to take us 5 years to do what we should have done in 2 if we had only done it a bit slower. It is important that you are critical of what's happening in Government, that you push them, yes, but you make sure they get things right.

And my personal plea is to focus on empowering parents. Prevention is the focus of that, working with parents on prevention. We need a protocol for dialogue so you don't get stuck where universities have on suicide prevention, where they won't talk to parents because the child has rights and they haven't got the necessary permissions. You've got to have dialogue and sharing, and a supportive community is immensely important to dealing with these problems.

Literacy in this area, yes. Let's have an agreed set of definitions and exemplars so people know what we are talking about. When you say ADHD, what is ADHD? Let's have an agreed picture of what ADHD is, otherwise you get 5 times as many kids on Ritalin than there should be.

We need information resources, well evidenced. There's far too many dubious statistics around this area. Let's have them properly researched, and not the hyped p-hacked things you see in the newspapers.

And if we can do all this maybe, at the end of the day, we will create a generation of men who are not, as I judge from our audience today, so frightened by mental health issues as the current generation, and we may get a mental health profession where the genders are more equally represented, and that would be good for men, I think.

Thank you.

Westminster Education Forum closing remarks

Sean Cudmore, Deputy Editor

Thank you very much Lord Lucas, I will just make some very brief closing remarks on behalf of the Westminster Education Forum.

First of all if there a further question or comment to make, I did see some hands up at the end, sorry we couldn't get you all in, please do feel free to submit an article to today's publication, details on how to do so are in your event delegate packs, and we suggest an article of around 600 words.

You will also find in your delegate packs feedback forms, please do feel free to complete these, all feedback is very, very useful to us.

And now onto thanks and this comes from us all at the Westminster Education Forum, including from my colleague, Michael Reid, who put together today's seminar, I'm sure you'll all agree all our speakers have been tremendous from first to last. I will highlight our keynote speakers, Dr Pooky Knightsmith, Claire Robson from Public Health England and Catherine Tyack from the Department of Health and Social Care and thank you so much to all our speakers.

And thank you so much to both our Chairs, Dr Lisa Cameron MP who guided us so well through the first session and thank you Lord Lucas for guiding us so well through the second session.

So please join me in thanking speakers, Chairs and all in the time honoured and traditional way.

Good day to you all.

Comments

Louise Parker Engels

We need to work together for children and young people who are Not Fine in School.

Whilst there are committed teachers, and CAMHs and early help workers trying to improve children and young people's mental health, they are pedalling against the tide within a system in crisis.

As Not Fine in School we are parents and professionals working to provide peer support for parents of children who school refuse or experience attendance difficulties due to anxiety and other mental health problems, and a range of health conditions - with the majority reporting unsupported Autistic Spectrum, ADHD, and Special Educational Needs. These are children and young people who want to attend school but cannot. Currently the biggest concerns our families report are waiting times and thresholds for CAMHs and Educational Psychologists. Children do not get the help they need early enough, nor support with the difficulties they face at school. The majority of our parents report being told that their children are fine in school, regardless of the fact that they are not.

Some of these children may mask their difficulties and hold them in until they get home, or staff may not be sufficiently experienced to notice. Schools may refuse to assess and support children, even those with professional diagnoses. Many parents are having to give up work to care for their unwell, and distressed children. These same parents often also receive threats and actual legal proceedings for attendance as schools refuse to authorise mental health and school refusal absences as ill health. Increasingly we see cases of accusations and proceedings against parents for child abuse, especially Fabricating and Inducing illness. If schools describe our desperate, vulnerable children as being children are fine, then more often than not it is the children themselves and their parents are not believed. These practices make already difficult family situations harder, without any evidence of being successful or appropriate.

It's generally accepted that the NHS, and Education are under funded, and under resourced. Unfortunately, there is little or no multi agency working together in many areas, except when there are safeguarding concerns. A multi agency approach for mental health will only work if all agencies understand each other's policies and practices and work together.

It is not good enough for medical professionals and social workers to assume that children with SEN, ASD, ADHD and other conditions are having their needs met in school, that even the most basic adjustments are being made. EHCPs are a battle for the majority of parents just to get the necessary educational provision. Schools and LA attendance officers need to understand the impact of NHS waiting times, thresholds and access to services, and accept that diagnoses and treatment can take many years. In the meantime it is vital to support children and their families rather than making their lives even harder. Do doctors and social services even realise there are service contracts and quotas for how many children can be referred to Ed Psychs in any school year?

School non-attendance is understandingly a red flag for child abuse, however we believe that it is actually a safeguarding risk to send these vulnerable children into school environments unsupported, with very harmful effects, and potentially tragic consequences.

Our current Education system is contributing to the decline of many pupil's mental health, and in many cases causing it. League tables, restrictive curriculums, pressures on testing and exams, inflexible time tables, academisation, and a lack of accountability have all contributed. Since when did attendance statistics become more important than health needs? Children's human rights are consistently ignored. Resources and expertise are just not there. School complaints are ineffective as most governors cannot be independent and the government complaints bodies rarely get involved.

We need more mental health professionals and Ed Psychs, with the authority to lead, with their advice being followed. Our experiences demonstrate that schools must not be the only gate keepers to mental health support. Our children's support for mental health should not be decided on by those who are not qualified - attendance officers, staff at school, who are not medically trained and therefore working out of remit. Mental

health is a category within the SEND code of practice. These are statutory requirements, as are policies for children too ill to attend school and attending school with medical conditions -in fact there are many good policies in place. The professionals who are responsible for implementing them need to be aware of them and be accountable for how they are implemented. We know that resources are limited. Parents are not asking for the impossible or making unreasonable demands. We are asking for existing policies to be followed, for education and health to be resourced adequately. Parents should be trusted to use their judgements to inform professionals of their children's fitness for school and needs for support.

