HOUSE OF COMMONS

Education Committee

Oral evidence: The impact of Covid-19 on education and children's services, HC 254

Tuesday 16 March 2021

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Watch the meeting

Members present: Robert Halfon (Chair); Fleur Anderson; Apsana Begum; Jonathan Gullis; Tom Hunt; Dr Caroline Johnson; Kim Johnson; David Johnston; Ian Mearns; David Simmonds; Christian Wakeford.

Questions 1350 - 1404

I: Dr Alex George, Youth Mental Health Ambassador, Department for Education; Dr Bernadka Dubicka, Chair of the Child and Adolescent Faculty, Royal College of Psychiatrists; Emma Thomas, Chief Executive, YoungMinds; and Catherine Roche, Chief Executive, Place2Be.

Written evidence from witnesses:

Examination of witnesses

Witnesses: Dr Alex George, Dr Bernadka Dubicka, Emma Thomas and Catherine Roche.

Q1350 **Chair:** Good morning, everyone. Welcome to our session of the Education Committee on children and mental health. For the benefit of the tape and those watching on Parliament TV, could I ask you to introduce yourselves and your title, please? I will start with you, Emma, please.

Emma Thomas: Good morning. Emma Thomas, chief executive of the YoungMinds charity for young people's mental health.

Catherine Roche: Good morning, everyone. I am Catherine Roche, chief executive of Place2Be, which provides school-based mental health support.

Dr George: I am Alex George. I am the youth mental health ambassador and I am an A&E doctor.

Dr Dubicka: Good morning. I am Dr Bernadka Dubicka. I am chair of the child and adolescent faculty at the Royal College of Psychiatrists.

Q1351 **Chair:** Thank you very much. I am going to start off. The NHS's digital Mental Health Survey for Children and Young People in 2020 found that the rates of probable mental disorders have increased from one in nine in 2017 to one in six in 2020. Kooth, a digital mental health service for children and young people, again commissioned by the NHS, in a report based on data from 75,000 users aged 11 to 25 years shows as of June last year an increase of 161% in sleep issues, loneliness up 63%, self-harm up by 27%, compared to 2019. What assessment have you made of the impact of the lockdowns on children and young people's mental health and wellbeing?

Can I also ask Alex: what is your remit? Is it to produce a report with serious recommendations, including funding, or is it a rolling brief to advise the Prime Minister and Department for Education as you go along? Given that I have addressed that bit to you, I will go to you first, Alex.

Dr George: Thank you, everyone, for inviting me to speak today and thank you, Chair, for the question.

My name is Alex George. In my role, I have been appointed by the Prime Minister to be a voice for young people about the issues they are facing at the moment and to work alongside many of the experts, some of which are on the call today, to make sure that we are doing everything we can to support young people throughout not just this time in the pandemic and the transition back to school but also in the ongoing months and years. I think that most of us would agree that there is a need for better education around mental health in schools and supports not only within the schools but also in secondary services.

My role is to work in unison with other experts, beat the drum for mental health, and signpost as well. There is still a huge amount of stigma around mental health. It still very much exists. A survey by Anna Freud found that nearly half of young people did not feel that they would speak and talk about their mental health if they are struggling. A lot of that comes down to stigma, so by using my platform, my social media, my following, I hope that I can help to break down and destigmatise mental health, make it more normal for young people to speak about it and, yes, of course, work on policy as well. I have worked quite hard on the mental health support team funding of £79 million, which was announced just a week or so ago. Across those different roles is where I want to work.

I echo the statistics you spoke about there. The Children and Young People's Mental Health Coalition modelling forecasts around 1.5 million children and young people could need new or enhanced mental health support as a result of the pandemic, to put that in bigger numbers. It is quite stark, I think, so I am glad that we are all here today to speak for what we can do moving forward.

Chair: Thank you. I will come to you, Catherine, next, please.

Catherine Roche: I speak from the experience of Place2Be of over 25 years of working embedded within school communities. I would echo that we are seeing an increase in the level of need on the ground, but I would emphasise that that need was there beforehand. We needed to put a focus on mental health in schools before the pandemic; it has just exacerbated and shone more of a spotlight on the need that is there.

In our experience, after we returned from the first lockdown, so the return to school in September time, certainly we were hearing more of the severe issues in the secondary schools from children and young people, which is concerning. Those national stats were playing out in the practice on the ground.

Picking up on Alex's point, it is possible that when you are embedded in schools and bring that whole-school approach that I am sure we will come on to talk about, you can address these issues early on and children and young people will access the support in that kind of environment.

Chair: Thank you. We have loads to get through and there is so much to say, so I ask all the witnesses to be as concise as you can. I mean that really gently because we could probably be here for two days discussing this.

Emma Thomas: What we have seen at YoungMinds is two key groups. There are those with existing mental health needs where our research has shown around 50% of those have lost the support they might have relied upon. A large majority of those are really worried about the ongoing, long-term impact on them.

What we then also see is a second cohort, where you have a natural response of anxiety and distress to what many of us have been seeing. I suppose the real challenge is how we mitigate the risks of those young people developing more of a life-lasting impact in terms of developing mental health conditions. It is very important to see the two levels of need and how we are supporting those with existing mental health conditions and preventing escalation of need among the other group.

Chair: Thank you. Bernadka, you have been very vocal in the media over the last few months on this. It would be very helpful to get your perspective.

Dr Dubicka: As you know, my main concern was that we had a crisis in child mental health prior to the pandemic and obviously now we have a further crisis on top of the crisis. The figures you mentioned from the prevalence survey is the best data we do have but, of course, it only goes back to July and we have had another lockdown since then.

