Transforming Children and Young People's Mental Health Provision:
a Green Paper

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Ministerial foreword

All young people deserve the best start in life. But too often, young people with a mental health problem are not able to fulfil their potential. Mental ill-health costs individuals, and society, dearly. And we know that adults with mental ill-health are likely to have already experienced mental health problems in their childhood or adolescence.

People with mental health problems have too often in the past experienced unfair discrimination and poor treatment. In recent years however, we have seen a welcome shift in attitudes to mental health. The Prime Minister and this Government have provided the leadership needed to correct this historic injustice and are committed to delivering and building upon the vision set out in *Future in Mind*.[1] We are a major funder of anti-stigma initiatives. And we were among the first to legislate for 'parity of esteem' between mental and physical health. This means that in delivering health services, the two should be considered equally important.

We are now investing more than ever before in mental health services, and a huge programme of work is underway to transform children and young people's mental health services. Across the country there are many committed health staff working hard to improve care for children and young people with a mental health problem. In education too, many school and college leaders and staff are also giving real priority to supporting and promoting their students' wellbeing and good mental health. There are great examples throughout the country where health services, education and children's services, the voluntary sector and many others work together with families to support young people in being mentally well.

However, in some cases, support from the NHS is only available when problems get really serious, is not consistently available across the country, and young people can sometimes wait too long to receive that support. Support for good mental health in schools and colleges is also not consistently available. This green paper therefore sets out an ambition for earlier intervention and prevention, a boost in support for the role played by schools and colleges, and better, faster access to NHS services, in order to fill these gaps and fulfil the commitments set out in our manifesto. We set out here specific proposals that represent a fundamental shift in how we will support all young people with their mental health, and we look forward to working with you in making these proposals a reality.

The Rt Hon JUSTINE GREENING MP
Secretary of State for Education

The Rt Hon JEREMY HUNT MP
Secretary of State for Health

Executive summary

We know that our mental health and wellbeing are vital to our ability to thrive and achieve. One in ten young people has some form of diagnosable mental health condition and we know that children with a mental health problem face unequal chances in their lives, particularly where childhood mental health issues continue into adulthood.

As the Prime Minister has said, this is one of the burning injustices of our time. This Government is committed to ensuring our children and young people, and their families, get the support they need at the right time from the NHS, schools, colleges, local authorities and our dedicated partners in the voluntary sector.

As part of this longstanding commitment, we have already laid strong foundations for a step-change in the quality and scale of support available through improving and expanding NHS mental health services for children and young people.

To deliver on the ambitious vision set out in 2015's *Future in Mind* and 2016's *Five Year Forward View for Mental Health*, we have:

- legislated for parity of esteem between physical and mental health;
- committed to make an additional £1.4 billion available for children and young people's mental health over five years;
- committed to recruit 1,700 more therapists and supervisors, and to train 3,400 staff already working in services to deliver evidence-based treatments by 2020/21;
- committed to ensure that an additional 70,000 children and young people per year will obtain support from mental health services by 2020/21;
- improved services for eating disorders, with an additional £30 million of investment, 70 new or enhanced Community Eating Disorder Teams, and the first ever waiting times for eating disorders and psychosis;
- funded eight areas to test different crisis approaches for children and young people's mental health and testing New Care Models for Mental Health; and
- published cross-agency Local Transformation Plans for children and young people's mental health for every area of the country.

This green paper builds on *Future in Mind* and the ongoing expansion of NHS-funded provision, and sets out our ambition to go further to ensure that children and young people showing early signs of distress are always able to access the right help, in the right setting, when they need it.

We know that half of all mental health conditions are established before the age of fourteen, and we know that early intervention can prevent problems escalating and have major societal benefits. Informed by widespread existing practice in the education sector and by a systematic review of existing evidence on the best ways to promote positive mental health for children and young people, we want to put schools and colleges at the heart of our efforts to intervene early and prevent problems escalating.[2]

There is clear evidence that schools and colleges can, and do, play a vital role in identifying mental health needs at an early stage, referring young people to specialist support and working jointly with others to support young people experiencing problems. Around half of schools and colleges already have a dedicated lead for mental health. 61% of schools currently offer counselling, and 90% of schools and colleges offer staff training on supporting pupils' mental health and wellbeing.[3]

We want to ensure that all children and young people, no matter where they live, have access to high-quality mental health and wellbeing support linked to their school or college. Some children and young people will always need additional support from more specialist services within and beyond the NHS. When a need has been identified, young people should be assessed quickly, and referred to the most appropriate support. We know from the Care Quality Commission's recent report that although quality of care is in places good, waits can often be too long.[4]

As the next step in our reforms, we will therefore support local areas to adopt an ambitious new collaborative approach to provide children and young people with an unprecedented level of support to tackle early signs of mental health issues. This approach has three key elements:

1. We will incentivise every school and college to identify a Designated Senior Lead for Mental Health to oversee the approach to mental health and wellbeing. All children and young people's mental health services should identify a link for schools and colleges. This link will provide rapid advice, consultation and signposting.

2. We will fund new Mental Health Support Teams, supervised by NHS children and young people's mental health staff, to provide specific extra capacity for early intervention and ongoing help. Their work will be managed jointly by schools, colleges and the NHS. These teams will be linked to groups of primary and secondary schools and to colleges, providing interventions to support those with mild to moderate needs and supporting the promotion of good mental health and wellbeing.

3. As we roll out the new Support Teams, we will trial a four week waiting time for access to specialist NHS children and young people's mental health services. This builds on the expansion of specialist NHS services already underway.

We will roll out our new approach – incorporating all three pillars, including Designated Senior Leads for mental health in schools, creating Mental Health Support Teams and reducing waiting times – to at least a fifth to a quarter of the country by the end of 2022/23. We will start with a number of trailblazer areas, operational from 2019, which will be supported by robust evaluation so that we understand what works. The precise rollout will be determined by the success of the trailblazers, and securing funding after 2020/21, the end of the Government's current spending period. This will be part of future spending review decisions.

This mix of provision will look very different in different areas, and we do not believe there is a single model that should be implemented nationally. The trailblazer approach to the initial phase of implementation will allow us to test how best to deliver this new service through local innovation and differentiation, and understand how its benefits can extend to all children and young people, including the most vulnerable. We will invite a range of areas to develop and evaluate different models of delivering the teams, at the heart of a collaborative approach. The aim will be for trailblazers to provide implementation support to other areas as the additional resource rolls out.

There are also wider opportunities to improve children and young people's mental health and we need to continue with the focus on joined up working. We will do more to help schools support pupils with their mental health. A whole school approach, with commitment from senior leadership and supported by external expertise, is essential to the success of schools in tackling mental health. Mental health awareness training is a part of this. We will ensure that a member of staff in every primary and secondary school receives mental health awareness training.

We committed in our manifesto that every child will learn about mental wellbeing. Through the engagement process now underway for deciding next steps for Personal, Social, Health and Economic Education (PSHE), and Relationships and Sex Education (RSE), we will decide on the most effective way to deliver this. We will look at how mental health and wellbeing can support healthy relationships and how best to secure good quality teaching for all pupils through PSHE, and will consult on draft statutory guidance on RSE and potentially PSHE.

In addition to learning about how social media can have both positive and negative impacts on mental health as part of the curriculum, we also want to keep children and young people safe online and ensure that they are protected from potentially harmful effects to their mental health. We will convene a working group of social media and digital sector companies to explore what more they can do to help us keep children safe online, aligning with work underway through the Department of Digital, Culture, Media and Sport's recently published *Internet Safety Strategy*. The Chief Medical Officer will also produce a report on the impact that technology has on young people's mental health.

The proposals set out in this document, most significantly our approach to joint working between schools and colleges and the NHS, represent an ambitious new approach to helping all children and young people live happy and fulfilling lives. We welcome your views, through the public consultation, on how we can best make this exciting vision a reality.

Chapter 1 - Case for action: the evidence

1. Children with a persistent mental health problem face unequal chances in life. This is one of the burning injustices of our time. It is our collective duty to ensure that we take action to promote and protect the mental wellbeing of our children and young people. This chapter sets out the key evidence that has informed the development of the proposals in this green paper. The evidence covers the prevalence of the mental health issues our children and young people are experiencing, the consequences of these issues, and the quality of and access to current services.

Prevalence of mental health issues

2. We know that mental health problems affect a significant number of children and young people, with the most recent data suggesting that one in ten children and young people has some form of clinically diagnosable mental health disorder. This level of prevalence equates to around 850,000 children and young people with a diagnosable mental health disorder in the UK today.[5]

3. An Office for National Statistics (ONS) survey (2004, the most recent available) found that 3.3% of children had anxiety, 0.9% had depression, 5.8% had conduct disorder, 1.5% had hyperkinetic disorder, and 1.3% had a less common disorder (made up of 0.9% with autism spectrum disorder, 0.3% with an eating disorder, and 0.1% with mutism). Some children had multiple disorders. In 2018, the outputs of a new prevalence survey will provide a current, rich evidence base on conditions and indicate whether these rates have changed.

4. The ONS survey also highlighted that based on parents' reports, 2% of all children, aged 5-16, had self-harmed. Of those children with an emotional disorder, 14% had self-harmed. However, these figures were far higher when looking at the child's report, with 7% of all children, and 28% of children with an emotional disorder, reporting self-harm. More recent research published this year suggests that self-harm may be increasing amongst certain groups, with a 68% increase in self-harm rates among girls aged 13 to 16 since 2011.[6]

5. Some young people are far more likely than others to experience mental health problems.[7] The prevalence of mental health disorders varies by age, with nearly 8% of 5-10 year olds having a diagnosable mental health disorder, compared to nearly 12% of 11-15 year olds.[8] It also varies by sex – mental health disorders are more common in boys (just over 11%) than girls (nearly 8%).[9] The ONS survey shows that the prevalence of mental health problems in children and young people varied depending on ethnicity.

