

Mental health and well-being have become buzz words in education in recent years. To explore the issues that have an impact on children's and young people's mental health and well-being, we first need to define the terms. Mental health has been defined by WHO as:

A state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. (WHO, 2018)

Well-being is a somewhat more difficult term to define. It can be viewed as objective and subjective and therein lies the difficulty. One person does not think and have the same perceptions of life as the other, so views of good well-being will differ amongst individuals. UNICEF (2007) devised six categories in which children's well-being could be measured; Material well-being, Health and safety, Educational well-being, Family and peer relationships, Behaviours and risks and Subjective well-being which includes the child's own perceptions of health, school life and life satisfaction. From this we can determine that mental health and well-being take in aspects of physical, emotional and social health and prosperity (Public Health England, 2015). A good state of mental health and well-being is important as it encompasses how we ascend through life. If an individual has a good state of mental health and well-being it is more likely that they will be able to overcome challenges and obstacles in life and be able to self-actualise. Self-actualisation is a key factor in becoming a healthy, successful, well-rounded individual as outlined by Maslow's (1943) Hierarchy of Needs. The meeting of these hierarchical needs is intrinsic to good mental health and well-being but are not all encompassing. There is a need to explore extrinsic factors when investigating children's and young people's mental health and well-being, as they are usually not their own advocates due to age, mobility and understanding (Vostanis & Williams, 2008). To do this Bronfenbrenner's (1992) Ecological Systems Theory will be discussed, to explore external factors affecting Children's and young people's mental health and well-being. The need for advocacy alone makes children vulnerable, but there are other issues which can directly affect their mental health; Adverse Childhood Experiences (ACE's), Poverty, Health, Education, Culture, Race, Religion and Developmental issues all have their part to play. There have been many national and international policies, Acts, Curriculum changes and interventions introduced to improve and advocate for children's and young people's mental health. Several will be explored and discussed if they work, and to what degree. With 1 in 4 children showing some signs of mental ill health in the UK and half of all mental health issues beginning by the age of 14 (National

Assembly for Wales, 2018) it is a problem that needs addressing efficiently to ensure the successful futures of children and young people.

Children and young people are vulnerable to mental health issues in a variety of ways. Disability, poor health, poverty, family structure, abuse, neglect, culture and development needs can make children vulnerable to mental health issues (Raphael et al, 2006). The vulnerabilities are not insular and may affect children's mental health in diverse ways and in conjunction with one another. When looking at child development, it is important for a child's mental health that they can build good relationships with a trusted adult, for a child to gain emotional, social and neurological development and achieve a healthy sense of self and, give them the resilience needed to deal with adverse experiences throughout their lives. Experiences of ACE's can lead to mental illness. The Welsh Adverse Childhood Experience (ACE) and Resilience Survey (2017) found that 29% of children with low resilience reported mental illness and 28% had never had a trusted relationship with an adult. The Welsh Assembly Government (2016) recognised the importance of ensuring children have the best start in life in their report, Taking Wales Forward, by ensuring that provision was provided for positive parenting and the reduction of ACE's. From this report The Prosperity for All: the national strategy (2017) evolved. Whilst these documents set out the goal and ambitions for the Welsh Assembly Government, they say little on how it will be achieved, seemingly leaving the onus on the professionals who encounter children and young people, such as teachers, social workers, doctors and other healthcare professionals. The reports and strategies draw particular attention to the Flying Starts programme. The Flying Starts programme was already in place at the time these reports and strategies were written and although there are statistics available on the improvements to the general health of children going to Flying Starts, there is little statistical information available on their mental health and well-being. The only reference to the child's well-being or emotional health is in an impact report carried out by Knibbs et al (2013) in which it states:

There was no statistically significant difference between Flying Start and non-Flying Start areas in terms of child cognitive and language skills, their social and emotional development and their independence/self-regulation. (Knibbs et al, 2013)

It can be assumed that Flying Starts centres give children a consistent, positive well-being experience in a nurturing environment due to the trusted adults who work there, with whom

they build relationships. This is important as childhood experiences from 0-5 years old have been found to have a lasting impact on well-being through to adult life (Department of Health, 2014). Two of the most common mental health problems experienced by children and adults alike, are depression and anxiety. These mental health problems cost the global economy \$1 trillion a year but the average government health budget allocated to these problems is less than 2% globally (WHO, 2021). When children do not receive correct treatment and support for anxiety disorders and mental health problems it has been observed that these issues continue to adolescence and adulthood (Bittner et al., 2007), and has negative effects on adult health, social experience and even their occupations (Copeland et al., 2014; Essau et al., 2014).

As Bronfenbrenner (1992) ecological systems theory suggests, the development of a child's well-being and behaviours and attitudes are directly related to the systems around them which all interact with each other. The micro-system is that of the immediate environment around the child such as their family, school and friends. This micro-system has a direct influence on a child's health and well-being and interacts with the meso-system which encapsulates the interactions between family, school or peers. These are then further developed into the wider societal links in the exo-system which includes healthcare professionals and the macro-system for cultural values and norms. These systems are surrounded by the chrono-system which monitors the changes and interactions between the layers over time. It is therefore acceptable to assume that these inter-relational layers are in essence about forming positive relationships.