One of the things that we have been calling for is for the Government to commit to regular prevalence surveys so we can map out exactly what is happening to our children and young people, not only in terms of disorders. I am often asked why this is happening and what the factors are that are driving these problems. I often have to say I don't know and I have to speculate because we do not have the data. We do need to have much better data and now is as good a time as any to be calling for that.

In terms of what we are seeing on the ground, in November NHS Benchmarking reported the greatest ever demand for child and adolescent mental health services. That is specialist services. That was up 20% on the year before, so there is a huge demand. We have an increase in prevalence and on top of that we were struggling to recruit staff prior to the pandemic. We know that one in eight child psychiatry posts were vacant. A few years ago in 2017 the ambition in Stepping Forward was to increase posts by 100. They have actually reduced by 24, I think, rather than increased. The same goes for nursing staff, therapists and other professionals.

In order to meet this demand, it is important to work as part of the system, and the school system is such an important part of that. If we are going to reduce stigma further, we have to increase the access to help.

Q1352 **Chair:** Thank you. For future answers, I might just point to one of you, unless some of you would like to put your hand up so I can see you on the screen.

From the NHS 2017 survey we know that children in the lowest income quintile were twice as likely to be diagnosed with an emotional disorder compared to children in the highest quintile. How much does disadvantage have a role in the prevalence of mental health issues?

Secondly, you will be aware that we are doing a separate inquiry into the disadvantages faced by disadvantaged white working-class boys and girls in education. It was interesting to see from the survey that the group with the highest rate of mental health conditions was white British, 15%, compared to 6% among black British children and 5% among Asian British children. Why do you think that the rate of disorders varies between different ethnic groups in this way? Bernadka, do you want to answer that?

Dr Dubicka: That is a really difficult question for me to answer and it is something that I am looking at with quite a few of my colleagues at the moment.

On your first point, we know that poverty is a huge driver of mental health problems, probably the biggest driver, and, of course, during this pandemic more and more families are going to be falling into poverty. We also know that poverty affects not only children but parents, so if parents are struggling with their mental health issues due to stress and worry, that will further impact on children and young people.

My colleagues in Wales did a very good academic study a couple of years ago showing the impact of the austerity years on children from the poorest backgrounds. They found that those from wealthier backgrounds were not affected in terms of mental health problems but for those who came from disadvantaged backgrounds, their mental health problems increased significantly. Poverty is a huge driver.

Q1353 **Chair:** Why is it that white British seem to be the highest in proportion, 15%?

Dr Dubicka: I have discussed that finding with colleagues from the study and that has been difficult to explain, that discrepancy in the group. I am afraid I cannot really answer that but it is an important question.

Chair: Emma, you wanted to answer.

Emma Thomas: Linked to that, to Bernadka's point about data, there are some data quality issues with regard to the prevalence in terms of the methodology reaching diverse young people. We have to use it as a good, robust indication but know that the way that we undertake our prevalence needs to be developed in order to make sure that we are accurately reflecting those black and young people of minority ethnic groups.

The other factor that we very clearly know is the link to employment. Young people have been disproportionately affected in terms of loss of opportunities for work during the pandemic. Linked to that are particularly young people of colour, who will also have been affected heavily by the loss of jobs. There is direct evidence between employment, financial security and mental health as well.

Q1354 **Chair:** Would that apply to the 15% of white British with mental health

conditions?

Emma Thomas: I think that it could be one of the factors, yes.

Q1355 **Chair:** Alex, could you hold for a second because I am going to come to you now with another question, if you could answer both? There has been a lot of talk about assessing children for their loss of learning as they go back to school. The Government have hired these consultancies, MORI, Renaissance, EPI and others, to do this work. Personally, I think that it should be much more widespread. What should be done to assess children's mental health as they return to school, given what has just been highlighted and the huge increase and the problems that all of you have set out? Isn't a proper assessment of children's mental health essential before you can decide what the cure is, in essence, to inform any government strategy to address this mental health crisis?

Dr George: First of all, on the point of prevalence, we need more data, don't we, but it is very interesting to see from the recent data from Centre for Mental Health that it is now the most deprived 20% of households that are four times as likely to have serious mental health difficulties by the age of 11 compared to those from the wealthiest 20%. I wanted to echo the feeling that Covid has particularly hit people in a disproportionate way, and however we move forward, we have to consider socioeconomic factors in how we provide services and make sure that the poorest communities are a real focus. I think that is reflected in this data and also what I hear first-hand visiting some schools.

Moving forward and assessing mental health in schools, again it is back to the previous point: we need more data and we need more research and evidence and facts to find out the reasons and causality. There are a lot of question marks over what the impacts are. I have been visiting a lot of schools and from speaking to children and getting anecdotal voices from them, obviously everyone is very different so each child responds very differently to the lockdowns and the return to school. Some children are very excited to get back; others are very anxious. One child I spoke to yesterday was very anxious about getting back. Once they settled back in the classroom and they had a bit of support, they had settled back into their social groups, they found that they settled in well. We just need to have definitely a lot more data and evidence about what is going on on the ground.

Q1356 **Chair:** You are saying there should be some kind of formal assessment of the impact on mental health of children going on across the board somehow? Is that what you are suggesting?

Dr George: I believe so. I would love to hear what the others think, but I believe so.

Chair: Can I go to Emma, please?

Emma Thomas: We have to be careful that we are not pathologising in terms of young people's experiences. As Alex has highlighted, young

people will respond very differently in terms of their experiences that they have been through.