When are the LA's and schools, and other agencies going to stop wasting money and resources on unnecessary investigations, attendance prosecutions, child protection, EHCP tribunals. CAMHS could be better with more resources. Voluntary sector organisations also have a lot to offer with lower overheads and areas of expertise and significant results. Parents know their children and must be trusted to make referrals for SEN and mental health interventions for their children. Unless professionals in schools stop denying needs, with phrases suggesting that children are fine in school, children and young people's mental health will not improve. We need to all work together - not against each other- to make a difference now.

Kindness, common sense and basic humanity cost nothing. Surely, we don't need to be waiting for a whole generation children and young people to get the help and support they so desperately deserve and need!

Beth Bodycote
PhD Student
De Montfort University

'School refusal' is a term commonly used to describe the reaction of children who experience severe anxiety and distress in relation to attending school, often resulting in prolonged absences. Children experience a range of psychological and physical symptoms, and in severe cases suffer with depression, self-harm and sometimes attempt suicide. School refusal is acknowledged as a multi-dimensional, dynamic and diverse emotional reaction, meaning each case is individual and complex to resolve.

All over the UK, families are struggling with children and young people who are severely anxious about school. Their anxiety often relates to the constant academic pressure of current education assessment policies; of reaching expected attainment levels; or to a lack of effective provision for special educational needs – all creating school cultures and environments that damage mental wellbeing.

Thousands of children are missing out on both an education, and treatment for their mental health difficulties. They become depressed, self-harm and sometimes suicidal, yet schools, local authorities and CAMHS ignore them.

Families are in crisis because they cannot access help, and as a consequence they are being fined, prosecuted and referred to social services for non-attendance at school.

What needs to change?

Attitudes:

My PhD research considers the lived experience of parents who have children suffering with anxiety-based school refusal. Enmeshed within these experiences are numerous emotional, behavioural, and attitudinal reactions expressed by people in different roles. My study recognises the importance of acknowledging and understanding the ways these reactions are constructed within society; because they affect how school refusing children and their families are viewed, treated and supported.

Parents are reporting a widespread lack of recognition of mental health difficulties in schools, a lack of training, a lack of empathy, and a general unwillingness to admit that current practices are creating and exacerbating mental health problems. As a consequence children and parents are blamed for these difficulties and denied support.

Alternative provision for children experiencing difficulties at school varies greatly at a local level. It is generally extremely difficult to access because schools and local authorities ignore relevant existing government guidelines. Equally, government has neglected to investigate these issues, or act, for far too long.

Attendance Policies:

Current attendance policies create a situation where parents face intense daily pressure to force severely distressed child to attend school, or to provide the school with medical evidence demanded to authorise absence. This medical evidence is almost impossible to obtain quickly because families become stuck in an endless cycle of CAMHS waiting lists, rejections or inaction.

Schools are given little option to offer any flexibility or empathy because they fear OFSTED scrutiny and criticism. So, instead they force attendance, issue fines and refer parents for prosecution. This makes an extremely difficult situation much, much worse. Moreover, there is no evidence that legal action improves or resolves mental health related non-attendance (indicating the only benefit is protecting school data).

Trapped in this 'no-mans-land' of support, some families are even referred to Social Services under accusations of 'educational neglect' or even Fabricating or Inducing Illness. This seems to be a tactic used in growing regularity and reported by 20% of parents who completed our recent school refusal survey. This tactic is seemingly being used to deter families from demanding expensive SEND or alternative provision, or from highlighting the deficiencies within the education system.

SEND Policies:

Many families have children who are diagnosed or suspected of having learning needs and differences such as Autism, ADHD and Dyslexia. Parents often spend months, or years, struggling to navigate the SEND system to obtain any type of diagnosis or provision. A lack of training and funding cuts mean schools do not assess or provide for SEND, while Local Authorities do their utmost to delay or avoid assessing for EHCPs to save money.

Academic Pressure:

Day after day, we hear from parents desperately worried that children are not coping with academic pressure relating to testing, exams and achievement expectations.

The discussions during the Education Forum on May 8th focused upon the provision of new services or school-based therapies. Frustratingly, there was little recognition of the need to address the UNDERLYING CAUSES of mental health difficulties in schools.

Please consider that once children access educational environments that do not place unreasonable academic demands and pressure on them. Provision that does recognise and support their individual needs, they often recover - given time, empathy and understanding. These features are missing from current provision, and furthermore, there is absolutely no accountability when children are left unsupported - these are all factors where change is desperately needed.

Biography

In 2008 my child became an anxiety-related school refuser, triggering my involvement in parent support groups. In 2017 I co-founded 'Not Fine in School' (www.notfineinschool.org.uk) an online parent support and campaign group. I am currently engaged in PhD research into lived experiences of families of school refusing and anxious children.

Catherine Grummitt
Parent Advocate

Under the Education Act 1996 all children are entitled to a full time accessible education. Children's mental health is now at greater risk. Academies could put in place their own mental health practitioner. But what happened in schools prior to academisation? School nurses, attendance officers and psychological support are now 'buy in' services and priorities have changed. Specialist provision once sourced by the school is no longer there. Educational psychologists are well placed but are now a rare resource. Who is ensuring services are commissioned?

Early intervention has the potential to improve life chances. Some children fall through the cracks at transition into secondary and further education. Children and young people need mentors in school. A rethink is required in the delivery of psychological services. With the C & F Act 2014 young people need continuity and provision post 18. It is not clear how this transition of services will be integrated. How are young people able to access post 16 provision when it is not there?