Around 1 in 10 white children had a mental health disorder, compared to just under 1 in 10 black children, and 3 in 100 Indian children.[10]

6. Young people's own views on their feelings and emotions are valuable indicators of their overall mental health and wellbeing, and their ability to participate in school, learn and socialise. In 2014, 18% of young people aged 11-15 reported they had experienced some form of cyberbullying in the past two months.[11] [12] While 74% of young people reported having high life satisfaction, this decreased with age among both boys and girls, and mid-adolescent (15 year old) girls appeared to be particularly likely to report poorer life satisfaction.[13]

7. Studies have shown links between mental ill-health and Adverse Childhood Experiences, and that mental health needs are much more prevalent among looked after children.[14] It is estimated that 45% of looked after children have a diagnosable mental disorder (compared to 10% of all children).[15] [16] [17] There is limited evidence on the specific prevalence of mental health problems in adopted children, but the available literature suggests that adopted children can experience similar mental and behavioural disorders as looked after children. We know that exposure to domestic abuse can have a negative impact on a child's emotional wellbeing. A study by SafeLives showed 52% of children who witness domestic abuse experienced behavioural problems and issues with social development and relationships.[18]

8. Lesbian, gay, bisexual and transgender (LGBT) people of all ages are more likely to experience poor mental health than heterosexuals, which indicates that LGBT children and young people have particular support needs. For example, LGBT people were found to be at higher risk of mental disorder, suicidal thoughts, substance misuse and self-harm than heterosexuals.[19] [20] [21] [22]

9. Young people involved in gangs face particularly high rates of mental illness. Signs of severe behavioural problems before the age of 12 are prevalent (40% of those who were gang members, of both sexes, compared with 13% of general youth justice entrants), and as many as 1 in 3 female and 1 in 10 male gang members are considered at risk of suicide or self-harm.[23]

10. Moreover, there is evidence that young people who are not in education, employment or training (NEETs) have more mental health and substance misuse problems than their non-NEET peers.[24] This detrimental effect is greater when time spent as a NEET starts at a younger age, or lasts for a longer period of time. This link is partly due to an increased likelihood of unemployment, low wages or low quality work later on in life.[25]

Impact of mental health problems

11. The impact of mental health problems on children and young people's lives can be significant. The evidence shows that children and young people with mental health problems are more likely to have negative life experiences early on, that can damage their life chances as they grow towards adulthood. These challenges include the facts that:

- Children and young people with mental health problems are more likely to experience increased disruption to their education, via time off school and exclusions, than children with no mental health problems.[26] [27]
- Young people with mental health problems are more likely to experience problems in their future employment, with various longitudinal studies suggesting long-term impact on economic activity such as receipt of welfare benefits, income, and continuous employment.[28] [29] [30]
- One quarter of boys in Young Offender Institutions reported emotional or mental health problems.[31]
- Young people with conduct disorder are more likely to engage in criminal activity, with research suggesting they are 20 times more likely to end up in prison, and four times more likely to become dependent on drugs, compared to the general population.[32]

12. There is also strong evidence that adult mental health problems begin in childhood or adolescence – and emerging evidence that Adverse Childhood Experiences in infancy may have negative impacts on future mental health and wellbeing outcomes.[33] A British cohort study showed that teens who had common mental disorders (CMDs) were more than two and a half times more likely to have a CMD at age 36, compared with mentally healthy teenagers. For teens with persistent CMD, they were over six times more likely to have CMD at age 36 and 43, and four times more likely at age 53. [34] [35]

13. Adults with mental health problems are much more likely to have other disadvantages, including:

- Lower incomes in early adulthood and into middle age;
- Lower probability of being in work in middle age;
- Increased risk of problems with their physical health, including cardiovascular disease, gum disease, serious injury and nicotine dependency; and
- Increased involvement in the criminal justice system, both as victims and perpetrators.[36] [37] [38]

14. Mental health problems also lead to wider societal costs.[39] For example:

- Conduct disorder in children leads on to adulthood antisocial personality disorder in about 50% of cases, and is associated with a wide range of adverse long-term outcomes, particularly delinquency and criminality.[40]
- Progression of psychosis is associated with higher costs to public services (including health, social care, and criminal justice), lost employment, and greatly diminished quality of life for the patient and their family.[41]
- Labour Force Survey data suggest that 11.4 million working days were lost in Britain in 2008/09 due to work-related stress, depression or anxiety.[42]

15. We recognise that parents and carers need support in caring for a young person with a mental illness or who is going through emotional difficulties. The evidence highlights the important role of the family in ensuring successful interventions, with parental involvement improving the outcomes of many interventions. There is also evidence that children with mental health problems are more likely to have parents with mental health

problems, and that conversely parental mental illness is associated with increased rates of mental health problems in children.[43] [44] For example, one study found that parents of children with an emotional disorder were more than twice as likely as other parents to have a score indicating emotional disorder (51% compared to 23%).[45]

Current service provision

16. The NHS provides mental health care for children and young people experiencing serious problems. There are currently around 460,000 referrals to children and young people's NHS-funded mental health services a year, with 200,000 going on to receive treatment in NHS-funded services and many being appropriately signposted to other help. The health and care regulator, the Care Quality Commission, published the first phase of its thematic review of children and young people's mental health services in October 2017. Initial findings show that eight out of ten inpatient wards for young people with mental health problems are rated "good" or "outstanding" by the regulator, and three quarters of community mental health services are "good" or "outstanding".[46] The initial findings also identified examples of good and outstanding practice, with areas that involve children and families in shaping services, and have good relationships between the NHS, schools and local authorities, the voluntary sector and professionals, who work together to help children effectively.

17. However, the review showed that the quality of existing services for our young people is variable. There is some poor quality care where the different organisations that support young people are not joined up, resulting in long waits for support and unclear messages for parents and carers. Waits for treatment can vary considerably in different areas, with the shortest around four weeks and the longest in one provider up to 100 weeks from referral to treatment. Latest data shows that in 2016/17 the average wait for treatment in a children and young people's mental health service was 12 weeks.[47] This is not good enough. We want to ensure that children and young people access services quicker, so that they can benefit from that sooner; our ambition is set out in Chapter 3.

Evidence informing this green paper

18. We are grateful to the individuals and organisations who have fed into the development of this green paper, which has benefited from the wide range of expert advice, experience and views provided.

19. We are also grateful to the Health and Education Select Committees for their recent joint inquiry and report into the role of education in children and young people's mental health and the rich evidence submitted to that inquiry. Their report found that schools and colleges have a "frontline role in promoting and protecting children and young people's mental health and wellbeing" and that mental health and education services need to work closely together to improve children and young people's mental health. The evidence considered by the two Committees has informed our proposals set out here.[48]

20. Current and emerging National Institute for Health and Care Excellence guidance also provides a vital evidence base on effective interventions for children and young people with mental health conditions.

21. To go further in identifying where and how we can best support children and young people, the Government asked Professor Tim Kendall, Professor Peter Fonagy and Professor Steve Pilling of the National Collaborating Centre for Mental Health (NCCH) and University College London (UCL) to undertake a systematic review of the evidence relating to the mental health of children and young people. We have used the findings of this evidence review to inform our proposals. A summary of the evidence review's findings can be found at Appendix A; publication of full findings is planned for 2018.

22. The review found that:

- Evidence-based treatments for mild to moderate levels of mental health disorder can be delivered by trained non-clinical staff with adequate supervision, leading to outcomes comparable to those of trained therapists;
- School staff play an essential role in early identification, particularly for eating disorders, self-harm and attention deficit hyperactivity disorder (ADHD), and are able to encourage coordination between children and young people's mental health services and school staff, which is important for specific diagnoses, such as of ADHD;
- The coordination of interventions and the development of effective pathways between children and young people's mental health services and school is particularly important for children and young people with more severe problems and those with problems, such as ADHD, where medication is involved;
- There is limited evidence, within the scope of the review, for the long-term effectiveness of universal prevention approaches on mental health outcomes related to suicide and self-harm, depression and anxiety and alcohol and drug misuse at 12 months. However, the review found that some general mental health promotion approaches such as mentoring showed promise. We announce further work into the evidence base for prevention approaches in Chapter 4.

23. The evidence review also identified some specific ways in which schools have an important role both in identifying mental health issues at an early stage, and in helping to put in place support for pupils experiencing problems[49]:

- The school environment is well suited to a graduated approach to children's mental health, where children at risk can be identified and interventions can be offered to address problems.
- As the school environment can present triggers for many difficulties (such as social anxiety), it is therefore also a good place to find support to manage them.
- The school environment is non-stigmatising, making interventions offered in this context more acceptable to children and young people, and their parents.

24. These insights on 'what works' underpin our proposed model for delivering more effective, timely support for children and young people, which we set out in detail in Chapter 3.

Chapter 2 - Action already underway

25. The Government has prioritised transforming mental health services for children and young people. Building on the principles outlined in *Future in Mind*, the Government has an ambitious programme of reform underway, backed up by an additional £1.4 billion which has been made available over five years.[50] This chapter sets out details of the action already in train. But we are not complacent and know we need to do more; that is why we are setting out further significant steps in Chapters 3 and 4 of this green paper.

Record levels of investment

26. We have made our commitment clear through significant investment in services for children and young people, including:

- Legislating for parity of esteem between physical and mental health in 2012;
- Investing record levels in mental health services, totalling £11.6 billion in 2016/17;
- Making an additional £1.4 billion available for children's and young people's mental health between 2015/16 – 2019/20 to enable an additional 70,000 children per year to be seen by children's and young people's mental health services by 2020/21; and
- Committing to recruiting 1,700 more therapists and supervisors, and training 3,400 existing staff to deliver evidence based treatments.

New waiting time standards for mental health

27. We are proud that this Government introduced the first waiting times standards in mental health and that these are improving access to services:

- For early intervention in psychosis: the standard is that 50% of people (of any age) experiencing a first episode of psychosis will be seen within two weeks, increasing to 60% by 2020. In September 2017, 76% of people were seen within this time.
- For eating disorders: by 2020, 95% of young people in need of an eating disorders service will be seen within four weeks, and one week in urgent cases. In the second quarter of 2017/18, 71% of patients started urgent treatment within one week, and 82% of patients started routine treatment within four weeks.

Improving inpatient care and out of area placements

28. Children and young people sometimes have such serious mental health problems that they need inpatient care, in a specialist mental health ward. This is a rare event – around 70 per 100,000 young people (aged 10-19) are admitted into wards. At any one time around 1,300 young people are receiving inpatient treatment for mental health problems.

29. However, too many children are still treated further away from home than clinically necessary (such cases known as 'out of area placements'). Moving these young people, who are experiencing serious problems, away from the support offered by their family and friends is not always appropriate, because being placed further from home has a range of impacts including creating extra stress for young people and their families.[51]

30. NHS England therefore has a major programme underway to improve inpatient care, by opening between 150 and 180 new beds and ensuring that the right beds are in the right place in the country. As set out in our manifesto, our ambition is that by 2020/21 no children are inappropriately admitted or sent out of area to receive anything but the most specialist mental health care.

