

Children and Young People Mental Health

12th March

WALES PERSPECTIVE

MIND OVER MATTER (REPORT) 2018



- Launched an inquiry in July 2017. The aim was twofold: to build on the predecessor Committee's work in 2014 on specialist child and adolescent mental health services, and to look in more detail at the support available for children and young people's emotional well-being, including prevention and early intervention services.
- The report makes one key recommendation, and 27 others. Taken together, it is believe these will deliver **the step change** that is needed to build a population of emotionally resilient and mentally healthy children and young people in Wales.
- <https://www.assembly.wales/laid%20documents/cr-ld11522/cr-ld11522-e.pdf>

How evidence was gathered

- Report and recommendations to be informed by the direct experiences of children and young people, and those providing support to them. To do this, we conducted visits, hosted a roundtable discussion and ran a survey which received over 2000 responses.

Visited services across Wales to hear from those receiving and delivering a range of emotional and mental health support.

- Ysgol Pen y Bryn, Colwyn Bay
- North Wales Adolescent Service, Abertawe
- Hllside Secure Children's Home, Health
- 19, Island Hospital, Isle of Anglesey
- Changing Minds Project, Newport



► **SURVEY RESPONSES** 1611 children and young people in secondary schools and colleges; 425 education professionals.

► **ROUNDTABLE PARTICIPANTS** 40 from frontline health and education services.

► **ORAL EVIDENCE SESSIONS** 21 (and 75 witnesses)

► **WRITTEN SUBMISSIONS** 67 + 23 additional papers

Wide-range enquiry

► The report is the result of a wide-ranging enquiry into emotional and health. It identifies an urgent need to invest in preventative and early intervention services. It acknowledges improvements in specialist services, but says that these services don't go far enough. In particular the report highlights the need for more preventative services.

The report recommends that:

- Schools should become community hubs for emotional resilience and mental well-being, with ring-fenced resources
- Mental health should be embedded in the new curriculum in Wales
- Everyone who cares, volunteers or works with children or young people should be trained in mental health awareness

Context of report



Together for Children and Young People (T4CYP) Programme.

T4CYP was launched by the Minister for Health and Social Care at a stakeholder event at the end of February 2015.

- The T4CYP Programme is a multi-agency service improvement programme, led by the NHS. Its stated aim is to reshape, remodel and refocus the emotional and mental health services provided for children and young people in Wales.
- The Programme has adopted a "windscreen" model to develop the resilience of all children and young people in Wales, to intervene early for those at risk, and to ensure that those with mental illness get access to specialist CAMHS as quickly as possible.
- <https://www.goodpractice.wales/t4cyp>

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- ▶ The T4CYP Programme operates based on work streams that focus on: universal resilience, well-being, early years and early intervention; neurodevelopmental (ND) needs; and specialist CAMHS. Other cross-cutting streams include: workforce, education and training; care transitions; and Health Needs Assessment.
- ▶ The Welsh Government established the T4CYP Programme initially for a three-year period, ending in March 2018. During the course of our current inquiry, the Welsh Government announced the extension of the Programme until October 2019.

- ▶ In May 2015, the Welsh Government announced an additional **£7.65 million** investment (recurrent on an annual basis) towards improving mental health services for children and young people.
- ▶ This was to be used alongside funding for children and young people services in the "general mental illness" and "other mental health problems" expenditure lines within the Health, Well-being and Sport Main Expenditure Group.

New service teams and targets

- ▶ As part of the T4CYP Programme's work and as a result of the additional funding allocated in 2015, steps have been taken by all health boards (with some ahead of others) to establish a number of new service teams to work alongside specialist CAMHS and local primary mental health teams. A number of performance targets have also been set with a view to driving service improvement. The teams involved are:

- ▶ **Neurodevelopmental (ND) Service teams** – to provide multidisciplinary assessment, diagnosis and treatment, information and advice for children and young people with a ND disorder (including autism spectrum disorder (ASD), attention-deficit/hyperactivity disorder (ADHD) and Tourette's Syndrome), and their families. All children and young people should be assessed within 26 weeks of referral.
- ▶ **Community Intensive Treatment / Crisis teams** – to support children and young people who present in crisis (with availability out-of-hours and at weekends). All children and young people with urgent needs should be seen within 48 hours, reduced from the previous target of 4 weeks;
- ▶ **Early Intervention in Psychosis teams** – to support young people aged 15 to 24 with first episode and early psychosis; and
- ▶ **Existing specialist CAMHS teams** have been set a waiting time target of 28 days from referral to assessment, replacing the previous target of 16 weeks referral to treatment.