With the Autism Act councils, schools and hospitals should be putting in place training across services. This is NICE guidance. Are disabilities recognised including family?

EHCP assessments are increasing as children and young people struggle in an authoritarian environment based on exam results and league tables. Children and young people with medical needs are not accessing suitable or appropriate education. If a child has a health need they should have a health plan. But who is making these health plans? The Equality Act 2010 provides that schools have a duty to use their best endeavours to ensure that a child or young person is not discriminated against in accessing education. Some health provision can also be classified an educational provision. Lack of identification and provision can impact on mental health e.g. selective mutism and sensory processing. When needs are not identified and provision not available it impacts wellbeing and self-esteem.

Make the system accountable. A joined-up approach is needed. A change in culture is needed. To achieve this investment in children and young people is needed. A holistic approach covering education, health and social care for every child and young person is needed. Include the family.

Carer

I am the parent carer and passionate advocate of two children. One child has special educational needs, disabilities with co-morbid and complex mental health issues. He attends an independent specialist special school away from home for 38 weeks of the year. My other son has agreed but unidentified special educational needs and attends a local mainstream school. His mental health is declining. I myself am a former ward of court or looked after child (LAC) experiencing childhood trauma before during and after being a LAC. I first attempted suicide aged 12. I am a survivor of horrific and sustained domestic violence. I have a diagnosis of Bi Polar having been sectioned on at least six occasions between the ages of 18 – 33. The last time I required treatment in hospital for Bi Polar was when my first born child was 11 days old, we spent nearly 6 months in a mother and baby unit far from home and I spent a further four years in intensive weekly therapy and medication treatment plan and was supported by a team including my GP, Midwife, HV, police a domestic violence charity and social services. I can unequivocally state that I and my children fit most of the demographic of children and families who have been previously failed, will continue to be failed whilst currently being failed and yet are the very type of children and families that the government wishes to help. That is only part of my family's story but relevant to the discussions held during the seminar and left me feeling immensely saddened and fearful that we and hundreds of thousands of other children and families will continue to be failed. Again.

I do not understand how a lead professional in all or in particular either of my son's schools would help either of them with any of their mental health issues, whether in a full blown mental health crisis or simply experiencing anxiety for any number of reasons be it connected to illness, environment or special educational needs. In my Local Authority for example, if my eldest child should be at home and experiences a decline in his mental health it has historically resulted in him becoming aggressive and violent. It would not be an exaggeration to say that at some points I am in what would and should be considered an abusive relationship. I am abused by my son. He has on occasion punched me so hard I have passed out. I know that he absolutely cannot help this behaviour and I do not personally view him as an 'abuser' nor do I allow anyone else. After these episodes he becomes very distressed emotionally fragile and often feels like ending his life. As long as he goes into a mental health crisis between the hours of 0900-1700 I can call the CAMHS Single Point of Access because he is 'known to CAMHS'. Out of hours I am advised: "18 years plus contact 111 Whatever you are going through, call the Samaritans free anytime, from any phone on 116 123. They are here around the clock, 24 hours a day, 365 days a year. This number is FREE to call." My eldest child has just turned 15....

I do know that if there was accountability at every level things would be different. For example, if there were some kind of meaningful accountability that could have enticed my LA to adhere to the law when we returned to their authority they would have re-assessed his then statement of special educational needs by transferring it to an educational health and care plan or EHCP. He would not have been left without any education, specific specialist school placement, therapies and social care package as described in his statement for six months. Then placed in an entirely different type of school than that named on his statement for a year which directly caused his mental health to decline resulting in his being unable to return to that particular school and now requiring a 24 hour waking day curriculum, all the while I was being threatened with prosecution for his school absence despite the fact that a) his illness was a statutory defence and b) the school he was not attending was not that named in his statement. Prior to this his only mental health issues were considered within the normal ranges for a child with his multiple diagnoses one being Asperger's. He would not have been left without even his statement not being reviewed as it must in law annually for two years deliberately frustrating any right of even appealing the fact that the local authority were not doing what it MUST in law. When they did finally complete an Annual Review an Educational Psychologist observed him for 40 minutes and declared him able to be placed into a main stream school which was the catalyst for his mental health breakdown and refusal to leave his bedroom for over a year and a half. My local authority apologised to me for their maladministration in 2016. In 2017 they transferred his statement to an EHCP and as a result of their continued maladministration I have had to withdraw an appeal to only sections B and F of his unlawful EHCP in order to convince my LA to conduct their 7 month early Annual Review of his EHCP lawfully in order that I may avoid having to appeal again education health and social care at tribunal to restore the provision and social care that was unlawfully removed and then ignored via the transfer process by my LA, so that when my eldest child is not at school with 24 hour a day specialist support and home with just me I do not once again become the victim of domestic violence at the hands of my own child because he is experiencing a mental health crisis. Unless of course I am lucky and he experiences this crisis between the hours of 0800-1700 Mon to Fri as described in the statutory local offer provided by my particular local authority....

Janet Willcott

Public Health Scientist and Home Educator

How an Oppugning Schooling Placement and Environment can Adversely Affect a Child's Mental Health & Emotional Development across the SEND Spectrum. The true 'whole cost' and impact when things go wrong.

"An ounce of prevention is worth a pound of cure. It's more prudent to head off a disaster beforehand than to deal with it after it occurs." – 'De Legibus' (c. 1240)

"Meet the malady on its way." ~ Persius (A.D.c 58)

Children and their families must be at the centre of their decisions when managing their own Education Health and Care. This is backed up by Professor Haslam, Chair of NICE.