31. We are ensuing that more children and young people can be supported in the community, avoiding admission where possible and appropriate, and reducing the need to travel for those that do. This requires a joint approach across health, social care and the youth justice system to ensure that children and young people   requiring highly specialised   interventions are admitted and discharged back to their communities as quickly as possible.

Improving specialist services

32. We are expanding services for eating disorders. There are 70 new or enhanced Community Eating Disorder Teams in place, which will cover the whole of England. There has been a steady increase in the number of young people starting treatment and the percentage treated within the eating disorder standard waiting time frame has increased.

33. NHS England and its partners are working on an ambitious programme to increase capacity and capability in specialist mental health services for women in during pregnancy and the first postnatal year (known as 'perinatal services') across England. This will mean that, by 2020/21, 30,000 more women will be able to access appropriate, high-quality specialist mental health care, closer to home and when they need it, both in the community and in inpatient Mother and Baby Units. This transformation is backed by £365 million of investment between 2015/16 and 2020/21. Four new mental health Mother Health and Baby units will open in the next two years and bed numbers in the existing 15 units will increase so that overall capacity is increased by nearly 50% in 2018/19. NHS England has also allocated £40 million to date to support development of specialist perinatal mental health community services across England with 20 new or expanded specialist perinatal mental health community teams now in operation.

34. For children and young people with learning disabilities, autism or both, the 'Transforming Care' programme focuses on how specialist mental health support can be provided in a way that prevents admission to hospital wherever possible.

Improving crisis care

35. We are also improving crisis care, with eight areas testing different crisis approaches for children and young people's mental health through 'Emergency and Urgent Care

Vanguards'. The New Care Models in Tertiary Mental Health programme also supports more appropriate local provision by jointly commissioning between NHS England and providers so that children and young people in need of inpatient beds access a bed close to home. Savings from reducing and minimising hospital stays are to be reinvested to improve local community response for children and young people presenting in crisis and improve access to intensive home treatment with support from their local community team.

36. To better support people of all ages at risk of experiencing a mental health crisis, the Department of Health has launched a £15 million scheme, 'Beyond Places of Safety'. This will support services for those needing urgent and emergency mental healthcare, including children and young people.

A better journey through mental health services, working in partnership

37. NHS England has commissioned the National Institute for Health and Care Excellence and the National Collaborating Centre for Mental Health to develop generic and crisis children and young people's mental health 'pathways' to support commissioners and providers across health, social care, education and the voluntary sector to improve quality and reduce unwarranted variation. We anticipate that these pathways will set out the key functions that should be in place in order to provide the most effective services. These will support vital aspects of care including:

- rapid advice and support and signposting to appropriate help;
- timely multi-agency assessment; and
- evidence-based treatment.

38. The pathways will be supported by case studies and helpful resources to help commissioners and providers. Many local areas are exploring new ways of working to improve the support they offer. For example, almost half the country is considering adoption of the 'i-Thrive' model, through which services and professionals focus on the needs of the individual, rather than condition or diagnosis. This is helping move away from the traditional 'tiers' of support for mental health based on service boundaries.

39. To support local leadership and accountability for local transformation, *Future in Mind* introduced cross-agency Local Transformation Plans for children and young people's mental health services. These provide a basis for local areas to work with commissioners and providers across health, social care, education, youth justice and the voluntary sector, bringing everyone together to plan strategically, reflecting the needs of local communities. These are updated annually and aligned with essential multi-agency plans.

40. Some young people need ongoing support into young adulthood, after they leave children and young people's mental health services. This point of transition is an important stage for young people, and it is not always easy. NHS England has introduced a financial incentive to improve the experiences of young people leaving children's and young people's mental health services on the basis of their age by including age-based transitions out of mental health services commissioned by Clinical

Commissioning Groups (CCGs) as part of the 'Commissioning for Quality and Innovation' (CQUIN) payments framework in 2017-19. This sets out a framework for joint-agency transition planning with young people at its heart, to enable better transition experiences for young people.

41. In order to make changes that are meaningful to children, young people, parents and carers, we need to ensure their continued involvement in all key decisions – about their care, about service design and evaluation, and about commissioning. This was a key principle set out in *Future in Mind*. For example, NHS England has commissioned YoungMinds to run a four-year national participation programme that supports commissioners, providers, services, children and young people and parents and carers to improve participation across the country.

Support for children in need

42. *Future in Mind* included an ambition to make government work better across the boundaries of healthcare, education, justice and care to make the system easier to navigate for all children and young people, including those who are most vulnerable and most likely to fall through the gaps.

43. Those particularly vulnerable children, defined by the Children Act 1989 as 'Children in Need' should have the same opportunities as any other children to realise their potential, yet we know that they currently face worse outcomes. The reasons for these vulnerable children needing support and protection through children's social care include being at risk of, or suffering, abuse, neglect, exploitation or youth violence, witnessing domestic abuse, being a young carer, or having a disability. These reasons can overlap with mental health needs in complex ways, requiring services to work together to deliver effective support. We know that many children in contact with children's services, including looked after children, and care leavers, have post-trauma stress symptoms, and attachment disorders. We also know that the system currently struggles to address the severity and complexity of their needs. Many of these complex needs require targeted, person-centred interventions, and appropriate assessment is essential to ensure the right support is offered.

44. To identify new opportunities to improve the mental health and wellbeing of looked after and previously looked after children, the Department of Health and Department for Education commissioned the Social Care Institute for Excellence to convene an Expert Working Group to ensure that the emotional wellbeing and mental health needs of children and young people in care, those adopted from care or under a Special Guardianship Order, and care leavers are better met. The group, chaired by Professor Peter Fonagy, Dame Christine Lenehan and Alison O'Sullivan, published its report in November 2017.[52] We are currently reviewing their recommendations, which include a needs-based approach and a focus on commissioning and accountability, workforce and leadership. We will work with stakeholders to consider if and how they can be taken forward in the context of the proposals in this paper for a new model of support.

45. From 2018 the Department for Education will also be piloting new approaches to the mental health assessment looked after children receive on entering care so that they

effectively identify the complex needs these children often present. The pilots will draw from the findings of the expert working group.

46. We know that young carers' mental health can be affected by their caring roles. The Children and Families Act 2014 introduced important new rights for young carers, and health services and Local Authorities need to work together to ensure that young carers can get mental health support when they need it. To enable this, the Department of Health is working with Carers Trust to support better identification of young carers.

Support for children with special educational needs and disabilities

47. The 2014 reforms to the support for children with special educational needs and disabilities (SEND) introduced new Education, Health and Care (EHC) plans to promote more integrated and comprehensive support for children and young people with the most complex needs across education, health and social care. The changes to the SEND Code of Practice specifically recognised mental health issues for the first time as one of the things that could underlie specialist educational needs. We provided substantial additional funding to local authorities to support them in implementing the reforms, not least the task of reviewing Statements of SEN and converting them where appropriate to EHC plans.

48. Ofsted and the Care Quality Commission are conducting joint inspections of each local area's approach to identifying and meeting special educational needs. These inspections have highlighted and helped with the sharing of good practice, at the same time as helping local authorities and CCGs to identify where they need to improve. One of the emerging themes of the first year of inspections was the difficulty schools face in accessing specialist support for those with social, emotional and mental health needs.

49. We also commissioned an independent review by Dame Christine Lenehan of residential specialist schools and colleges - settings in which many pupils have significant mental health needs. The review's findings included concerns about the availability of specialist support for mental health for those in residential special provision. The review, informed by a call for evidence and fieldwork visits to schools, colleges, local authorities and other services, contains a series of recommendations for government and other agencies, focusing on:
- Ensuring children and young people with SEND get the services and support they need in their local community (in mainstream or special provision);
- Ensuring that local areas have planned and commissioned provision strategically, so that it is available when required;
- Ensuring the accountability and school improvement systems enable schools and colleges to achieve the best possible outcomes.

50. We will publish a full response to the report's recommendations in spring 2018, and establish a national leadership board for children and young people with high needs.

Better support for lesbian, gay, bisexual and transgender (LGBT) young people

51. In July 2017, the Government Equalities Office launched a national LGBT survey. This survey asked LGBT people, aged 16 or over and living in the UK, about their experiences of discrimination and access to services.

52. More than 100,000 people responded to the survey. The Government Equalities Office is currently analysing the results and plan to publish the results in due course. The Government recognises that LGBT people can be disproportionately affected by poor mental health compared to other groups. The Department of Health will work with the Government Equalities Office to review the findings of the national LGBT survey, and will develop a response to the issues it identifies.

Better support for young offenders

53. Liaison and Diversion services are being rolled out in police stations and courts, and are currently expected to cover 82% of the population by the end of 2017/18 with a view to 100% coverage by 2021. These services identify and assess people arrested for an offence, including young people, who may have mental health or substance misuse issues, or other vulnerabilities, and aim to divert them into services and/or away from custody where appropriate. We know that young people involved with gangs have particularly high rates of mental illness, which includes a range of conditions including conduct disorder, antisocial personality disorder, anxiety, psychosis, and also drug and alcohol dependence.

54. We have been working to introduce an integrated framework of care, known as 'Secure Stairs' for children and young people within, or in contact with, the children and young people's secure estate. A core principle of Secure Stairs is that day to day staff are at the centre of the mental health intervention, recognising that they have a pivotal role in managing risk and promoting change for these children. In the community, we are developing Collaborative Commissioning Networks to improve the links and working practices between the commissioners and services for those children and young people who come into NHS England's Health and Justice Pathway.

55. A national rollout of Community Forensic children and young people's mental health services is underway, and the first of the new services commenced in the north west in October 2017. This service seeks to improve the mental health of a very specific group of very vulnerable children and young people and includes children and young people who have been subject to trauma or severe neglect, and those with high levels of social disadvantage. High levels of mental health need may require support with several other needs, making them a complex and vulnerable cohort to assess and treat.

Improving data and tackling variation

56. We are working to address the unacceptably out-dated data on the prevalence of mental health problems amongst children and young people, the most recent of which is from 2004. Fieldwork is currently underway for an expanded survey covering children and

young people aged 2-19 in England, which will also capture issues that have become more common since the last survey such as eating disorders, the impact of cyberbullying and social media. We will publish a survey report in 2018 and from then on future surveys will take place every seven years. We will also be commissioning a survey on the mental health prevalence of looked after and previously looked after children to better understand their needs and inform which services should be commissioned, as well as the training of professionals in contact with these children.