Curriculum Reform

- ▶ Professor Graham Donaldson published his independent review of curriculum and assessment arrangements in Wales, **Successful Futures**, in February 2015.
- ▶ This review has informed the process of developing a new curriculum for settings and schools in Wales. **The new curriculum will be phased in from September 2022 onwards (starting with primary schools and year 7 in 2022, moving upwards through year groups on an annual basis thereafter).**



The Welsh Government states:

"The whole approach to developing young people aged 3 to 16 will change. The new curriculum will have more emphasis on equipping young people for life. It will build their ability to learn new skills and apply their subject knowledge more positively and creatively. As the world changes, they will be more able to adapt positively."

- ▶ The new curriculum will have six "Areas of Learning and Experience" (AoLE). One of these will focus on **health and well-being**

The role of education

There is a focus on the role of education in the submitted to our legacy that

- ▶ education settings, including primary schools, secondary schools, colleges and universities, are key to promoting emotional well-being and good mental health;
- ▶ levels of stress and anxiety among pupils are rising, highlighting how important it is that schools and colleges help promote well-being and support children and young people to develop the resilience and skills needed to deal with stress and anxiety;
- ▶ it is crucial to develop a whole-school approach, embedding well-being into the entire school ethos, the curriculum, and staff training and professional development.
- ▶ A substantial step change is needed to realise this ambition. Furthermore, a whole-school approach does not mean schools meeting pupils' needs on their own – the involvement of a range of professionals from other agencies is needed;

Once-in-a-generation opportunity

- ▶ the current reform of the curriculum presents a once-in-a-generation opportunity to mainstream emotional well-being and mental health in education; and
- ▶ school-based staff, including teachers, often lack the confidence and capacity to help pupils with their emotional and mental health. There can be a particular fear of making things worse and therefore a tendency to refer to health professionals, adding to the pressures on already in-demand.

The Samaritans summed up the general views articulated by stakeholders:

"Emotional health programmes in schools should be viewed as a form of promotion, prevention and early intervention which could reduce pressure on CAMHS, reduce specific mental health problems and increase academic achievement."

Prevalence of emotional and mental health issues in school-age children

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Action for Children highlighted that:

- ▶ the proportion of 15-16 year olds self-reporting anxiety or depression has doubled in recent years;
- ▶ one in ten 5-16 year olds suffers a diagnosable mental health disorder; and
- ▶ between 10-15 per cent of teenagers have some symptoms of depression at any one time.

- ▶ In addition to the increase in prevalence of emotional, behavioural and mental health issues, head teachers' representatives told us that those difficulties are more profound now than in the past and emerging among those of a much younger age than previously was the case;
- ▶ "...the mental health issues we have around children and young people now are quite serious, and far more serious than they were [...] If I think back to the start of my career, which is probably about 20-odd years ago, in primary, I don't recall seeing anything like the sorts of things we are seeing now amongst young people

Contributing factors to the increase in prevalence of these issues that were cited included:

- ▶ pressure to achieve academically (and associated restrictions on the scope for children and young people to do subjects other than English, maths and sciences, restricting their ability to do subjects they enjoy!); and
- ▶ the influence of – and pressure from – social media, exacerbated by its accessibility 24 hours a day

Royal College of Psychiatrists

- Noted that while there had been higher levels of self-harm and distress among children and young people in recent years, levels of understanding of the reasons why are poor.
- The Royal College of Paediatrics and Child Health highlighted that a lack of data hampers understanding of prevalence and the nature of the need, and limits services' ability to plan provision in an informed way.
- College representatives recommended the more regular updating of the CAMHS survey results for Great Britain, which has not released new data since 2004. **They warned, however, that the method used to measure prevalence is key. Counting medical diagnosis alone, without taking account of other distress or non-diagnosed conditions, would yield an analysis that only covered the "tip of the iceberg"**

World Health Organization

- Current World Health Organization (WHO) guidelines state that less than two hours per day of recreational screen time should be consumed by children and young people.
- In May 2017, the WHO published a study of 42 European Region countries that showed the guideline is met only by a minority of adolescents. In terms of the percentage of children using a computer for more hours on weekdays, the study **listed Wales as 42 countries for boys and fourth highest for girls:**



Social Media

- The lead author of the report stated that the rise in social media was having an impact on young people:
- "We know that a positive impact of social media is the sense of connection and the sense of interaction. But we also know that it can lead to cyberbullying and impact on mental health."