One only needs to turn to Maslow's Hierarchy of Needs, (Stressors) and the WHO's mandate: Health promotion is "the process of enabling people to increase control over, and to improve, their health". In addition, "it moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions" to address the root causes. These include to name a few, education and social inclusion. We also need to remember that Health is not just the absence of disease:

WHO Principles:

- Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
- The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, and political belief, economic or social condition.
- The health of all peoples is fundamental to the attainment of peace and security and is dependent on the fullest co-operation of individuals and States.
- The achievement of any State in the promotion and protection of health is of value to all.
- Healthy development of the child is of basic importance; the ability to live harmoniously in a changing total environment is essential to such development.

- The extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health.
- Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people.
- Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.

Why are these, the most basic of principles never implemented, especially when it comes to those who suffer with ill health regardless of individual manifestation? Mental Health stressors will and do increase in severity when the cure is implemented before prevention.

We only need to be reminded that the Governments first duty is to ensure all of its citizens are safe from harm, *Primum non nocere*, and if the Government is causing undue / avoidable harm, by virtue of not implementing the WHO principles, then why is it not held to account, especially when it continuously allows its citizens, in this case, children to suffer routinely at the hands of those in senior decision making positions? The legislation is already in place, why then is it not being implemented? Why are those in senior decision making positions avoiding legislation at all costs? This is the very reason why mental health is rising by exponential means.

What happens to those citizens, in this case, children of schooling age, who don't fit into any tick box? What happens to those who are born with extremely rare diseases or who remain undiagnosed? (Rare Disease Strategy 2010 – amended 'UK strategy for rare diseases: Implementation plan for England 2018) – What happens to these children.....who often times do not fit a mainstream school setting and neither a special school setting, and then are refused alternative education? What happens if children are severely learning disabled but are equally talented and gifted? Is it ok then to prosecute parents (criminal records, lengthy sentences, monitoring tags, large penalties or fines) for simply giving birth to children/citizens who don't fit a tick box, who then go on to suffer more mental health stressors because of the senior decision makers ? The knock on associated avoidable costs to repair the damage are often 50 times more than the original early intervention costs had the parents, and/or children's voices been listened too.

It's about suitable educational ENVIRONMENTS and implementing not just the WHO principles, but a common sense approach by using CBAM (Cost Benefit Analysis Model) or the already existing early intervention policies that instil the prevention is better than cure principle.

The Mental Health next steps don't just need a multi-agency approach in schools, but rather needs a long term strategic intervention pathway rather than short vision approaches which are ultimately halted by the lack of funding. The judiciary and tribunal systems are already overwhelmed and severely overstretched trying to cope with the exponential rise in appeals as a result from mental health stressors, not forgetting to mention that the government's departments / Local Authorities are granted 'special' funding for their own legal representation at said courts, whilst also denying the appealing parents the exact same legal representational rights. Why? Equality, what equality?

Who picks up the costs, when things go wrong? Everyone loses, (the children, parents, tax payers, Local Authorities, Central Government, Courts, Services Providers, NHS, Education Institutions, Charities, NGO's etc.) except for barristers and solicitors... who walk away gloating at having beaten or stopped the much needed help/prevision funding from getting to an already broken family, suffering from mental health stressors. Just think how many lives could be saved from or made better and how much money could be saved by simply following the legislation and the principles that are already in place.

Biography

Janet Willcott – Mother, Carer and out spoken Advocate to an incredible young teenager, who lives with an exceptionally rare disease, coupled with complex brain damage, who also is known as a 'Multiple Exceptionality'. I am an Independent Researcher in Public Health, Public Health Law, Social Science within Education, Health and Environment, Environmental Psychology and Rare Diseases. Hobbies include: Neuroscience for education, eating chocolate and running.

List of Delegates Registered for Seminar

Michelle	Allard	Student	University of Worcester
Leanne	Arnold	Student	University of Suffolk
Professor Louise	Arseneault	Professor of Developmental Psychology	King's College London
Amanda	Aylett	STEM Faculty and North East Mentor Lead, NQT and Safeguarding Lead	Harris Federation Initial Teacher Education
Rashida	Baig	Principal Social Worker	West Berkshire Council
Sue	Baillie	Pastoral Director	Royal Grammar School, Newcastle, Tyne and Wear
Kate	Bancroft	Lecturer	Leeds Beckett University
Kevin	Baskerville		Leicestershire County Council
Felicity	Bennett	Funding and Relationship Manager, HeadStart	Big Lottery Fund
Dr Kim	Bevan	Director of Development	The Retreat York
Lisa Marie	Binns	Carer	
Sue	Bishop	Director of External Relations	HMC
Zoe	Blake	CEO	XenZone
Beth	Bodycote	PhD Student	De Montfort University
Thomas	Boore	Governor	Ashleworth Primary School, Gloucestershire
Joanna	Booth	Advisory Teacher Social, Emotional and Mental Health	Blackpool Council
Teresa	Bouhey	Founder & CEO	Jungle Diversity
Emma	Bowman	Assistant Director	Barnardo's
Emma	Brech	National Development Manager	British Refugee Council
Debbie	Brewin	Chairperson and Professional Advisor	Work Stress Solutions
Louise	Brown	Parent	
Dr Zoe	Brownlie	Clinical Psychologist, CAMHS	Sheffield Children's NHS Foundation Trust
Lucy	Butler	Director for Children's Services	Oxfordshire County Council
Pamela	Calder	Honorary President	Early Childhood Studies Degrees Network
Tanya	Callman	Barrister and legal trainer	EduLaw Chambers
Tara	Campbell	Student and Family Support Manager	Cambridge School
Orla	Casey	Head of Music Therapy, Cambridgeshire Music	Cambridgeshire County Council
Mary Jo	Clark	Strategic Lead Parent	Positive Parent Action