57. Since January 2016, we have been collecting, and reporting since April 2016, national monthly data on children and young people's mental health services through the Mental Health Services Dataset.[53] NHS England also publishes a quarterly Five Year Forward View for Mental Health Dashboard, which highlights key indicators across mental health. This is a major step towards improving data and transparency on mental health. We have convened a data quality group with relevant national organisations to drive up data quality in children and young people's mental health. However, we need to go further to make sure we understand what is happening in schools and colleges, and local authority funded services.

58. NHS Improvement is continuing work to improve operational productivity and quality across mental health services. This will enable mental health trusts to compare their efficiency and productivity against other peer trusts through the 'Model Hospital' online information system, to learn from the best, and to raise standards across the sector.

Supporting children and young people in schools and colleges

59. Schools and colleges already do a lot to promote positive mental health. The Department for Education's survey of mental health support in schools and colleges (published August 2017) identified the extent to which they are already actively taking whole systems approaches to mental health, with action spanning promotion of mental health and wellbeing, early identification, and referral to and joint working with specialist support.[54] Appendix B sets out some of the findings of this survey and summarises:

- ongoing activity to improve links between NHS mental health services and schools and colleges;
- action to tackle poor behaviour and bullying; and
- support for self-help.

60. Action to improve support for children and young people's mental health across – and beyond – health and education has laid strong foundations for the next steps set out in Chapter 3.

Chapter 3 - Working together to improve support for children and young people

61. Based on the evidence about what will make a difference and building on work that is already underway, we now want to do more to promote good mental health for children and young people, provide effective early support and continue to improve access to specialist services. This chapter sets out an ambitious set of proposals. We suggest a collaborative approach to implementation, which will involve testing a range of different models for putting the proposals into practice.

Working together to improve support: our core green paper proposals

62. To fill the gap in support for children and young people's mental health, we will take action in three ways:

   i.   We will incentivise and support all schools to identify and train a <u>Designated Senior Lead for Mental Health</u> with a new offer of training to help leads and staff to deliver whole school approaches to promoting better mental health.

   ii.   We will fund new <u>Mental Health Support Teams</u> to provide specific extra capacity for early intervention and ongoing help, supervised by NHS children and young people's mental health staff, whose work will be jointly managed by schools and the NHS. These teams will be linked to groups of primary and secondary schools, and to colleges. They will provide interventions to support those with mild to moderate needs and support the promotion of good mental health and wellbeing. The Designated Senior Leads for Mental Health in schools will work closely with the new Support Teams, who, as part of their role, will provide a clear point of contact for schools and colleges. We will test different models for delivering these teams – including how they can link effectively to a range of other provision locally and how they can improve support for vulnerable groups.

   iii. We want to <u>reduce waiting times for NHS services</u> for those children and young people who need specialist help.

63. We will roll out this new approach in phases across the country, incorporating all three pillars and trialling different approaches to delivering teams. Where areas already have leads and collaborative support in place we will test how teams can enhance existing provision.

64. We will roll out our new approach – including Designated Senior Leads for mental health in schools, creating Mental Health Support Teams and reducing waiting times – to at least a fifth to a quarter of the country by the end of 2022/23**.** We will start with a number of trailblazer areas, operational from 2019, which will be supported by robust evaluation to understand what works. The precise rollout will be determined by the success of the trailblazers, and securing funding after 2020/21, the end of the Government's current spending period. This will be part of future spending review decisions.

A Designated Senior Lead for Mental Health in every school and college

65. **The first pillar of our new approach is to incentivise every school and college to identify and train a Designated Senior Lead for Mental Health, building on existing practice in many parts of the country and the lessons from our successful schools link pilots.**

66. Nearly half of schools and colleges already have specific mental health leads and nearly two thirds have a member of staff identified as making links with mental health services. We know that individuals in this role can make a big difference to children and young people through promoting whole school approaches to mental health and wellbeing and forging effective links with NHS mental health services. We therefore want to ensure that every school and college can put a Designated Senior Lead in place, supported by high-quality training.

67. The role played by existing school and college mental health leads varies, taking into account factors such as the size of the setting, the mix of other professionals on site and the needs of the pupils and students. It is important that schools and colleges are able to decide what works best for them. Based on experience of existing practice, the core roles of leads are likely to be:

- Oversight of the whole school approach to mental health and wellbeing, including how it is reflected in the design of behaviour policies, curriculum and pastoral support, how staff are supported with their own mental wellbeing and how pupils and parents are engaged;[55]
- Supporting the identification of at risk children and children exhibiting signs of mental ill health;
- Knowledge of the local mental health services and working with clear links into children and young people's mental health services to refer children and young people into NHS services where it is appropriate to do so;
- Coordination of the mental health needs of young people within the school or college and oversight of the delivery of interventions where these are being delivered in the educational setting;

- Support to staff in contact with children with mental health needs to help raise awareness, and give all staff the confidence to work with young people;
- Overseeing the outcomes of interventions, on children and young people's education and wellbeing.

68. We are promoting this approach because the Department for Education and NHS England have, through the *Mental Health Services and Schools Link Pilot,* worked together to test a joint training approach that has shown the benefits of building strong relationships between schools and NHS mental health services. Although each area developed their own joint working approaches and different models of working were effective in different areas, a common successful element was the identification of specific leads in schools and mental health services.[56] The independent evaluation of the pilot showed that this was successful in strengthening communication and joint working arrangements between schools and mental health services. It also found specific improvements in understanding of referral routes, improved knowledge and awareness of mental issues among school leads, and improved timeliness and appropriateness of referrals. There is more we can learn about the best ways of delivering better links through a second phase of the schools link pilot that will look to support further activity in 1,200 schools in 20 areas. However, we believe that the value of leads in promoting joint working is established.

69. **To support every school and college to identify and train a Designated Senior Lead for Mental Health, we will roll out this training to all areas by 2025**. This training was piloted and evaluated positively in the *Mental Health Services and Schools Link Pilots*. To provide further support for schools and colleges that have already put Designated Senior Leads for Mental Health in place and to incentivise others to do so, we will make funding available. This will be used to develop leads and their skills in leading mental health work in their institution, supporting colleagues and implementing whole school approaches. We will provide a training fund to allow schools to choose an appropriate training course, depending on the skills their lead already has. We will consult on the best way of distributing this funding.

70. To ensure that there is a suitable range of high-quality training available, we will use our Teaching and Leadership Innovation Fund to support training providers to develop training packages to build the skills of Designated Senior Leads for Mental Health and support the delivery of whole school approaches. We will confirm the amounts to be provided to schools and colleges once the cost of what is developed is clear. However, we will aim to cover the costs of a significant training programme and provide up to £15-20 million each year from 2019 to cover costs until all school and colleges have had chance to train a lead.

71. The identification and training of a Designated Senior Lead will be a vital part of a broader package of action to embed mental health in different aspects of school life, through changes to initial teacher training, what is taught to pupils in personal, social, health and economic education and relationships education and support to schools in engaging pupils, parents and carers. **This wider programme is set out in Chapter 4.**

Mental Health Support Teams to work with clusters of schools and colleges across the country

72. The second part of the new model is the creation of new Mental Health Support Teams. This section sets out how these Support Teams will work.

73. While the value of schools and colleges playing a part in supporting young people with their wellbeing and mental health is clear, it is equally clear that this is not a challenge that they can or should meet on their own. Schools and colleges need a collective understanding and up to date knowledge of children's mental health services provided locally, and access to specialist help, through clear links into NHS mental health services.

74. Evidence from the evaluation of the *Mental Health Services and Schools Link Pilots* suggests that better collaboration between schools and mental health services can improve the mental health support available locally. We also support the work done by many NHS mental health trusts in developing self-help resources for mild to moderate cases. Some areas are already introducing 'single points of access' which provide advice on self-help and signposting of children and young people to the most appropriate service. This includes signposting to services which provide triaging support ahead of commencing treatment, and those which provide advice to parents and carers on identifying worsening symptoms. However, there is no question that significant additional resource is required to support early intervention with children and young people with mild and moderate issues.

75. Building on emerging practice resulting from the schools link pilots, **we propose to establish new Mental Health Support Teams, supervised by NHS children and young people's mental health staff and linked to groups of schools and colleges. These teams will work with the Designated Senior Leads for Mental Health in schools and colleges, and provide new capacity locally for addressing the needs of children with mild to moderate mental health issues. They will also provide the link with more specialist NHS mental health services so that children can more swiftly access help they need, if that is necessary.** We will roll out this approach in a series of trailblazer areas; more detail on proposed implementation is at the end of this chapter and we welcome views as part of our consultation on these proposals.

76. This new collaborative service will comprise trained staff offering focused evidence-based interventions, with appropriate clinical supervision. This provision will be of particular benefit to children and young people who demonstrate mild or moderate conditions including: anxiety (primary and secondary school age), low mood (adolescents) and common behavioural difficulties. However, we want the teams to have a wider role in supporting all children and young people.

77. Specific interventions could include:

- Cognitive behavioural therapy (CBT) in a school/college setting for adolescents at risk of depression;

- CBT in a school/college setting for young children and adolescents showing signs of anxiety;
- Family-based behaviour change, which can be successfully delivered by teachers and other non-clinical staff to help reduce child conduct problems;
- Group-based intervention engaging participants in critiquing the 'thin ideal', which can be effective in reducing eating disorder symptoms and body image concerns, when targeted toward high-risk adolescent girls.

78. We envisage that these new teams will support existing effective provision in the local area by training other professionals, including family workers, early help workers, social workers and teams who work with young offenders. They will also provide a specific assessment and referral function, and additional support during treatment, including supporting self-care. The teams will also support young people who have experienced trauma (such as bereavement) or traumatic incidents. Their support would not be limited to those children in mainstream education, and could be available more widely.

79. Such a team can be a valuable additional resource in and of itself, but can be even stronger when working closely with a range of other services. These other services include professionals who work closely with schools and colleges, such as educational psychologists, school nurses and counsellors, local authority troubled families teams, social services, peer networks, service user forums, and voluntary and community sector organisations. All of these roles play a crucial part in supporting young people with mental health problems and so we will test a range of models for putting the new teams at the heart of collaborative approaches with these professionals. In particular, local troubled families teams take a whole family approach, sequence and coordinate specialist services for vulnerable families, provide parenting support and improve family functioning to support improved mental health of children and young people.