As a way of explaining the effect of the child's immediate environment, on their mental health and well-being, Sunderland (2006), Kohut (1971) and Stern (1998) have all highlighted the importance of an adult being attuned to the child. This is where the adult can show their understanding of the child's emotions through expressions, body language and noises. They also expressed the importance of an adult's ability to validate the child's experience and contain and sooth. This builds a neurological response in children for them to be able to deal with adverse experiences, therefore minimising disruptions to their mental health and well-being. This relationship would ideally be built between the child and its parent, but it has been shown that when there is a void of this in a child parent relationship there is increased likelihood of a child developing mental health problems, Barret et al., (2001). These positive relationships play an integral part of children and young people becoming happy and successful members of society. Schools play an integral role in providing children with positive relational experiences which in turn improves mental health and well-being outcomes. There has been a shift from schools as a hub for academia to an all-encompassing education which also teaches social and

emotional skills to children. Schools have allocated members of staff such as Additional Learning Needs Co-ordinators (ALNco's) to identify children who need extra support due to family backgrounds/issues. There is a great importance put on the mental health and well-being of identified children who once identified are installed in well-being development programmes. The way in which sessions are run minimise the boundaries between school staff and children therefore leading to the building of strong positive relationships and the learning of the importance of communicating their issues and problems to a trusted adult, which in turn improves the outcomes of mental health and well-being of the child (Markham & Aveyard, 2003; Stewart et al., 2007). It is important for schools to identify children with difficult family backgrounds as Bronfenbrenner (1986) highlighted "Young people with less supportive family environments might therefore engage less with schooling, or develop fewer good quality friendships, with cumulative effects on health and wellbeing". It has also been noted by Stiffman et al (2004) that "Parents play a "gatekeeper" role in accessing mental health treatment for children". If they do not have positive relationships at home this could adversely affect children and young people's mental health.

Due to the current pandemic, it has been difficult for schools to maintain these positive relationships with children because of lockdowns and social distancing measures. Children cannot access the school site where they have a safe hub to discuss any issues that may be affecting them. Young Minds (2020) conducted a survey and found that "traumatic experiences at home, social isolation, the loss of routine, fears about the pandemic and disruption to education have all increased pressure on young people". This in turn has increased anxiety disorders in children and young people. Williams (2020) reviewed limited UK data and found that Covid-19 is negatively affecting children's and young people's mental health, children with additional needs are more likely to be affected by mental health issues and children aged 12 plus are at greater risk of having mental health and well-being issues than primary aged children. Welsh Government (2020) have been quick to recognise the negative affect that the pandemic can have on children's mental health and well-being by amending the Together for Mental Health Delivery Plan. The plan reflects the mental health and well-being challenges faced by children due to the pandemic and has allocated extra funding for school counselling and support for younger children. It has also highlighted the need for training to be provided to school staff to recognise mental health issues and training on targeted well-being interventions. There is no information available on the roll out of this training and in which form it will take place.

In good relationships children and young people have advocacy, which is essential as children often do not have a voice when it comes to issues that directly affect them. Although UNICEF's Convention on the Rights of the Child (1992) paved the way for children to be heard with specific reference to health and well-being in article 24 and 27. The National Youth Advocacy Service also provides advocacy for children and young people in mental health institutions to ensure that they are informed, supported and heard. They provided support to over 900 young people in 2015/2016 (NYAS, 2021) who were inpatients at various mental health treatment facilities. The issue of advocacy is also important in the recognition of mental disorders within children. It has been found that even though there are effective treatment services made available to children, very few children access treatment (Green et al., 2005; Merikangas et al., 2011). The worrying issue is that more treatment is accessed for behavioural disorders than mental health issues such as anxiety (Merikangas et al., 2011). This may highlight the need for education of recognising mental health disorders to be given to children's advocates. Furthermore, younger children are less likely to be able to vocalise mental health issues to their advocates, due to not understanding what is happening in their bodies. Therefore, young children need to be educated about mental health and well-being in an age-appropriate way, so they can signal for help when needed.

In conclusion, the overall theme with Welsh Government initiatives and policies on improving the mental health and well-being of children and young people is one of the right ideas but no indication of the how and when they will be implemented. Furthermore, there seems little data available as to the effectiveness of the strategies employed to improve children's mental health and well-being. The onus seems to be on the professionals working with children and therefore there will be inconsistencies to the approaches across Wales. There needs to be a more consistent approach where good practice is shared, for mental health and well-being problems to be effectively eradicated. Lee et al (2014) states that "Mental health problems developed during adolescence have been attributed with a tenfold greater long-term healthcare cost than those developed during adulthood". Government spending on early intervention is not enough, and it does not seem to make sense as the cost to the economy is so high in terms of adult healthcare. Allocating budget to the education of professionals working with children and young people is a good start, but the training provided needs to be effective and consistent. The degradation of children's and young people's mental health and well-being, due to the pandemic, will be profound and effect their adulthood. Easier access to services and treatment is needed to ensure that more children can be helped with mental health issues. It has been

shown in this essay that the immediate people around the child are the most important in identifying, educating and treating mental health issues and improving their well-being. Parents need to be educated on recognising and dealing with mental health issues in children and young people. This could be done at parenthood classes, so children are given the best possible start in life. Due to the pandemic and the way the world is advancing technologically, digital content, help information and treatment needs to be made more accessible and available to ensure that all children's mental health needs are being met. Online appointments with healthcare professional could be made available which would make accessing treatment easier and efficient.

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