It is partly about making sure that we have clear pathways, where those who are identified whether by the GP or the school are referred on for appropriate support, but that we are creating that environment where a young person can talk, recognising that behavioural issues are almost certainly going to be linked to their mental health. At that stage of returning to school, it is recognising what young people have been through and creating that environment where mental health and wellbeing is as important, enabling young people to talk about it and then get the right support. The referral and the assessment feels very appropriate if someone needs that level towards CAMHS, but a wellbeing-informed approach at this time feels really critical.

Catherine Roche: There isn't one single measure. It is around wellbeing rather than an assessment of mental ill health. Longer term, there is scope to have a common measure for wellbeing within schools, which can then help to point to where further targeted support is needed.

Dr Dubicka: I have two points. First, if you are going to screen children, you have to have a plan as to the help you are going to offer when you pick up the children with difficulties. Otherwise it is not ethical to do.

Secondly, we know that there is a whole host of children who are entitled to SEN provision who have not been getting that support on return to school; in particular, for example, children with autism. I see that on a daily basis in my clinic. They have thrived during lockdown and have struggled about returning to school because they do not have the right support in place. There is already a whole cohort of children who we know are struggling, who are entitled to that help and have not been receiving it.

Q1357 **Chair:** I have a couple more questions before I pass to my colleagues. Alex, could I again focus this on you? On the Green Paper on mental health, which we are going to return to later, I want to know whether you think it is ambitious enough. Given what has occurred, could we not have a trained mental health or wellbeing counsellor in every school across the country? I have done some back-of-the-envelope calculations. A counsellor in every primary and secondary school would be about £729 million. A shared counsellor for every other primary and secondary school would be £370 million. If primary schools shared counsellors in clusters of three and every secondary school had one counsellor, it would cost about £332 million. Do you think that this would be money well spent that would have a huge cost benefit or are there better ways to spend between £300 million and nearly £800 million?

Dr George: First of all, I don't think a counsellor in every school would be the absolute answer to this. It is the whole-school approach that ultimately will get us there. Potentially, having a counsellor is part of that and I know that a lot of people are calling for that.

If you go back to the Green Paper, one of the things it looked at was having a mental health lead in every school. I think that about two-thirds of schools have that now. I think that one of the things we should do is have a clearly defined date for when we are going to have a mental health lead in every school. When you look at the mental health support teams, you need that mental health lead to be that centre point of the rest of the team. In the £79 million that was agreed—and I was glad to see that being agreed—we are increasing the rollout of mental health support teams from 25% in 2023 to 35%-ish. Alongside increasing that rollout, we need to make sure we have the actual leads in the schools because they can play a pivotal role in creating that whole-school approach.

In terms of the counselling, very quickly, I do think that there would be a clear benefit from that. A lot of people have called for that, but I do not think that that should be the primary objective. I would love to hear what the others think, but they would be my thoughts.

Q1358 **Chair:** Bernadka, do you have a view on whether there should be mental health counsellors across all schools?

Dr Dubicka: I completely echo what Alex has said. There should be mental health support teams with a mental health lead, with mental health training for teachers throughout their curriculum, as part of a whole system of what is essential, as Catherine said.

Q1359 **Chair:** What does a mental health lead mean? Is it just a trained teacher who understands that the pupil needs to be referred or is it a trained mental health professional?

Dr Dubicka: I am going to let Catherine speak a bit more about that, but I think that it is a bit of all those things, somebody who will promote the issue of mental health within schools, ensure that teachers get the training they require, and ensure there is good liaison between specialist teams and schools.

I have one more point about the money spent. We know that if you invest in a whole-school approach to bullying, studies have shown that it can have an effect 40 years on into middle age. From an economic point of view, it makes a lot of sense and that has been proven in academic studies.

Chair: Thank you. Catherine, you wanted to come in briefly.

Catherine Roche: Again, it is the whole system and a designated mental health lead. We need an education professional who leads from within the school to make the best use of the resources within the mental health support team. I would highlight that it is not just counselling, there are wider, evidence-based interventions that are needed and can best address some of the issues that children and young people see.

Q1360 **Chair:** You previously offered level 4 and level 5 child counselling training

courses. Am I right in saying that these have been withdrawn for this academic year? If that is the case, why is that?

Catherine Roche: All of that training was voluntary income funded to start with. There is the potential for an organisation such as ours to significantly contribute to the workforce, but it needs additional investment and training and looking at who can be commissioned or who is available to train mental health professionals.

Q1361 **Chair:** My final question now before I pass to colleagues is: shouldn't there be a multipronged approach to support children and young people's mental health that does not just involve the schools and the official bodies but civil society organisations like Place2Be, YoungMinds, Children's Centres and others? Do you think that civil society has the capacity to station support in every school, primary and secondary, and if so, how much would it cost? What could be done to stabilise, in essence, the home environment to help to address the unfurling mental health crisis in young people? How important are early intervention and family hubs? Bernadka, I saw you nodding first.

Dr Dubicka: The blueprint is already there; it is in the NHS 10-year long-term plan. The long-term plan has an ambition that we should meet the mental health needs of all children aged 0 to 25 within the next 10 years and that should be done in that kind of systemic way. The long-term plan advocates the so-called iThrive framework, which is basically another word describing what you are saying, that mental health should be everybody's responsibility in the community and we should all be working in a joined-up way.

However, that first question you had, how much is it going to cost and how much should be done, that is something we are waiting for. I am really keen to see the Government costing-up of that, particularly in terms of what the workforce would look like and how all these different systems will integrate together. Those early years are absolutely crucial and essential in terms of long-term prevention investment.