80. School nurses already provide valuable support and early help on a number of issues that may affect children and young people's mental health and we would expect them to work very closely with the new teams. School nurses are supported by school nurse teams which include registered nurses and health care support workers. Public Health England has identified 'resilience and emotional health' nationally as one of the six 'high impact areas' where school nurses have the greatest impact on child and family health and wellbeing, and is encouraging local services to provide this as a priority for the profession.

A new waiting time standard

81. The third pillar in our new approach is further action to reduce waiting times for specialist children's and young people's mental health services.

82. As well as improving links between schools/colleges and the NHS, and intervening earlier to prevent problems escalating, it is also important for us to ensure that access to children and young people's mental health services continues to improve across the board. We want to ensure that the increased support for mental health linked to schools and colleges is complemented by swifter access to specialist NHS services for those

who need it. This builds on the programme of expansion of services to 2020/21 that is already underway.

83. As acknowledged in *Future in Mind* and in the Care Quality Commission's thematic review, there is significant variation in access to children and young people's mental health services. Waits for treatment can vary considerably, in one area to another, with the shortest around four weeks and the longest in one area up to 100 weeks from referral to treatment. The latest data shows that in 2016/17 the average wait for treatment in a children's and young people's mental health service was 12 weeks.[57] This is not good enough. Building on the success of waiting time standards for psychosis and eating disorders, we want to reduce waiting times for all children and young people who need help from NHS mental health services to access treatment.

84. As we trial and roll out the new Mental Health Support Teams, the NHS will pilot implementing reduced waiting times for access to NHS-funded children and young people's mental health services in some of the trailblazer areas outlined above. This will aim for children and young people in those areas to be able to access NHS-funded services within four weeks.

85. These pilots to explore the best ways of reducing waiting times will build on current programmes to improve quality and access to services across the whole system, which were set in train by *Future in Mind*. Over the past two years, local areas have come together to plan and deliver changes across health, education and social care. The 123 joint agency Local Transformation Plans are refreshed each year and set out how new and existing resources will be used to improve choice and availability of best evidenced based care. New models have been developed based on local need. Many areas are moving away from the tiered model, and some areas have moved towards 0-25 services. Others are exploring the i-Thrive model, and many are using a single point of access, whereby referrals come into one point and are then passed to the most appropriate service or signposted to other support. These new models share an integrated approach, with the NHS working with partner services.

86. Evaluation of the trailblazers will look at the impact the new Mental Health Support Teams and the Designated Leads for Mental Health in schools and colleges have on referrals to NHS mental health services. The evaluation of the *Mental Health Service and Schools Links Pilot* suggested that better links between schools and the NHS mental health services resulted in more appropriate referrals to NHS mental health services, although not an overall reduction in referrals. At this stage, we anticipate that, in the long term, the creation of the new Mental Health Support Teams will lead to a reduction in referrals to NHS services, as earlier intervention prevents problems escalating. However, we will look carefully at this issue during the waiting times pilots and trailblazer phase.

Implementation

87. We will roll out our new approach – incorporating all three pillars, including Designated Senior Leads for mental health in schools, creating Mental Health Support Teams and reducing waiting times – to at least a fifth to a quarter of the country by the end of 2022/23. We will start with a number of trailblazer areas, operational from 2019. We will

commission robust evaluation to build on our understanding of the costs, benefits and implementation challenges, as well as gathering and sharing best practice to feed back into services. The precise rollout will be determined by the success of the trailblazers, and securing funding after 2020/21, the end of the Government's current spending period. This will be part of future spending review decisions.

88. The mix of provision will look very different in different areas, and we do not believe there is a single model that should be implemented nationally. A trailblazer approach to the initial phase of implementation will allow us to test how best to deliver this new service through local innovation and differentiation. We will invite a range of areas to develop and evaluate different models of delivering the teams. This will include different lead bodies and funding mechanisms, for example approaches could be led by health, schools/colleges or a local authority). The aim will be for trailblazers to provide implementation support to other areas as the additional resource rolls out.

89. Given the wide variety of different contexts in which such teams would operate, we will work with stakeholders and delivery partners as part of our consultation to inform the trailblazer programme and decisions on which delivery models we should test. This will help ensure that the national roll-out can be flexible to local needs and populations, as well as ensuring that what teams provide is genuinely additional to what is in place locally, even in areas where joint working is more advanced. In the consultation on this green paper we are seeking views on the criteria that should be used to choose the areas. They might include linking with the Department for Education's 'Opportunity Areas' programme, which looks to remove obstacles to social mobility; areas which can demonstrate how they might tackle different aspects of health inequalities; areas which are close to achieving a four week waiting time but could test the impact of additional investment in achieving four weeks; and areas with a willingness to trial innovative approaches.

90. Building on local change programmes underway following *Future in Mind*, it will be important to test how teams can improve the continuous support provided to more vulnerable children and help maintain their engagement in schools and colleges. Alternative provision and special schools already play a key role in some of the developing collaborative models and we will use the trailblazers to capture and share practice on how such models can form the focus of teams that support whole cohorts of children and young people across an area. We will carefully consider the recommendations of the Department for Education's external review of school exclusions, which looks to improve practice in exclusions and focus on the experiences of those groups who are disproportionately likely to be excluded. The trailblazers will examine how the support teams can best support children and young people who are not in school, including those affiliated with gangs or youth violence, who are less likely to benefit from school-based provision.

91. We will also look to test how teams can effectively link to social care services, youth offending teams and troubled families teams, to provide alternative points of entry and better continuity of support to the most vulnerable, as well as how provision might extend to secure children's homes, secure training centres, young offender institutions, residential special schools, and residential units for looked after children.

92. In 2018 we will also use our Teaching and Leadership Innovation Fund to support training providers to develop training packages to build the skills of Designated Senior Leads for Mental Health in schools and support the delivery of whole school approaches. Access to funding for the training for the Designated Senior Leads would start in financial year 2019/20, once the Teaching and Leadership Innovation Fund provision has been tested, and will continue as we roll out teams nationally.

93. We will start preparing for the rollout of the new Mental Health Support Teams from 2018, expanding training provision for the new mental health workforce, recruiting initial trailblazer areas and recruiting the first group of trainees to staff the new teams. We will aim to begin the first wave of training from September 2018. Trailblazers would begin delivering in 2019.

Chapter 4 - Wider action to support children and young people

94. New Mental Health Support Teams have significant potential to act as a focus for more responsive and collaborative mental health provision. However this needs to be complemented by wider changes in both education and the community to set the right context for their work. This section details action we will take across a number of other fronts to support our core proposals.

Schools and colleges

95. The elements of practice that make up a whole school approach to mental health have been identified by a number of pieces of work.[58] However, the evidence base on how to deliver the various elements of the whole school approach is still developing. Wider activity is helping to develop practice in key areas such as identifying and responding to need, teacher training, teaching about mental health and engaging parents, carers and pupils.

Identifying and responding to need

96. The Special Educational Needs and Disability (SEND) Code of Practice 2015, which includes mental health issues, sets out the 'graduated response' approach that schools and colleges should take when a member of staff spots an emerging issue. This includes deciding on an intervention and whether it is teaching, behaviour or support related, as well as monitoring its effectiveness to inform any subsequent steps. Parents, carers and pupils should be engaged in deciding what action to take, and putting such interventions in place is not dependent on a pupil being identified as having special educational needs. However, given that pupils with SEND, for instance those with learning disabilities or autism, are at increased risk of mental health problems, consideration of what support to provide them should include consideration of their mental health needs.

97. The SEND Code of Practice also emphasises the importance of effective school behaviour policies as part of a whole school approach. The Department for Education's Mental Health and Behaviour guidance sets out more detailed advice on what to look for in terms of underlying mental health issues, linked to the graduated response and the sort of support that might be suitable. For children and young people with learning disabilities, autism or both, ensuring there are appropriate interventions (such as Positive Behaviour Support) available to support children and young people in school is essential. **In response to Tom Bennett's 2017 'Creating a Culture' report, on how schools can promote good behaviour, we are updating the guidance and will ensure it reflects**

the key messages from the report about the importance of setting clear routines and expectations for the school as a whole – as well as the impact of trauma, attachment issues or post-traumatic stress experience on individual children.[59]

Mental health awareness training

98. Building the capability to identify, and promote awareness of, mental health needs is crucial to help improve the quality of support children and young people receive. This includes awareness of the groups which are particularly at risk and the specific needs they may have. For example, the Youth Mental Health First Aid training programme has been developed to provide teachers and frontline professionals working with young people the skills and confidence to spot common signs and triggers of mental health issues, as well as the knowledge and confidence to help.[60] These courses are currently being delivered as one day training sessions attended by groups of teachers within a locality, with over 1,000 places being funded by the Department for Health in 2017, which is a third of all state secondary schools in England. Over £200,000 has been provided to be spent in 2017/18. This is ensuring that over 100 training courses will be delivered across the country this year. Each session in a host school will be attended by up to 16 teachers from the surrounding area. To date, over 400 teachers have received training in 280 schools.

99. We believe mental health awareness training in every school provides a good base from which to better support pupils with mental wellbeing, but we know that there is more that can be done to embed knowledge in schools and keep it up to date. As discussed in Appendix B, there are mixed feelings amongst both classroom staff and senior leaders about their ability to identify mental health problems or behaviours in pupils.

100. **We are committed to building on this programme so that, as set out in our manifesto, a member of staff in every primary and secondary school in England receives mental health awareness training.** We are the first country in the world to embark on a government-led initiative of this nature, and will provide a core of knowledge in the system, equipping those trained to support their colleagues.

Teacher training changes

101. A framework of content for initial teacher training was published by the Department for Education for the first time in July 2016. It includes detail on how courses can meet the teacher standards, including placing an emphasis on the importance of emotional development, such as attachment issues and mental health, on pupils' performance. The aim of the framework is to help new teachers recognise typical child and adolescent development, and respond to atypical development.

102. This new framework will be incorporated into initial teacher training provision over the next two years. The Department for Education is monitoring implementation, working with others to assess the extent to which the framework is being used. There is evidence that the framework is influencing training provision coverage and we know that a number of providers have started to include training on mental health and wellbeing in their provision, in the course of the first year of the changes.