Ruth	Clark	SENCO	Mount Street Academy & Lincoln Carlton Academy
Hannah	Coaker	Policy Adviser	Government Office for Science
Dr David	Colley	Senior Lecturer	Oxford Brookes University
Ben	Collins	Director of Services	Relate
Sam	Cooper	Head of Secondary Sales	Pearson UK
Anna	Crispin	CEO	Newham Partnership Working
Laurie	Day	Head of Children and Families Research	ECORYS
Louise	Dickman	Student	Kesgrave High School, Suffolk
Helania	Downs		Colne Valley High School, Huddersfield
Clare	Duggan	Regional Director of Transformation (North)	NHS England
Sylvia	Duncan	Chairperson	Institute for Recovery from Childhood Trauma
Denise	Dyer	Strategic Behaviour Manager	VBS
Louise	Engels		
Dr Alma	Erllich		
Christina	Etherington	Policy Adviser	HM Treasury
Erica	Evans	Senior Child Support Worker	Change of Scene
Felicity	Evans	Head	Hertfordshire Virtual School
Helen	Evans	Youth Justice Policy Manager	Ministry of Justice
Susan	Fahey	Family Support Worker	St Johns RC School, Essex
Anna	Freij	Schools Worker - Emotional Wellbeing Lead	The Souster Youth Trust
Dr Kathryn	Friedlander	Lecturer; director of the PED (Psych of Educ Dev) research hub	University of Buckingham
Dr Diahann	Gallard	Lecturer and Researcher	Liverpool John Moores University
Isabelle	Garnett	Family Support Officer	Bringing Us Together
Lisa	Giles	Business Development Director	Pearson
Dr Lynne	Green	Clinical Director	Place2Be
Isabelle	Griffin	Social Researcher	Department of Health and Social Care
Catherine	Grummitt	Parent Advocate	
Tom	Guy	Publisher	GL Assessment
Jo	Hardy	Acting Head of Parent Services	YoungMinds

Councillor Steve	Harrod	Cabinet Member for Social Care	Oxfordshire County Council
Amber	Hartman	Advocate	Parents Against Injustice
Caroline	Henderson	Principal Inclusion officer	Blackburn with Darwen Borough Council
Professor Isobel	Heyman	Consultant Child and Adolescent Psychiatrist	Great Ormond Street Hospital for Children NHS Foundation Trust
Councillor Hilary	Hibbert-Biles	Cabinet Member for Education & Learning	Oxfordshire County Council
Charlotte	Hill	Senior Manager Partnerships and Improvement	Cornwall Council
Caroline	Hounsell	Director of Partnerships and Product Development and Training	Mental Health First Aid
Dewi	Hughes	Principal Educational Psychologist	Association of Educational Psychologists
Dave	Hunt	Assistant Vice Principal	Dover Christ Church Academy, Kent
Liz	Hunt	Head of Access & Inclusion	London Borough of Redbridge
Lisa	Ingram	Development and Marketing Manager	A Way With Pain
Ellie	Isaacs	Policy Manager, Children and Young People's Mental Health Team	Department of Health and Social Care
Lisa	James	Regional Sales Manager UK	Pearson UK
Margaret	James	Diocesan Director of Education	Diocese of Worcester
Councillor Anne	Jones	County Councillor	West Sussex County Council
Deborah	Jones	Policy Officer	Department for Education
Lorraine	Joyce	Funding and Relationship Manager, HeadStart	Big Lottery Fund
Susan	Joyce	Head of Year 10	Westminster School, London
Rachael	Judson	Children Young Peoples and Families Lead	British Association of Counsellors and Psychotherapy
Dr Catherine	Kaylor	Governor Director	Rushcliffe Learning Alliance
Councillor Christopher	Kennedy		Hackney Council
Councillor David	Kershaw	Elected Member	Coventry City Council
Julie	Kitchen	Head of ITT	Educate Teacher Training
Dr Pooky	Knightsmith	Vice Chair	Children and Young People's Mental Health Coalition
Laura	Koehli		Public Health England
Dr Nihara	Krause	CEO	stem4
Earl of	Listowel		House of Lords
Dr Tony	Lloyd	CEO	ADHD Foundation
Ian	Lowe	Deputy CEO	Washwood Heath Multi Academy Trust, Birmingham

Lord	Lucas	Officer, All-Party Parliamentary Group for Skills and Employment	House of Lords
Dr Virginia	Lumsden	Clinical Psychologist	Kent Children and Young People's Mental Health Service
Scott	Lunn	Clinical Lead	Derbyshire Healthcare NHS Foundation Trust
Bev	Mabey	CEO	Washwood Heath Multi Academy Trust, Birmingham
Annette	Majekodunmi	Lawyer	Government Legal Department
Charlotte	Mannix	Policy Officer	Children's Commissioner's Office
Christine	Marchesi	Chairperson & Voluntary Coordinator	YASS! (Young Autistic Spectrum Socialising!)
Dr Lydia	Marshall	Senior Researcher, Children, Families & Work	NatCen Social Research
Dr Karen	McCarty	Trust-wide Lead for Psychological Services and Clinical Lead EWMHS Ess	North East London NHS Foundation Trust
Joe	McDonnell	Director of Public Health	London Borough of Waltham Forest
Tristan	McKenna	Project Manager, National Workforce Skills Development Unit	Tavistock and Portman NHS Foundation Trust
Rachel	McKernan	ADCS	Barnardo's
Rakhshi	Memon		
Dr Ana	Mendes	Consultant Clinical Psychologist	North East London NHS Foundation Trust
Keeley	Mudd	Grants Development Officer	Buttle UK
Rowan	Munson	former Member/Ambassador, Step Up To Serve	Youth Select Committee on Mental Health/#iWill
Gail	Musson	Therapy Manager and Senior Occupational Therapist,	Priory Lodge School, London
Julie	Newbury	Training Coordinator	How to Thrive
James	Nortey-Silke	Policy Advisor	Ministry of Justice
Linda	Oliver	Headteacher	Harrietsham Church of England Primary School, Kent
Laura	Patterson	Youth, Children and Families Team Leader	Tove Valley Baptist Fellowship
Oliver	Paul	Senior Commissioner Child Health	Sutton Council
Alastair	Pearson	Systemic/Family Psychotherapist	Tower Hamlets Child and Adolescent Mental Health Service
Matthew	Peers	Commissioning Manager, Integrated Commissioning Team	NHS Sheffield Clinical Commissioning Group and Sheffield City Council
Judy	Perraton	Schools Mental Health and Emotional Wellbeing Adviser	East Sussex County Council
Emily	Phelps	Assistant Director	Barnardo's
Kate	Piercy	Teacher Advisor	Lancashire County Council
Wendy	Porter-Clark	Student	University of Worcester
Lizzie	Poulton	Programme Manager	Partnership for Children