Emma Thomas: It links back to the school when we are thinking about the whole-school approach. To the second part of your question, it is how schools also engage with parents. They are a really important part of that ecosystem. When we are thinking about that whole-school approach, the role of the designated lead, the connection to mental health support teams, it is important that we are not seeing teachers as professionals, nor expecting parents to be, but creating that ecosystem of support for all of them.

I absolutely agree from all of our evidence that we have to now look to that early intervention and think about that community support. There are two fundamental parts of that. At the moment, we know that our youth sector is being affected in terms of loss of income and closure. Anna Freud's survey has shown this morning that around 50% of young people do not want to look for support in their schools. We know for

those older age groups, particularly young women where they are vulnerable, the 16 to 17-plus, the role of community is critical.

We, along with the Children's Society, Youth Access and the coalition, would advocate reflecting what we see in Australia with the Headspace model—youth-centric, community-based hubs that can draw on the expertise and the trusted adult connection of their youth sector. That as well is about how we start to create community-based support and see it as the role of our communities to support and the role of voluntary sectors. They cannot do that without funding, and we know that obviously Covid has affected those, too.

Catherine Roche: I would echo the piece about parents and the connection with parental engagement, especially for early intervention. Conduct disorders, children who present with challenging behaviour, account for some of the most common mental health problems in children, which when they go on in life become very costly. Evidence-based parenting programmes and parenting skills is shown to be an effective way of addressing those, so focus on parents is really important.

Dr George: Not to repeat everything that everyone said, I agree with everything that has been said, but it highlights again when we talk about the role of the mental health leads. They can be that central point within the schools connecting with the parents and other services as well, bringing them all together.

Chair: I am going to bring in Tom Hunt. Fleur, given that youth services has been mentioned, I do not know if you would like to come in briefly before Ian, if Ian could just wait a little longer.

Q1362 **Tom Hunt:** I have a couple of points. It is very fair and understandable that we are looking at some patterns here of perhaps those from a certain socioeconomic background being more likely to have suffered in terms of their mental health. It is just a note of caution about making assumptions because I think each individual child's experience of the last year has been different and unique. Sometimes the actual circumstances of what they have been through may be different from what we expect. Yes, it may be the case that if you come from a deprived background there is more likelihood you could have suffered particularly badly but not necessarily. We do not always know what the full circumstances are. Yes, inevitably, some patterns are going to be drawn and it is good that there is a focus on socioeconomic background, but we cannot lose those who perhaps do come from a more prosperous background but for whatever reason have really struggled and cannot get out of bed in the morning. There are a lot of those parents who I have spoken to.

My second point is about the language we use. We do know when we look at things like learning loss and so on there is a big challenge in front of young people, teachers and parents to try to overcome some of that. When I read the media and I see words like "lost generation" and all of this sort of stuff, we are dealing with young people who are potentially

deeply anxious anyway and I think that we need to be very sensitive and careful. To what extent do you think that is important and how do you think we can overcome that challenge?

Dr George: Can I particularly echo the last point you made there around the phrases and using words like "lost generation" and "catch-up"? I think that these are hugely potentially damaging to young people. They do listen. They see the media. They see social media. I just wonder where that leaves young people feeling like, "If I do not catch up, what am I?" I have had that echoed in messages across social media to myself, a lot of concern from young people saying, "Am I part of this lost generation? What does that mean for our future?" I think that we need to be very careful and it is something I have echoed to No. 10 around some of the things that have gone out, that we must steer away from that language. I hope that is agreed with by the others as well.

Chair: I think that is a lesson for all of us, and me particularly, on the Committee because we have all been using these words all the time. I think that Tom's point about language is very important. Some parents have mentioned that to me as well.

Q1363 **Fleur Anderson:** Following on from what you were saying, Emma, which I absolutely agree with, about the cuts to youth services being part of the issue here, there is an estimated 70% cut to youth services over the last decade. Could you say a bit more about where the links should be, the links between schools and youth services, what we are missing out on here and what we should be calling for that would enable the mental health services to be provided with maybe a more joined-up service or certainly more youth services?

Emma Thomas: I think that there is a lot of evidence around the closure of youth services and how that has affected marginalised and particular age groups of young people, where they have not had school support.

We have been doing some research that looks at Australia and Canada and those early intervention models. Youth Access and the YIACS model—so the Youth Information, Advice and Counselling Services—is a proven model that is based in the community using youth services, which has been able to demonstrate that they reach a more diverse group and they have the same outcomes as CAMHS. It is looking at the role within our community of those organisations within the communities that are reaching those, tailoring their approach to different community needs and are trusted in order to provide that support. The work that we have done with Youth Access and Children's Society has costed that. I am very happy to send those details afterwards about what that model would look like.

When the long-term plan was announced, some of the work that we did was around those mental health support teams to be also playing a co-ordination role within the community so that you join these up. I think that is it. There is a young person who might be getting support in

school, who might not be, who might also be engaged with a youth worker who can provide a role. It is how we join that up around a young person, not forcing them to work out where they go for support, creating that rising tide of capability around them within the youth access that they can have and within their schools.

Q1364 **Ian Mearns:** Evidence shows there is a postcode lottery for children and young people's mental health provision, with significant regional variations in quality of provision, expenditure, waiting times, referral rates, and methods of managing waiting lists; for example, removing young people from mental health waiting lists if they miss appointments. What should the Government do to improve things to ensure a consistently better quality of services across the country?