103. **We will support the teacher training sector to develop and share this practice, alongside other approaches developed by schools and colleges, by including a specific focus on mental health in future rounds of our school improvement programmes. In particular, as set out above, we are planning a mental health-specific strand within the Teaching and Leadership Innovation Fund, to fund training which supports the delivery of whole school approaches.** We will include special schools and alternative providers in this process as they often have particular experience and expertise in supporting pupils with mental health issues that can be valuable across all schools. We are also supporting schools and colleges in the 12 Opportunity Areas to develop practice in building resilience and supporting pupils with mental health issues as part of their work in removing barriers to social mobility.[61]

Every child will learn about mental wellbeing

104. We know that what is taught to pupils is an important part of any whole school approach. We have already funded guidance and lesson plans for teaching about mental health in Personal, Social, Health and Economic Education (PSHE) through the years of compulsory education (Key stages 1-4). To take this further we made a manifesto commitment that **every child will learn about mental wellbeing**, building on the existing sound base that schools offer to pupils. We will decide the most effective way to deliver on our manifesto commitment through the engagement process for deciding next steps on PSHE, relationships and sex education (RSE) in secondary schools, and relationships education in primary schools. This process is now underway and will inform decisions on how to make relationships and RSE mandatory and whether to use the power to make PSHE statutory. **It will include a specific focus on how mental health and wellbeing can support healthy relationships and how best to secure good quality teaching for all pupils through PSHE.**

105. **We will consult on draft statutory guidance on RSE (and potentially PSHE),** with the aim that schools have a clear, knowledge-rich curriculum to teach children, and staff are supported to teach the topic.

Engaging parents, carers and pupils

106. Peer-to-peer support has the potential to engage students with improving mental wellbeing in the school or college environment, and to help normalise mental health conditions. Whilst the evidence for the effectiveness of peer support is limited at this stage, we are committed to strengthening it through further research. Two sets of pilots announced by the Prime Minister in January 2017 will have a significant impact in developing the evidence base. We have now identified lead contractors to deliver and evaluate the pilots. They will be recruiting schools and starting work during the 2017/18 academic year. The pilots consider peer support approaches and carry out randomised control trials on approaches to improve mental wellbeing in schools, to promote what works.

107. **We will consider how best to provide schools and colleges with the outcomes of these projects and a range of other piloting and trial activity being undertaken**

across the country. This included the interventions looked at by the evidence review commissioned to support this paper and forms part of the proposals for providing practice support and training for the implementation of our wider reforms in this area.

108. We know that parents look to schools for advice or help with their children's mental health problems, and many feel that schools have a responsibility to support the mental health and wellbeing of students. Equally, whole school approaches built on clear expectations are most effective if reinforced outside of school. **We will review the existing requirements on schools for publishing policies and information for parents and carers, including behaviour, safeguarding and SEND policies, and whether these requirements need to be updated to ensure the school's approach to mental health and wellbeing is properly reflected.**

Recognising what schools do and measuring impact

109. It is important that this range of what schools and colleges do on mental health and wellbeing is recognised. This includes through the outcomes it can achieve and recognition of the way this work can ensure children and young people stay engaged in education and so have the best possible chance of high attainment. The current Ofsted framework evaluates how leaders ensure support for pupils' personal development and welfare. Ofsted is currently looking at evidence to inform the development of a new common inspection framework for September 2019. This will be informed by the Care Quality Commission's (CQC) second phase of their thematic review of children and young people's mental health services, expected for publication in Spring 2018.

110. Ofsted will work with relevant government departments as the policy proposals take shape. This will include **consideration of how inspection can continue to serve as a force for improvement, so that all pupils, and in particular those who are vulnerable, receive an education that meets their needs and prepares them well for life. The Department for Education will convene work to look at evidence of how schools and colleges can effectively measure the impact of what they do to support the mental health and wellbeing of pupils. Ofsted will be engaged in this.**

Social media and internet harms

111. Social media and the internet are an ever-growing part of children and young people's lives; five to 15 year olds spend 15 hours each week online and more than two in five children aged nine, and half of 12 year olds, have a social media profile.[62] However, the definitive impact of social media use on mental health is unknown; although increased social media use is linked to poorer mental health, it is not clear whether this increased use causes poorer mental health, or whether poorer mental health drives an increase in use of social media.[63] A systematic review of the literature on the impact of social media on children and young people's mental health reported a mixture of positive effects (30% of the literature), mixed/no effects (44%) and risks/negative effects (26%).[64] The negative effects include social isolation, competitive pressures, increased exposure to vulnerability/abusive content, increased likelihood of cyberbullying and the risk of grooming for exploitation. Conversely, the positive aspects, which can improve the lives of those children and young people suffering with mental health issues, include

increased self-esteem and social capital, perceived social support, sources of help and information and opportunity for self-disclosure.

112. In order to tackle the harms that can result from internet use, the Government published the *Internet Safety Strategy Green Paper* in October 2017.[65] This Strategy aims to make Britain the safest place in the world to be online. It focuses on four main priorities:

   - Setting out the responsibilities of companies to their users;
   - Encouraging better technological solutions and their widespread use;
   - Supporting children, parents and carers to improve online safety; and
   - Directly tackling a range of online harms.

   It highlights that more can be done to support children, parents and carers, including emphasising internet safety in the school curriculum (working in partnership with the Department for Education), improving digital literacy, and strengthening community support networks. In order to further understand the relationship between increased internet and social media use and worsened mental health, we will be working with the Children's Commissioner, who is also conducting work in this area, to explore how social media impacts the lives of young children.

113. As part of wider work on the *Internet Safety Strategy Green Paper,* and following a successful initial roundtable in November 2017, **the Department for Digital, Culture, Media and Sport, working closely with the Department of Health, will convene a working group of social media and digital sector companies to explore what more they can do to help us keep children and young people safe online, in terms of the impact of the internet on their mental health and wellbeing**.

114. We need a better understanding of the role of ever-changing technology in this area. That is why **the Chief Medical Officer will produce a report on the impact that technology has on children and young people's mental health.** This will build on the recent literature review by the UK Council for Child Internet Safety (UKCCIS) Evidence Group on the risks and safety of children's online activities and explore both the positive and the negative impacts that technology can have on children and young people's mental health.[66]

Breaking down barriers: tackling stigma

115. We know that children and young people will be better supported if those around them take care of their own mental health, and are able to spot the signs and symptoms of mental health issues in others, and show support. To achieve this, we have funded the country's leading mental health anti-stigma campaign, Time to Change, since 2011. By 2021 the Government will have invested up to £31 million on anti-stigma work over five years. The Time to Change campaign so far has reached 45 million adults and 750,000 children and young people through targeted social marketing campaign messages, almost 3.5 million people via its website and over two million face-to-face and virtual social contacts. Now celebrating its 10th anniversary, Time to Change has been successful in influencing over four million people to report positive changes in their attitude towards mental illness.

116. We want to get to a place where we no longer need to focus on tackling stigma, but instead share a common acceptance and understanding that experiencing mental health problems is part of life for us all. That is why, as well as this important awareness-raising and anti-stigma work, **we have committed to invest £15 million in an ambitious programme to train one million members of the public in basic mental health awareness and first aid to increase mental health literacy and enable those trained to help others.** The campaign will be launched in 2018 and will seek to provide people with the understanding to take care of their own mental health, and the mental health of others.

Promoting positive mental health for all

117. A significant driver of transforming children and young people's mental health is to increase the focus on prevention and the wider determinants of mental health. Local authorities have a key role to play in leading partnership approaches to supporting good mental health for local populations, strengthening individuals and communities, creating healthy places, addressing the social determinants of mental health, engaging individuals with mental health conditions in physical activity, and reducing inequalities. Public Health England recently launched the 'Prevention Concordat for Better Mental Health' which provides evidence, guidance and practical support for local commissioners and providers to strengthen an emphasis on prevention alongside early intervention and specialist services.[67] To further build on the evidence base, **Public Health England will convene a special interest group bringing together academics, practitioners and professionals, to identify key prevention evidence and its relevance to practice, and to highlight gaps and make recommendations for these to be addressed through further research.**

Families

118. We want better support for families with children and young people at risk of developing mental health problems. We know that secure attachment with a parent or carer is a protective factor for children and young people's mental health.[68] In contrast, babies with insecure or disorganised attachment issues are at a greater risk of encountering a range of emotional and behavioural problems as they develop and a subset of these children are more likely to be diagnosed with a mental health problem in early adulthood. This is particularly an issue for looked after and previously looked after children who have experienced disrupted relationships and other Adverse Childhood Experiences. **As part of the commitment to improving their mental health, we will commission further research into interventions that support parents and carers to build and/or improve the quality of attachment relationships with their babies.**

119. The government has committed to increasing the capacity of specialist perinatal mental healthcare with a broad-ranging programme backed by £365 million, expanding services to a further 30,000 women and ensuring there are sufficient Mother and Baby Units so women do not have to travel as far from home. We are also expanding community services.

120. We know that early years brain development is a key factor for a child's future, with evidence suggesting links between brain development and a range of outcomes, including mental and physical health.[69] We also commit to considering further analysis in areas which may include:

- Supporting healthcare professionals to understand the importance of healthy, low-stress pregnancies and healthy childhoods; and
- Increasing the capability of midwives to support women with perinatal mental health issues.

121. Good inter-parental relationships are another protective factor for children's and young people's mental health, particularly for children living in poverty. Children who are exposed to persistent and unresolved parental conflict are at a greater risk of early emotional and behavioural problems, anti-social behaviour as an adolescent and later mental health problems as they transition into adulthood. Analysis indicates that in 2013/14, around one in ten children were exposed to potentially damaging levels of parental conflict; and children in workless families were three times as likely to experience this.[70]

122. *Improving Lives: Helping Workless Families*, published by the Department for Work and Pensions in April 2017, identified both parental conflict and poor health as key factors which contribute to disadvantage. In light of this evidence, the Department for Work and Pensions is launching a new programme to reduce parental conflict through evidence-based interventions, working with the troubled families programme and drawing on lessons from their 'Local Family Offer' trial.