Jo	Povey	Account Director	EdComs
Ryan	Price	Sport, health and Wellbeing Manager	Epic
Josie	Purl	Carer	
Rheal	Ramlakhan	Caseworker, ESFA	Department for Education
Dr David	Raraty	Audit Manager	National Audit Office
Dr Trevor	Richards	Head and School Psychologist	All Hallows School, Somerset
Claire	Robson	Programme Manager, Children, Young People and Families	Public Health England
Maria	Rodrigues	Director of SEND	Academies Enterprise Trust
Dr Sue	Roffey	Honorary Professor	University of Exeter
Zanab	Sabeh	Assistance Policy Officer- Child Safeguarding Unit	Foreign and Commonwealth Office
Councillor Shabnum	Sadiq	Lead member for Education and Children's services	Slough Borough Council
Parminder	Sahota	Childrens Service Manager	Barnardo's
Samantha	Scanlon	Carer	
Dr Clare	Short	Consultant Child and Adolescent Psychiatrist	CAMHS AWP NHS Trust
Cecil	Sinclair	Policy Advisor	Ministry of Housing, Communities and Local Government
Hannah	Small		House of Commons
Dr Neil	Smith	Research Director	National Centre for Social Research
Josephine	Smith	Programme Co-ordinator, PATHS®	Barnardo's
Vicki	Spencer-Hughes	Consultant in Public Health	East Sussex County Council
Trudy	Srawley	Chair of Participation	Wiltshire Parent Carer Council (WPCC)
Roger	Stephenson	Business Development Director	Childhood First
Ruth	Stephenson	Family Support Worker	Mount Street Academy & Lincoln Carlton Academy
Richard	Stewart	Director	Student Life (Suffolk)
Danielle	Taylor	Education Officer	NCA-CEOP
Kelly	Taylor	Strategic Case Manager for the North	NHS England
Sally	Thomas	Policy Officer - Women and Girls' Rights and Race Equality	National Education Union
Camilla	Turner	Education Editor	The Daily Telegraph
Catherine	Tyack	Lead, Children's and Young People's Mental Health Green Paper	Department of Health and Social Care
Dr Wendy	van Rijswijk	Senior Research Officer	Department for Education

Jessica	Vining	Chief of Staff, Office of Jeremy Wright QC MP	House of Commons
Fenella	Walker	Reintegration & Inclusion Specialist	Camden Council Virtual School
Kelly	Walker	SEND Education Psychology Contract Manager	Department for Education
Joyce	Wellings	Psycho-Dynamic Counsellor	Youth Talk
Sian	Wicks	Managing Director/Executive Nurse	IGS
Jamie	Williams	Business Development Manager	Prospects Services
Janet	Willcott	Public Health Scientist and Home Educator	
Karen	Wilson	Principal Education Psychologist	London Borough of Redbridge
Helen	Wright	Strategic Attachment Lead Teacher and Therapist	TouchBase Centre

Contributor Biographies

Professor Louise Arseneault, Professor of Developmental Psychology, King's College London

Louise Arseneault, Professor of Developmental Psychology. Louise Arseneault's research focuses on the study of harmful behaviours such as violence and substance dependence, their developmental origins, their inter-connections with mental health, and their consequences for victims. In the early stages of her career, she examined harmful behaviours as a developmental outcome, primarily in adolescents and in adults. Over time, the focus of her research broadened to include harmful behaviours as causes of mental health problems. She has taken a developmental approach to investigate how the consequences of violence begin in childhood and persist to mid-life, by studying bullying victimisation and child maltreatment. Her research aims are to answer questions relevant to psychology and psychiatry by harnessing and combining 3 different research approaches: developmental research, epidemiological methods and genetically-sensitive designs. Her work incorporates social as well as biological measurements. Louise completed her PhD in biomedical sciences at the University of Montreal and moved to the UK for a post-doctoral training at the MRC Social, Genetic and Developmental Psychiatry Centre. She has been working with well-known longitudinal cohorts such as the Montreal Longitudinal Cohorts, the Dunedin Multidisciplinary Health and Development Study and the Environmental Risk (E-Risk) Longitudinal Twin Study, a nationally-representative sample of families with twins in England and Wales. She has also been exploring another important nationally-representative cohort, the National Child Development Survey (NCDS), with a Mid-Career Fellowship Award from the British Academy. She has recently been appointed the Economic and Social Research Council (ESRC) Mental Health Leadership Fellow.