Alex, I was impressed by something that you said when the discussion went on about needing more data. Is enough being done to collect and collate data on this issue? How can we collect information to properly understand the scale of the problems when it is clear we currently do not have the capacity to provide appropriate solutions for every child exhibiting mental health problems?

Chair: Alex, do you want to go first and then I will bring in one other?

Dr George: The important point is that we do need to listen to young people. If you look at a lot of the studies and evidence, and I have looked at a lot of research over the years, a lot of the time we are not actually getting that information directly from young people in modelling. It is very helpful to get things like the surveys that Anna Freud has done to try to find out more information directly from them.

Again, I am very much of the belief that we need to have a considered approach about provision, to think about what areas are hit hardest. I appreciate the point made that just because someone is wealthy does not mean they do not suffer from mental health conditions. That is obviously not the case but an important point. We do need to think about and make sure that we are targeting the right locations, I guess, that are suffering the most.

Emma Thomas: What we do know is that the mental health service dataset for children and young people has only just recently been improving. We still have some real issues around certain areas in terms of their data flow, but that has got significantly better in the last year.

To your question, there is no doubt that what we see is huge variation in spend and that is directly equated then to the support for young people. The Children's Commissioner's report in January of this year showed that the average spend in CCGs was 1% on young people's mental health, which was 14 times less than that on adults, and those areas where they were spending above were improving their services. It feels really important to remember that for many years children and young people's support has been underfunded, and it was only up until the long-term plan receiving 1% of the total mental health spend.

As Bernadka said, we had a Covid crisis before the pandemic in terms of only a third of young people who needed mental health diagnosis support getting it, and the prevalence has already gone up. I suppose it is improving the flow of data, but also making sure that we continue to emphasise that while early intervention is important, the role to invest in the NHS to be able to continue and increase those services is key.

Dr Dubicka: I have two points to make. I want to caution about surveys. There have been lots of surveys during Covid. We know that most of them will not represent the population. The only way of making sure we get decent data is to replicate the Government national prevalence survey, which makes sure that it samples every part of the population. That is the data that we need to make sure that we invest in for the future.

Secondly, in terms of what we do, the CQC did an excellent, really thorough review, including listening to many children and young people, back in 2018. There is a whole host of recommendations that it made, so I suggest that the starting point should be looking at those.

Q1365 **Kim Johnson:** Good morning, panel. My question is about young people and pre-pandemic trends. You have all agreed that before the pandemic there was a correlation between poverty, inequalities and discrimination and poor mental health among children, with a disproportionate impact on young black people, who are overrepresented in mental health services. The pandemic has exacerbated this. Should there be an emphasis on recruiting more black practitioners in mental health, including nurses, and do you believe there should be greater parity of funding with physical health? Could I start with Emma, please?

Emma Thomas: I totally agree. What we have seen with the mental health equalities taskforce is now a real emphasis on ensuring that we have the data quality about different groups and the support that they are receiving. We absolutely need to be making sure that we are tailoring support and we are adapting services to where we know at the moment there are real inequalities of access, outcome and experiences, particularly for those from black and ethnic minority groups, from the point of view of the NHS, really targeting activity to make that systematic change.

To your point around funding, particularly for those local community organisations that are smaller and dependent on their funding in order to help their local communities, it is absolutely critical. I agree that we need to be making sure that we are making changes that are tailoring towards different group needs.

Catherine Roche: I would pick up on two points. First, when embedded within the school and normalised without stigma, we know that children from all ethnicities and particularly black British children will access mental health support. We can see that in our referrals coming through. When the stigma is taken away, they will access the support that is

there. It is more challenging with Asian and Asian British, and I think that there are some cultural issues to pick up on there. Black British we know will access.

On the point about the diversity across the mental health workforce, absolutely we need to address that. We need more routes into the mental health workforce. Within the counselling profession, 90% of our workforce is white British and we need to find different routes. We also need to look at the cultural competence in training standards in counselling so that they are culturally sensitive to different communities. We have brought together a coalition of training providers to start to look at those training standards.

One of the other areas we have identified is that there is not an apprenticeship for counselling training, and I think that that could be a good route to broaden the diversity and the entry points into the workforce.

Kim Johnson: Thanks, Catherine. You raised a really important point.

Dr Dubicka: What we do know is that black children are overrepresented in inpatient services rather than CAMHS. The proportion in CAMHS tends to be the same as the population, but it is more in inpatient services and secure services. That is where the missing gap is and we need to find out why that is and why so many black young people are falling into crisis and not getting the help they need. They often end up in the juvenile justice system, for example.

I echo the points about diversity across the NHS and the education workforce, and not only in terms of ethnicity. There has been a lot of discussion around accent, for example, and regional representativeness. For example, a lot of psychologists tend to be white from middle-class backgrounds and female. We need to look at all sorts of diversity across the whole workforce.

Q1366 **Kim Johnson:** Thanks, Bernadka. You have again raised some important points about data collection and the importance of that going forward. Alex, did you have anything that you wanted to add to that?

Dr George: I echo everything and in particular the talk about diversity. Mental health problems can affect anyone in the population and we should reflect that among the workforce, so I echo that hugely.

Q1367 **Chair:** Just before I go over to David Simmonds, I know that we talked about the different reasons for children with mental health issues. Looking at the NHS digital table, looking at 2017 to 2020, why is it that for girls aged 11 to 16 it has gone up from 13.9% to 20% and for boys 11 to 16 it has gone up to 15%? Why is it so much higher? Why are 11 to 16 year-old girls having significant mental health difficulties?