123. Families that face a heightened risk of parents or children developing a mental health problem, or greater problems accessing services, may need more extensive or targeted support. More evidence is needed on what form this support should take. **To address this we will commission research on how to engage these vulnerable families, which will provide valuable information for local areas when referring children and parents to both parenting and parental conflict interventions.**

124. We will also encourage local areas to improve their existing support of families. We know that local authorities across the country commission support for parents and carers, but this is not always supported by the best evidence. To ensure that they are achieving value for money, **we will work with the What Works Centres to publish and promote guidance for local areas to encourage evidence-based commissioning of interventions aimed at supporting parents and carers. This guidance will recommend that local authorities commission parenting programmes for which there is a good evidence base.**

Local communities

125. The voluntary and community sector is a crucial part of the support in this country for young people with mental health problems and their families. This sector provides services which support young people in all kinds of ways, including but not limited to specialist counselling services. Voluntary organisations can also give young people

support networks and the opportunity to contribute to communities, charities and social enterprises.

126. Communities play a vital role in promoting mental health. **We have pledged to help teenagers improve their mental health by offering a new awareness course as part of the National Citizen Service (NCS)**. The aim of the course is to help young people struggling with exam pressure, self-esteem or other issues, playing a key role in early intervention and giving teenagers the confidence to access mental health support. The course will be developed with mental health experts and NCS graduates and will include mental health training for more than 10,000 NCS staff and a new network of graduates from the scheme to champion mental health awareness.

Support for young adults

Transition from children's to adult mental health services

127. Some young people need ongoing support into young adulthood, after they leave children and young people's mental health services. This point of transition is an important stage for young people, and it is not always easy.

128. To address issues of transition, some areas have already adopted a mental health service which supports young people from ages 0-25. Phase two of the CQC's thematic review of children and young people's mental health services will help to identify examples of good practice and the enablers and barriers to high-quality care. This may include insights into how effectively mental health services meet the needs of young people moving on from children's health and care services. **Next year, we will draw on the findings of the CQC thematic review, and data from the 'Commission for Quality and Innovation' initiatives described in Chapter 2, to assess whether further action is required to improve the experience and outcomes of transition.**

Wider support for the mental health of 16-25 year olds

129. Recent research by the Institute for Public Policy Research suggests that reported levels of mental health problems, mental distress and low wellbeing among students in UK higher education are increasing. In higher education, there is already a lot of work underway to improve the quality of mental health services for students, alongside the help provided by the NHS including Improving Access to Psychological Therapies.[71]

130. In addition to the links being made between universities and mental health services in their area, universities often develop and manage their own services. The most common model of service provision within higher education institutions involves three separate teams or services:

- wellbeing services which are generally staffed by health and wellbeing advisers and deliver low-intensity support or guidance and signpost to non-medical services;
- counselling services which are usually staffed by counsellors and targeted at students who demonstrate moderate levels of mental distress; and

- disability services which are generally staffed by mental health coordinators and targeted at students who are in receipt of disabled students' allowance or who experience mental illness which meets a clinical threshold for diagnosis.

131. A number of higher education institutions also make use of outsourced or external service provision such as 24/7 counselling or support service, online self-help services, and crisis line for signposting to out-of-hours support.

132. To improve the quality of mental health support beyond existing services, Universities UK has encouraged higher education leaders to adopt mental health as a strategic priority and has developed a new framework to support universities to adopt a 'whole university' approach to mental health, embedding it across all policies, cultures, curricula and practice. The Association of Colleges made mental health in further education a priority in 2017, with a Mental Health Portfolio group set up to build links and share knowledge about improving practice.

133. We want to support and build upon the work being delivered to support young people in higher and further education, in training and in work. We recognise that improving young adult mental health is a complex challenge that can only be addressed by working in partnership. **We will therefore set up a new national strategic partnership with key stakeholders focused on improving the mental health of 16-25 year olds by encouraging more coordinated action, experimentation and robust evaluation.** The exact scope of this partnership will be jointly developed, but we suggest that it could look at the following areas focused on higher education as a first step:

- Leadership – to ensure that schools, colleges and universities adopt whole-organisation approaches to mental health;
- Data – to provide a systematic strategy to improve what we know about student mental health. This means encouraging innovation in data linkage and analytics;
- Prevention – to embed understanding throughout student populations of the importance of mental health through exploring and testing psychosocial education;
- Awareness and early intervention - to test and promote training for staff and students on how to help those experiencing mental health difficulties;
- Wider transitions – to address the key issue of moving between services – from children's mental health services into adults' services, and from inpatient treatment to community support – and geographies – from home to campus - making it easier for young people to make these moves;
- Integrated support services – to reduce the variations in care for young people and to encourage local coalitions between tertiary education providers, local authorities, and health and care commissioners and providers;
- Effective join-up – to better link student welfare, accommodation and security services within institutions so students with mental health conditions are less likely to go unnoticed.

134. We are committed across government to preventing an increase in the numbers of young people, including those with mental health conditions, leaving education without further training or employment and flowing onto welfare. Addressing this issue is critical if we are to support self-efficacy and, through doing so, improve individual life chances.

We are already working to achieve change, for example piloting a supported work experience offer for young people flowing onto benefits, and through the 'Access to Work Mental Health Support Service'.

Supporting young adults' mental health in the workplace

135. For many young people, making sure they have the right support when they leave education is critical. Following the Department for Work and Pensions and Department of Health green paper, *Work, Health and Disability: Improving Lives* (October 2016), the Government is exploring the most appropriate way to increase life chances for young people transitioning from education to work. As part of this we will consider whether, and how, relevant employment support could be integrated within young people's mental health services. This could benefit both young people in work, and those currently unemployed.

136. We know that work is central to individual wellbeing. *Thriving at Work: the Stevenson/Farmer review of mental health and employers* (October 2017), illustrated that 300,000 people with long-term mental health problems lose their jobs each year and that poor mental health costs employers up to £42 billion per year, and the wider economy up to £99 billion. The key recommendation in the report is that all employers, regardless of size or industry, should adopt six 'mental health core standards' that lay the basic foundations for an approach to workplace mental health. The standards are a means to encourage open and more transparent organisational culture, and awareness, as well as the means to monitor wellbeing and track progress. Large employers and the public sector are expected to go even further.

137. The formal response to the review was set out in the Government's strategy publication *Improving Lives: The Future of Work, Health and Disability* (November 2017), which encourages employers to implement the recommendations in the review and also sets out how we will support employers more widely to create healthy, inclusive workplaces. It is our hope that more employers, recognising both the ethical and business case set out in the review, will take positive steps to support the mental health of their employees by adopting the mental health core standards, with further recommendations for trade bodies, regulators and government supporting employers in making this happen.

Conclusion

138. We have set out in this document a bold ambition. We hope it will deliver the step change in support for children and young people's mental health which is needed. The evidence shows that schools and colleges can play – and in many cases, do already play – a particularly important role in providing this support. We want to build on the existing work they do, and take it further. We recognise that there is no easy solution and it is only through working together, across organisational boundaries, and in new ways, that we can help young people fulfil their potential. We welcome views on how best we might achieve this green paper's ambition. We look forward to working with all those committed to improving children's mental health to make the changes we all want to see.

Consultation

139. We welcome a wide range of views on the proposals set out in this document. To respond to the consultation, you can complete the online consultation questions at https://engage.dh.gov.uk/youngmentalhealth/. The consultation will be open for 13 weeks and will close on 2 March 2018. The Government will publish a response in due course.

Appendix A: Evidence review

1. We asked the National Collaborating Centre for Mental Health and University College London to conduct a major systematic review of evidence relating to the mental health of children and young people between two and 18 years old, to inform the proposals in this green paper. This review systematically identified the published research studies, focusing on five questions in order to draw out conclusions relevant to the green paper. Publication of the review's full findings is planned for 2018. We are grateful to all those academics who conducted the review.

2. The review looked at five areas:

    *   The relationship between mental health and educational attainment
    *   Universal interventions for prevention of mental health problems
    *   Selected/indicated interventions for prevention of mental health problems
    *   Effectiveness of interventions when implemented in a school or community setting
    *   A number of topics of special interest.

Mental health and educational attainment

3. There was limited evidence available on mental health and educational attainment. Of the studies reviewed, results suggest mental health interventions are likely to have a positive impact on educational attainment but more research is needed to establish the exact nature of this relationship and the effectiveness in terms of educational outcomes of interventions generally aimed at mental health improvement.

Universal prevention

4. The findings relating to universal prevention approaches were:

    *   A review of reviews of universal prevention studies found that this type of intervention tends to have limited long-term effects;
    *   There was limited evidence for universal interventions for the prevention of depression and anxiety;
    *   Social and Emotional Aspects of Learning (SEAL) programmes have limited effects which are small and may not be maintained at follow up;
    *   Suicide and self-harm prevention programmes were found to have very small effects;
    *   Such programmes may improve knowledge, attitudes and help-seeking behaviours but there is no robust evidence yet relevant to the UK to suggest that they reduce the number of suicide attempts;
    *   There is better evidence for universal interventions to prevent substance use disorders; although the effects of these programmes are small, they can be maintained at one-year follow-up if programmes are 15 sessions or more and

combined with family interventions. Schools show particular promise in delivering these interventions;

- Anti-bullying programmes work at universal level to reduce victimisation and aggression but the effects are small and are often not maintained after the end of the formal intervention;

- Mentoring interventions show promise in relation to general mental health promotion and peer support in relation to specific issues (for example, social media and eating disorders).

Effectiveness of interventions implemented in a school or community setting

5. A number of cross-cutting themes were identified from the review of studies with long follow-ups which looked at the effectiveness of treatment interventions in a school or community setting. These include the following:

- There is limited evidence to support the effectiveness of specific preventive interventions such as mindfulness and positive psychology approaches where these are well implemented. Whilst the impact of school-wide anti-bullying programmes on conduct disorder is unclear, such programmes have been identified as having the potential to reduce bullying levels and have been identified as cost-effective;

- Evidence supports school settings as providing many opportunities for identifying children and young people at risk. Examples include behaviours linked to specific mental health problems such as eating patterns that are likely to result in eating disorders or awareness of friendship groups around young people who may be self-harming, and taking action to mitigate potential clustering effects;

- School environments are well suited to 'stepped' or graduated prevention approaches where there is both universal and targeted interventions. At a universal level there may be 'herd effects' leading to better outcomes for students not specifically targeted due to risk factors. School environments can also be non-stigmatising meaning that children and their parents may be more receptive of accepting support through these routes as compared to via mental health services;

- There is evidence that appropriately-trained and supported staff such as teachers, school nurses, counsellors, and teaching assistants can achieve results comparable to those achieved by trained therapists in delivering a number of interventions addressing mild to moderate mental health problems (such as anxiety, conduct disorder, substance use disorders and post-traumatic stress disorder);

- The coordination of interventions and the development of effective pathways between children and young people's mental health services and school is particularly important for children and young people with more severe problems and those with problems such as attention deficit and hyperactivity disorder where medication is involved.