Sue Baillie, Pastoral Director, Royal Grammar School Newcastle, Tyne and Wear

Sue is Pastoral Director at the Royal Grammar School, Newcastle –upon-Tyne. She has worked as a Head of Department, as a boarding Housemistress and in senior leadership positions in independent day and boarding schools for twenty-seven years. Her interest in promoting good mental health in schools has developed through her experience in schools, her work with other professionals and through training in YMHFA. She has worked with local maintained schools to develop better support for pupil mental health and leads the annual ReTHINK Conference at the Royal Grammar School. She is a member of the Schools North East Healthy MindED Commission.

Dr Zoe Brownlie, Clinical Psychologist, CAMHS, Sheffield Children's NHS Foundation Trust

Dr Zoe Brownlie. Clinical Psychologist, Sheffield CAMHS and lead for Sheffield Healthy Minds schools project. Healthy Minds was developed through the CAMHS - schools link initiative with funding from NHS England and Dept for Education and is now jointly commissioned through the CCG and LA and currently works with 44 schools from nursery to sixth form across Sheffield. Healthy Minds puts emotional resilience at the heart of children's health and wellbeing and recognises its impact on children's readiness to learn, attainment, behaviour and future employability. It offers an integrative approach to children's mental health in collaboration with schools. Schools are in a fantastic position not just to teach about emotional wellbeing but to help children experience it. By providing stable, nurturing and protective environments, schools can help children learn how to regulate their emotions and develop healthy relationships with other children and school staff. These abilities will have a huge impact on their emotional resilience and their life long health, well-being and success. We have found that the Healthy Minds model makes great sense to school staff who have been able to use its principles within the classroom and across school.

Laurie Day, Head of Children and Families Research, ECORYS

Laurie is the lead for children, young people and families research at independent public policy consultants Ecorys UK. He oversees a wide range of research and evaluation projects for national and local government and third sector clients. Laurie has worked extensively in the field of children's mental health and wellbeing, having directed national evaluations of the Mental Health Services and School Link Pilots (DfE and NHS England, 2015-17), and the 'Time to Change' Children and Young People's Project (Rethink Mental Illness, 2016-20). Prior to this, Laurie was overall lead for the National Evaluation of the Troubled Families Programme (DCLG, 2013-16).

Dr Lynne Green, Clinical Director, Place2Be

Lynne is a Clinical Psychologist with 20 years NHS experience. Prior to joining Place2Be, she was the Clinical Lead for the Child and Adolescent Mental Health Service in Lancashire Care Foundation Trust and also held the lead Consultant Psychologist role for children's eating disorders and adolescent inpatient services.

Jo Hardy, Acting Head of Parent Services, YoungMinds

Jo Hardy is Head of Parent Services at the Children's Mental Health Charity, YoungMinds. She has spent more than 25 years working as a senior manager in the voluntary sector for a range of charities who support families with children experiencing disadvantage, or those who have additional needs, and is a passionate advocate for supporting parents and carers' engagement in order to achieve better outcomes for children.

Caroline Hounsell, Director of Partnerships, Product Development and Training, Mental Health First Aid

Caroline Hounsell is Director of Partnerships, Product Development and Training at community interest company Mental Health First Aid (MHFA) England. Caroline was one of the first MHFA England Instructors to be trained and joined MHFA England's national training team in 2007, taking on a role as national Quality Assurance Lead in 2012. In 2015 she was appointed into a new role as MHFA England's Director of Business and Partnerships, which subsequently evolved into her current role as Director Partnerships of Product Development and Training. During her time at MHFA England, Caroline has been involved with the design, content development and writing across a range of MHFA courses, including Workplace MHFA courses. Caroline has delivered MHFA training to numerous large organisations, including NHS England and Public Health England and sits on several key mental health governance groups spanning statutory and voluntary sectors. Caroline leads on the Youth in Schools programme announced by Prime Minister Theresa May that will bring MHFA into every secondary school in the country between 2017-2020. She also has lived experience of being a young carer for a family member who had mental health issues. As an accredited British Association Counselling Psychotherapist (BACP) qualified in 2006, Caroline draws on the experience gained through her private practice working with clients from a range of backgrounds to further develop her knowledge and skills as a mental health professional.

Dr Pooky Knightsmith, Vice Chair, Children and Young People's Mental Health Coalition

An internationally respected face of child and adolescent mental health, Pooky works tirelessly to 'be the change she wants to see'. A prolific keynote speaker, lecturer, trainer and author, she develops and shares practical, evidence-informed approaches to promoting mental health – arming health and education staff with the skills, information and knowledge they need to support the children in their care; whilst also working hard to drive collaboration and change at a national and international level amongst politicians and charity, business and service leads. Pooky has a PhD in child mental health from the Institute of Psychiatry, is the author of five books and is the current vice chair of the Children and Young People's Mental Health Coalition. She's also a Mum of two who works hard every day to win her own battles against PTSD, anorexia, self-harm and depression.

Lord Lucas, Officer, All-Party Parliamentary Group for Skills and Employment

Ralph Lucas is a Conservative backbencher in the House of Lords, active in education politics for the past 25 years. He joined The Good Schools Guide in 1994, and has edited it since 2000. He founded The Good Careers Guide in 2013. Before that he was a businessman, an investment banker and a chartered accountant. He read Physics at Balliol College, Oxford.

Lydia Marshall, Senior Researcher, Children, Families & Work, NatCen Social Research

Dr Lydia Marshall is a Senior Researcher in the Policy Research Centre at the National Centre for Social Research (NatCen). In 2016/17, Lydia managed the Department for Education (DfE)'s first nationally representative study of mental health provision in schools and colleges, which informed the development of the recent Green Paper. Following this, Lydia led a qualitative project for the DfE, collecting pen portraits of mental health practice in schools, colleges and other educational institutions. Lydia is Co-Investigator on an ESRC grant-funded project examining the influence of mental health on educational attainment in adolescence. Lydia has a PhD in the Sociology of education from the University of Warwick.