Dr Dubicka: That has been a typical pattern we have seen over the years. With younger children, it is the boys who tend to present more

often with behavioural issues, and then as young people go into their teenage years there are a whole host of difficulties that present in adolescence in girls. For example, depression we know is much more common in girls and has always been, eating disorders and, unfortunately, self-harm. One of the biggest rises we have seen is self-harm. It is massive.

Chair: There is a massive 7% rise since 2017 among girls 11 to 16. That is a huge amount.

Dr Dubicka: Yes, we see that rise in self-harm in the data and we see it on the ground. I have personally seen it on the ground over the past five or six years. I worked in an inpatient unit up until fairly recently. When I started working there, there was a relatively limited number of self-harm. By the time I had finished, more than half the unit had young people who were self-harming and all predominantly girls, all with increasingly severe forms of self-harm.

On the question about why, that relates back to the point I made earlier. We need better data to understand this. There has been some speculation around this, but the data is limited. For example, there has been lots of speculation about social media, and there has been a big, important study from Bristol published quite recently showing that young people, particularly girls who had low self-esteem aged around 13 or 14, were much more likely to get depressed five years down the line. Of course, we know that girls in that age group are particularly concerned about their body image and affected by that and what they see on social media. Again, all that kind of research is still in its infancy.

Q1368 **Chair:** Alex, Bernadka is saying that one of the key messages, it seems, is that there is a lot more data that needs to be done on all these problems before you can come out with your solutions to the Government. Is that correct?

Dr George: Yes, I think that is very fair. There are a lot of strands of thought and one of the things that I am concerned about, being someone who spends a lot of time on social media and is very much in that world with the work that I do, is how social media plays into all of this, particularly around self-harm and body image. There have been concerns about the presence of almost sensationalising videos and things online of self-harm, making it appear good or whatever, or trends online that I am quite worried about. One of the things I would like to do is work with some of the major platforms on how we can promote good use of social media and work against bullying, because bullying is a big thing online.

Chair: We are going to come on to social media later on, but thank you. Emma, just hold your thought because I want to bring in David Simmonds now, and then I will bring you in first to answer.

Q1369 **David Simmonds:** The publication *The Lancet* had some data that is concerning. It shows a large proportion of both children at school and

young people at work or in college at risk of mental health issues. It said that they did not have an adult either at home or in school who they could turn to for help, which raises the question of how we will identify the people who may need support. I am aware that a number of local authorities, including in my area, operate online counselling systems, which are easy to access and, therefore, can give an indication. Do you have a view about how we avoid missing out young people who may have faced and be facing serious difficulties but where they simply have not been able to or have chosen not to engage with the system because they have not had a trusted adult who they could turn to?

Emma Thomas: It is a really important point. We also know, very sadly, that a quarter of those who have gone on to take their own lives have had no contact with any services. The UCL data that came out up to 2019 shows that 25% of 17 to 19 year-olds are self-harming and 7% of those have at some point thought to take their own life.

Those are a key group and there are a number of ways we have to consider that. Stigma is a key one, in order that you do not allow young people to feel they have to hide this. That is partly about society, that is partly about the whole schools. We have to be aware of the appropriate role of peers to support young people. Importantly, it is the emphasis again on early intervention support. We traditionally have an approach, which is treatment. Young people at the moment are hearing that they are not ill enough to get support. If they continue to manifest that, then that is that whole circle of stigma. It is creating a whole approach into early intervention that goes into schools but also into that community and the role of local community youth-centric hubs where young people can often go into. There are great models in London and Birmingham where they might present with an issue about debt or unemployment, which leads into a conversation about mental health. It is how you allow someone to start a conversation that is right for them, which can then lead them to get the right pathway of support.

Chair: Thank you. David, do you want to come back before I bring in Catherine?

David Simmonds: That is helpful, Chair. It would be interesting to hear from the other witnesses as well.

Catherine Roche: I completely echo what Emma says. If we think about a whole-school approach, it is creating a culture where there is no stigma for children to be able to ask for support. Earlier on we said we must be careful not to pathologise everything. Having an environment where wellbeing is promoted is crucial.

Within Place2Be schools, around a third of children on average will access the lunchtime self-referral drop-in service. They themselves will come forward and share if they have a worry or concern. From there, you can identify if that child needs additional, more in-depth support and get that in place.

In our return, class teachers particularly in primary schools who see children day in and day out are so well placed to be able to recognise any changes in behaviour and to be open to listening to children. We have had over 40,000 class teachers since September who have accessed our online mental health champions programme. It is an online programme. It is helping them feel more equipped and confident in recognising children where there might be some concern and then being able to connect them in with somebody who they can pick that up with.

Dr George: Stigma I think plays a huge role. I don't say this to bring emotion into it, but my brother took his life six months or so ago. He never spoke to anyone or reached out or told anyone that he was struggling, so I have personal testimony to the fact that stigma still exists and I am someone who for a long time has been talking about mental health, working with the Samaritans and stuff like that. I feel that stigma is a big part of it and dealing with issues early on so not everything is pathologised, I agree 100%, but if a child is worried for whatever reason or has concerns, they can feel comfortable that they can talk about it before it builds up into a massive problem, as in my brother's situation, where they feel they have no way out and they do not feel they can ask for help.

Chair: On behalf of the Committee, I give you our best wishes and condolences if you do not mind, Dr Alex.

Dr George: Thank you.

Chair: David, have you finished all your questions?

David Simmonds: Yes, thank you, I think that was pretty comprehensive.

Chair: Bernadka, could you just hold because of time, and then I will bring you in? Before Ian, I want to bring in Jonathan Gullis, Caroline, and then Apsana, please. Bernadka, can you hold your previous thought?