Commenting on the advent of social media, head teachers' representatives said:

"We're always putting on an act in whatever role we have, children the same as adults, but when they got home [before social media existed] they could switch off. Now, children don't switch off, they've got a device with them virtually all of the time. They're always on show, and we're starting to see that. Problems with social media and bullying through texting are becoming a real issue".

Demographics and mental health

In relation to demographics and mental health, the Cabinet Secretary for Education said:

- "there is a direct correlation between a child experiencing ACEs [adverse childhood experiences], or the likelihood to experience ACEs, and issues around deprivation. We know that deprivation can have a massive impact on a child's mental health and well-being [...] but nobody (including the more affluent) is immune from mental distress and mental ill-health."

Areas of Learning (AoLE)

- Graham Donaldson recommends that one of the four purposes of the curriculum should be that young people become healthy, confident individuals and that one of the six Areas of Learning Experience (AoLE) within the new curriculum should be "health and well-being".

Alignment between the new curriculum and the T4CYP Programme

The Children's Commissioner for Wales expressed significant concerns about what she described as a lack of alignment between the T4CYP Programme and the development of the new curriculum. **Sally Holland highlighted:**

- ▶ the need to "urgently" align these initiatives so that joint working can develop and a collective vision for schools' roles in preventing mental ill health and intervening early can be agreed; and
- ▶ that she found it "baffling" and "frustrating" that the T4CYP Programme and curriculum groups are "not sitting together and planning together, bringing the best of that health expertise and the best of that education expertise [together]"
- ▶ <https://www.childcomwales.org.uk/>

Emotional well-being and mental health in the curriculum

- ▶ Professor Graham Donaldson's review of curriculum and assessment, *Successful Futures*, offered a once-in-a-generation opportunity to integrate emotional intelligence and healthy coping mechanisms into the new national curriculum in Wales.
- ▶ Furthermore, several respondents called for wellbeing to be embedded into all aspects of school life, not simply "bolted on", or covered in Personal and Social Education (PSE) lessons.
- ▶ Some respondents, including the Samaritans, called for emotional health programmes to be a compulsory part of the curriculum. They argued that a preventative approach of this kind would reduce pressure on specialist and primary CAMHS services in Wales.

The T4CYP Programme

- ▶ The T4CYP Programme noted that there was more work to do with colleagues in education. They explained that well-being, resilience and early intervention work streams within the Programme had been merged and, over the next 12 months, a "much clearer route-map" would be needed with education about the expectations of schools (pioneer or not) and where other services, for example, health, could and should provide help and support.

Welsh Government on Curriculum reform and well-being

The Welsh Government stated that:

- ▶ the mental and emotional well-being of learners is being considered across all the Areas of Learning and Experience (AoLEs);
- ▶ the Health and Well-being AoLE working group has considered in depth the role of mental and emotional well-being within the AoLE, working with a range of stakeholders and experts to ensure learners are supported to develop understanding and positive behaviours in this area; and
- ▶ while the new curriculum will be instrumental, developing positive health and well-being in learners is a wider issue, which is highly dependent on a whole-school approach.

The Report

- ▶ Embedding well-being, emotional resilience, and healthy coping mechanisms in the new curriculum is vital. We agree with all those who gave evidence to us that the post-Donaldson reforms are a once-in-a-generation opportunity that cannot be missed.
- ▶ We welcome the work pioneer schools and those leading the Health and Well-being Area of Learning Experience are doing to develop the new curriculum in Wales. However, we share the Children's Commissioner for Wales's concerns that much more needs to be done to make this work as robust and multi-agency as it needs to be. We are particularly concerned to ensure that the practical reality of how we promote and support emotional and mental health on the ground is not lost in the large scale, high-level curriculum discussions currently underway.