Linda Oliver, Headteacher, Harrietsham Church of England Primary School, Kent

I started my teaching career in 1998 in Bromley having decided in 1994 to totally change career from being a Registered Midwife for 8 years. In 2002 I moved to Kent and worked my way up to Deputy Head following completion of my NPQH and took on my first Headteacher post in 2011 in a small rural primary school. I started my second Headship at Harrietsham in 2015. I have been a Head Teacher for 7 years, I find the role enjoyable and rewarding; however the scope and weight of responsibility inevitably is now wider and greater. Tough decisions have to be made as I balance my responsibilities to different groups within the school community. I have faced vast challenges since becoming a head, the education landscape has changed considerably in recent years, and managing teacher workload remains a challenge. The challenge to improve outcomes particularly disadvantage children continues, the gap between FSM and other pupils remains large and with child poverty increasing it is hard for schools to carry the burden of promoting social mobility. School budgets and financial constraints are another main challenge, I am being asked to do more and more with less money. The national funding formula, the national insurance contribution rates, revised pensions and increase in salaries mean that budgets have to stretch further the government are also not allowing for the impact of inflation. More applications for pupil places is also challenging due to budget, buildings and increasing facilities. Over the past few years as a school we have been trying hard to support children with mental health needs, which are significantly growing and find that there is very little help for primary schools. In order for children to reach their full potential all their needs, need to be met. I therefore applied for lottery funding to support children's mental health and to build their resilience. It is so important that we are able to identify children who are at risk of mental ill-health and to intervene early. Children need the skills to be able to talk about their feelings and to help them deal with problems that might emerge later in life. It is essential that we are better supporting pupils with mental health challenges and improving their well being in order for them to reach their full potential. Being a Headteacher is highly demanding but I love my job, I enjoy making a real difference to children's lives. I want to continue to lead and inspire others staying focused on my vision and values, ensuring that all the school community maximise their performance. The children are the future and it is so important that we ensure that each and every one have the best education.

Matthew Peers, Commissioning Manager, Integrated Commissioning Team, NHS Sheffield Clinical Commissioning Group and Sheffield City Council

Matthew Peers is Commissioning Manager for children and young people's mental health at Sheffield City Council and Sheffield Clinical Commissioning Group. He has held this position since July 2016. Prior to starting this role, Matthew was a National Management Trainee as part of the National Graduate Development Programme for Local Government. In his role as Commissioner Manager, Matthew leads the development and implementation of Sheffield's Local Transformation Plan for children and young people's mental health. This includes leading the commissioning of a whole-school approach to supporting mental health in Sheffield schools, which is currently being rolled out.

Claire Robson, Programme Manager, Children, Young People and Families, Public Health England

Claire is an experienced public health specialist, currently providing national leadership within Public Health England's Health and Wellbeing Directorate on improving public health outcomes for children, young people and families. Claire's experience spans: health improvement delivery, national and regional programme management, policy advice and organisational design. Claire was instrumental in contributing at both a national and regional level to the development of the National Healthy Schools Programme between 1999-2010. She has also led the delivery of workplace health promotion programmes for a multi-national pharmaceutical company and has worked as senior health promotion adviser in the NHS.

Catherine Tyack, Lead, Children's and Young People's Mental Health Green Paper, Department of Health and Social Care

Catherine Tyack is the lead for the Green Paper for Children and Young People's Mental Health at the Department of Health and Social Care. She has also worked on hospital productivity, and leading on the department's relationship with NHS England. She has been a civil servant for sixteen years, largely in central government departments, with time also spent at the House of Commons. She is a trustee for her local women's centre, a medium-sized charity delivering a range of services.

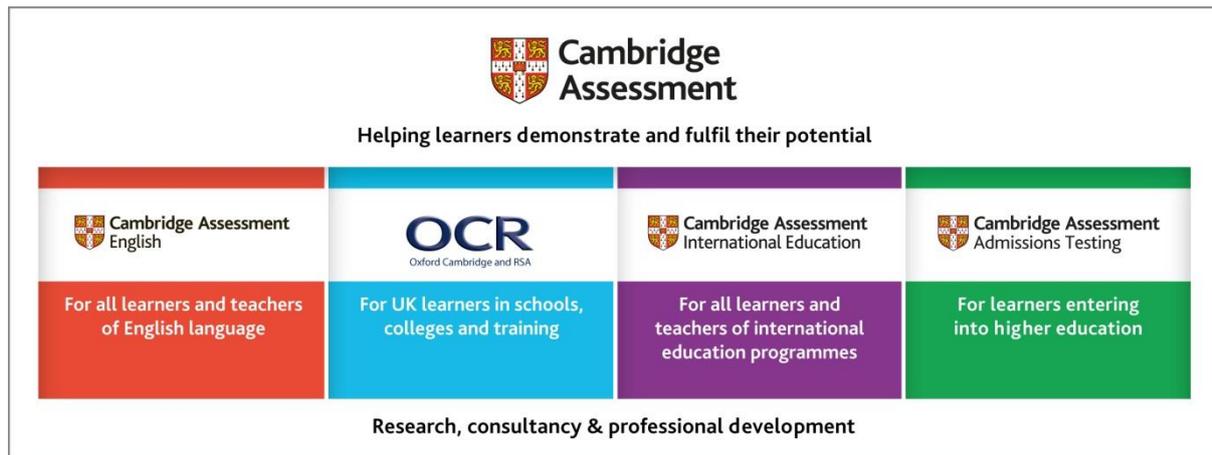
All biographies provided by speakers

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