Q1370 **Jonathan Gullis:** I wanted to get our witnesses' views on how we could help fund CAMHS, which as we know is really important. When I was a head of year, I had the experience of students having to wait up to six months to be able to get an appointment. The soft drinks industry levy came in, I believe, if I read the Treasury figures correctly, at £336 million. I know that we use some of that for sport, but in this immediate crisis do we think that that money should be diverted into CAMHS?

Dr George: I would hugely welcome support for CAMHS services and I think that we should look at further funding. Part of that announcement the other week of £79 million does go into CAMHS services. What I would like to see is a multiyear funding agreement for that because that £79 million is a good starting point but we need to see that year on year to roll out the support teams and also for CAMHS. Yes, I would welcome further funding towards CAMHS services. It does an amazing job and it is hugely overstretched.

Dr Dubicka: I can't say no, obviously. Of course, it has to be across the whole system as well from the early years up until specialist CAMHS.

The funding has to be accompanied by a robust workforce plan. We just have not planned for the workforce and it is an absolutely critical time point now. One in eight child psychiatrist posts is empty. In a recent survey, almost half of inpatient units were struggling to find staff. On a daily basis, my managers are sending out adverts for specialist nursing posts and virtually nobody applies. That is the same across every single specialist CAMHS team across the country and every single inpatient unit.

The trouble is that it takes a long time to train specialist staff, so we have to get this plan in place as soon as possible. It is relatively easy to get, for example, psychology graduates and there are loads of opportunities now for young people to go into these posts within mental health support teams and train up but, of course, you need specialist workers and specialist staff who are experienced and who are going to train all these very junior staff, then supervise them, and then provide the additional support necessary for complex cases. We cannot have a specialist CAMHS system dependent on very inexperienced people.

Catherine Roche: I would worry about just putting on a sticking plaster of going directly to CAMHS. I think it is the early intervention, and I would be greatly concerned to take funding from sport, from that physical activity, particularly after this period when for children that engagement, connection with their peers, being part of a team, is so important for promoting positive mental health and then in turn preventing that ongoing spiral down and need for specialists.

Chair: We are going to come on to this later on, but the argument in favour of longer school days, not putting the burden on teachers but bringing in sports and Place2Be and Mind and other organisations, is it has a massively positive impact both on mental health but also educational attainment if you do it in that way. I am going to bring in Dr Caroline Johnson now, please.

Q1371 **Dr Caroline Johnson:** I have two small questions. I agree with the witnesses who said we should not pathologise the normal reaction to these abnormal circumstances, but I am interested in knowing how we encourage youngsters to help manage the feelings that they have in response to the pandemic without feeling that those natural responses are a sign that they are unwell and, in particular, how we encourage them to talk to their parents.

The second part of my question is that as a doctor on the children's wards, I have seen more patients than ever before on mental health sections or admitted with self-harm. We understand them as usually or very often being a different group of children to those children who commit suicide. How do we identify those children who are likely to commit suicide, who often do not say anything in advance, and how do we target support towards those who do commit self-harm, too?

Dr Dubicka: That is a hugely difficult question. I am afraid our risk predictions are not great. There are a whole host of factors that we know contribute to young people feeling that distress and feeling that hopelessness. I think that it is very relevant to say today that the biggest driver in our national suicide survey of young people who tragically took their own lives was that education factors, particularly in girls, were a driving force. We have seen that in numerous other reports as well. Also, with the Covid surveys, there was a recent survey in Oxford that again showed fear of failure, failure within education, and worries about exams seems to be a huge driving factor.

This is a massive opportunity to review how we are doing education in this country. I completely agree with Catherine; it is a Hobson's choice, really, isn't it, as to what you put that money into? Wellbeing is so dependent on all these other activities, the physical health activities, the creative activities, and wellbeing in schools is absolutely vital. It is not a perfect science in terms of prediction, but we do know there are various factors that can drive it and certainly fears of failure in education and academic pressure is a major one.

Emma Thomas: I think that your two questions are linked and a lot of this comes down to stigma and how we normalise the fact that we all have mental health. The optimist in me sees green shoots from the pandemic around every meeting all of us talking about our mental health and recognising the pressures that young people are facing.

For us at YoungMinds, along with so many others, a key focus has been to make sure that we are all talking about it, that it is good to talk, encouraging parents in the techniques and ways that they can engage to talk appropriately to their children. A large focus for many of us over this year has been to that outreach to make sure that young people, whether through social channels, with partners like ITV and others and our own work, are hearing messages, with people like Dr Alex being important with their reach to get people to talk openly and know that it is fine to talk and to then be signposted where to get that early support.

It is first the stigma, to help people to know that it is all right to not feel all right and that is totally normal, and then also to make sure they then know where there is good provision, be that within the voluntary sector or provision such as the crisis 24 numbers with the NHS. That feels a really important part so no one is ever left feeling alone and isolated and thinking that there is no one who cares about them.

Chair: Thank you. Apsana had a question.

Q1372 **Apsana Begum:** I had a question that was just about online counselling. I know a lot has been said already about that, but I just wanted to know how much and how it should maybe be commissioned in a way that does address mental health disorders among children and young people. Specifically, the Office of the Children's Commissioner talked about how it may be better to ensure that the digital counselling is available and

accessible at home but that it is provided through schools. That would be cheaper but most effective in getting that service out. I wondered what your thoughts were about that as a way of delivering that sort of service.