6. There are some key factors relating to how mental health support is delivered in schools which influences the extent to which it is effective:

- Getting the whole school to participate is vital. Support from leadership teams and parents is key, as is the ability to deliver support in a flexible way, fitting for example

into the school timetable and ensuring compatibility alongside the existing responsibilities of school staff;

- There must be provision of high-quality well trained staff training and supervision both in relation to effective and timely identification of children and young people at risk, and in relation to the provision of interventions;
- There should be routine monitoring of outcomes;
- Engagement from children and young people is likely to increase if interventions are accessible, personalised and flexible, graduated, non-stigmatising, age-appropriate, context-appropriate and culturally-appropriate.

Appendix B: Existing support for children and young people in schools and colleges

1. Schools and colleges already do a lot to promote positive mental health. The Department for Education's survey of mental health support in schools and colleges (published August 2017) identified the extent to which they are already actively taking whole systems approaches to mental health, with action spanning promotion of mental health and wellbeing, early identification, and referral to and joint working with specialist support.[72] Key actions schools/colleges report they are currently taking to address mental health are:

   i. **School-wide approaches to promote mental health and wellbeing**
      - 92% have school ethos/environment that promotes mutual care and concern
      - 64% felt promotion of mental health and wellbeing is integrated into institution
      - 49% of schools have a dedicated lead for Mental Health (of which 40% is a senior leadership team member)
      - 89% of schools run at least one parental engagement activity, 57% run face-to-face sessions with parents

   ii. **Non-NHS support**
      - 61% offer counselling (84% of secondary schools, 56% of primaries)

   iii. **Training**
      - 90% of schools offer staff training on supporting pupils' mental health and wellbeing (47% all staff, 43% some staff)

   iv. **Linking with NHS services**
      - 68% have a designated member of staff responsible for linking with specialist mental health services

   v. **Triage**
      - 82% use ad-hoc staff concerns as a way of identifying needs
      - 24% use targeted screening of pupils to identify mental health needs

2. In addition to the role of the wider teaching staff, we know that many schools also have staff with more specific roles in relation to mental health. Around half of schools and colleges (49%) have a dedicated lead for mental health, a role which can have a wide remit, as shown in Figure 1 below.

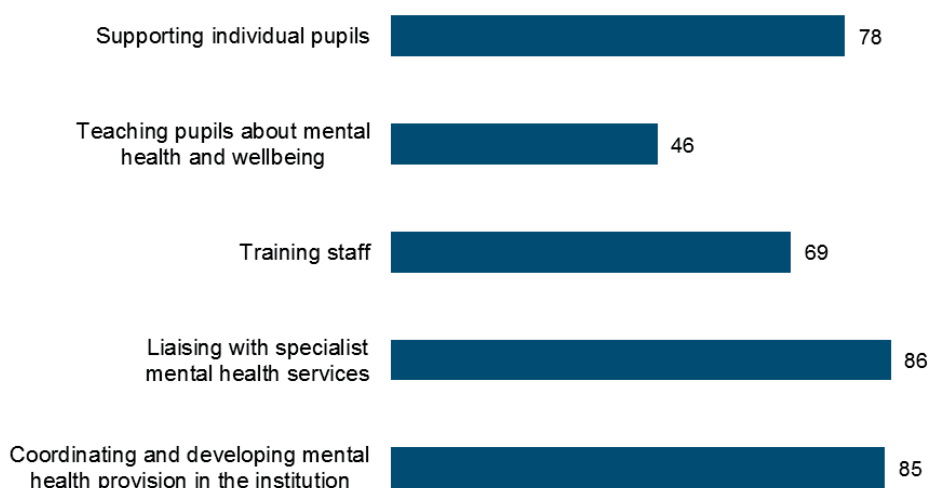*Base: All institutions with a mental health lead; weighted %*

Supporting individual pupils	78
Teaching pupils about mental health and wellbeing	46
Training staff	69
Liaising with specialist mental health services	86
Coordinating and developing mental health provision in the institution	85

<u>Figure 1:</u> proportion of school mental health leads with different responsibilities

3. More than two thirds of schools (68%) have a designated member of staff responsible for linking with specialist mental health services.[73] Having this kind of role (with an equivalent in children and young people's NHS mental health services) can lead to specific improvements in understanding of referral routes, improved knowledge and awareness of mental health issues among school leads, and improved timeliness and appropriateness of referrals.

4. However, the Department for Education's 2016 Teacher Voice survey shows a mixed picture on how confident school staff feel about mental health and wellbeing:

   - While 57% of teachers feel equipped to identify behaviour that may be linked to a mental health issues, almost a quarter (23%) did not feel equipped.
   - 40% felt equipped to teach children in their class who have mental health needs, 34% did not.
   - 55% knew how to help pupils access support in the school, 22% did not.[74]

Improving links between NHS mental health services and schools/colleges

5. As part of the Government's response to the recommendations of the 2015 report *Future in Mind*, NHS England and the Department for Education began a series of mental health services and schools link pilots. The first 22 pilot areas, including 27 Clinical Commissioning Groups (CCGs) and 255 schools, established named contacts with schools and children and young people's mental health services, and ran joint training workshops facilitated by the Anna Freud National Centre for Children and Families. The evaluation (*Mental Health Services and Schools Link Pilots*, published in February 2017) found that the pilots had considerable success in strengthening communication and joint working arrangements between schools and children and young people's mental health services. This included an improved understanding of the referral routes to specialist mental health support for children in the local area.[75] We are

extending this pilot to up to 1,200 more schools and colleges in 20 additional CCG areas.

6. Both the evidence review and the evaluation of the mental health services and schools link pilots found that having senior level buy-in is essential to schools adopting a positive approach to mental health. They also found that teachers and other school staff play an important role in identifying children and young people who are experiencing problems. Whilst most schools offer staff training on mental health, evidence suggests that more can be done to improve the ability of school staff to identify behaviour linked with mental health issues.

7. Children who experience care often have more challenging needs. We are updating the statutory guidance for designated teachers so that it strengthens guidance regarding the awareness of and support for these children's mental health needs.

8. Many aspects of school and college life can have an impact on mental health and wellbeing, beyond good quality teaching that supports pupils/students to achieve, and the promotion of good mental health amongst school staff. For example, programmes which increase children's contact with the natural environment have been linked to improvements in a range of physical and mental health and wellbeing outcomes, including reductions in stress and anxiety. The Government will soon publish a 25 year environment plan which aims to increase children's engagement with natural environments.

9. The cross-government strategy 'Sporting Future' (2015) sets mental wellbeing as one of its five key outcomes and places great importance on physical activity for young people's mental wellbeing.[76] And the 'Active Lives (Children and Young People) survey', which has been rolled out to schools this year, includes questions which relate to mental wellbeing, asking young people (aged five-15) about happiness and satisfaction as well as feelings of trust and resilience.

Action to tackle poor behaviour and bullying

10. Poor behaviour and bullying can have a particular impact on the mental health of other pupils, and of staff. In this context we welcomed the recommendations set out in Tom Bennett's 'Creating a Culture' report, which cover how schools can promote genuine good behaviour.[77] This report focuses on establishing shared values reinforced by high expectations of all pupils, within a whole school focus on behaviour and clear routines for pupils. The report identified a number of common features amongst the most successful schools:

- Committed, highly visible school leaders, with ambitious goals, supported by a strong leadership team;
- Effectively communicated, realistic, detailed expectations understood clearly by all members of the school;
- Highly consistent working practices throughout the school;
- A clear understanding of what the school culture is ('this is how we do things around here, and these are the values we hold');

- High levels of staff and parental commitment to the school vision and strategies;
- High levels of support between leadership and staff, for example, staff training;
- Attention to detail and thoroughness in the execution of school policies and strategies; and
- High expectations of all students and staff, and a belief that all students matter equally.

11. To support schools with tackling bullying, the Department for Education is providing £1.6 million, for four anti-bullying organisations to support schools tackle bullying. This funding includes projects targeting bullying of particular groups, such as those with special education needs and disabilities (SEND) and those who are victims of hate-related bullying, along with a project to report bullying online.

12. Lesbian, gay, bisexual and transgender (LGBT) pupils, or pupils who are perceived to be LGBT, are disproportionately affected by bullying. The Government Equalities Office is has made available £3 million of funding to deliver new initiatives against homophobia, biphobia, transphobia across England. This programme will reach at least 1,200 schools by the end of March 2019. Six providers will be delivering the interventions: Stonewall, Barnardo's, LGBT Consortium, Proud Trust, Metro, and National Children's Bureau. The programme is testing two approaches: staff training and 'whole-school' approaches. Our hope is that by reducing incidences of homophobic, biphobic and transphobic bullying we can improve the wellbeing of LGBT pupils in schools.

13. Children and young people with SEND are also disproportionately affected by persistent bullying during their school lives. The Department for Education has funded programmes of work with National Children's Bureau to develop support and advice for schools, families, young people and the children's workforce to raise awareness of this and to support schools to reduce incidences of bullying of children and young people with SEND.

Supporting self-help

14. Schools and specialist services clearly have an important role to play in supporting children and young people to help themselves, whilst also providing treatment or other interventions to support good mental health. However, signposting children and young people to appropriate self-help can be the right thing to do for young people who do not require mental health treatment. Self-help options can also be beneficial when used alongside treatment and crisis interventions, for example to ensure children and young people have strategies and plans for what they can do in a crisis, or to enable them to access support whilst waiting for, or in between routine appointments. This kind of support may prevent conditions getting worse, and also reduce the levels of dropout from treatment by improving engagement with mental health services.

15. There are many examples of good practice where local services are supporting children, young people and parents, to access self-help support in new and innovative ways. It is also important to ensure that self-help resources are quality-assured and

evidence based. The NHS Apps Library provides access to quality assure digital tools for self-help through an NHS endorsement process, based on evidence. In 2016/17 NHS England funded a 'Digital Development Lab' that identified and accelerated development of six mental health apps for children and young people.

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