Catherine Roche: Kooth provides online counselling and is commissioned by the vast majority of clinical commissioning groups around the country. Young people being aware that that is there, schools being aware that that is there, this is the bit about connecting up the system so that they can access that support should they need it. Some young people want to access it. We know from a survey that we did just pre-pandemic that some young people want to access the support and will look to somebody in a school as a trusted person, and some preferred to do that out of hours or might prefer to do that online. There is not one single solution, I think.

Q1373 **Apsana Begum:** Do you think that Kooth is an effective method or tool in terms of digital counselling? Do you think that digital counselling itself is effective?

Catherine Roche: This is an area where we are learning more in terms of the evidence base, but certainly young people do access Kooth support and from a wide range of ethnicities. There is a higher proportion again of non-white children who access the service.

Chair: Thank you. Alex wanted to say something.

Dr George: Just very briefly, in addition to the good points that Catherine made there, I think that a lot of it comes down to signposting as well. There are some amazing resources out there available but people often do not know about it. I am relatively new to this world and I am learning very much myself. There are amazing resources available to children but a lot of them do not know about it.

Take the example of Shout, which is the text service for young people who maybe do not feel comfortable about picking up the phone or speaking with a teacher. It is a great way to communicate with someone who can guide you about the next steps, but it only helps if children know about it. That is why I am trying to use my platform to get people to hear about these things. We have launched mental health for schools, which I have shared on my Instagram today, getting that message out to people, young people particularly and teachers, that there is support available and where to go to find it.

Emma Thomas: I have two points. There is an important separation between virtual counselling and what we heard from many young people, which that for them particularly during the lockdown unfortunately it is not the right platform because of fear about privacy and lack of data. It is part of an option going forward to create flexibility.

The other side is when we think about digital services such as Shout, YoungMinds, The Mix and Kooth, they are a really important part of that whole ecosystem of support and how young people know that they are

there and that they can be a good complement to face to face. Again, I would stress that I think that has been the role of the voluntary sector during the pandemic. That shortfall for the NHS has been picked up and propped up by the voluntary sector. Our helplines and anxiety helplines are all seeing a huge increase and it is how we sustain those services because they are a really important digital provision that often gets forgotten and is not necessarily funded through local authorities or commissioning groups.

Chair: Apsana, do you have a follow-up and then I will bring in the other witnesses?

Q1374 **Apsana Begum:** If I ask all my questions, I think that would be good. I had some questions around what difficulties children might be facing in terms of the return to school as well; for example, adapting to these new routines, the face-to-face socialising, and how they might be supported.

I want to highlight the Education Policy Institute, for example. We had a session recently about catch-up. It was talking about whether there should be longer time to allow young people to catch up, but in extreme cases of learning loss it was considering whether the Government should introduce new rights for students to repeat a year of education. It is not exactly what it was proposing but it was considering these things. I wondered what you think may help with children in terms of the return to school in particular.

Dr Dubicka: The previous point partly relates to your current point as well. I echo all the points made about the digital access but just to emphasise that some of the most vulnerable groups do struggle with that access. That is why we need to have a diverse range of approaches. For example, in my clinic I see a lot of children with autism or learning difficulties and they really struggle with that digital remote access. The vast majority of the children I see prefer to come in and do face-to-face sessions because that is what works for them, so we do need a diverse range of approaches.

In relation to your second point about support needs on going back to school, again there is a whole group of young people who have struggled during lockdown, there is another group who have done okay and another group have thrived. Again, it is those children and young people who already struggled with school, either with autism, because of their learning problems or social anxiety. They are the ones that have been falling into crisis on the return to school and the ones that do need that extra support in terms of thinking very carefully about how they go back into school, planning their day, making sure they have enough information ahead of time and getting that support in school when they need it.

Apsana Begum: Thanks for mentioning specifically about disabilities and learning difficulties, because that is certainly something that has come up in my constituency, the lack of being able to provide the support or it

being accessible for this particular group. Throughout the pandemic they have really been left behind. I will come to Alex next.

Dr George: With children going to school, exactly as we have just heard, everybody is different and there are different groups and different people responding in certain ways, but I think the general approach of focusing wellbeing alongside the academia is vital. One of the things that I already feel is that if we focus on the wellbeing of a child, the academia will come as well. They are both hand in hand, and it is just understanding that every child is going to be different. Some will settle in very quickly, others might need a more flexible phased return, others might need further outside help, so it is just adapting that to each child.

Q1375 **Apsana Begum:** The impact of measures for Covid, the wearing of masks, where to wear them, when to wear them, where they should sit, all these are things that obviously young people have to adapt to in the next year. The Education Policy Institute, for example, has proposed that students in alternative provision, who would usually have to leave at the age of 16, should maybe be funded to stay on another year or two additional years. What is your view on that? Other groups, for example, No More Exclusions, have talked about a moratorium on exclusions completely just to allow space for that last resort principle to be applied, taking into account all these difficulties that young people are having to face in this readjusting period.

Dr George: We are in completely new territory, aren't we? We need that ability of flexibility in how we approach this. The point around exclusions, which I was hoping we would raise at some point, is a very important one. I agree entirely that we should stop the exclusions for now because that can impact on certain disadvantaged groups especially.

Chair: I do have a question on exclusions but I will ask it a bit later. I am going to bring in Catherine. If you can answer very briefly, then Ian. Apsana, have you finished now, by the way?

Apsana Begum: Yes.

Chair: I will bring in Ian, then Tom has a question. Catherine, just very briefly, please.

Catherine Roche: It is very important for class teachers, to give some space and to have faith in our teachers with their skills within the school to be able to bring back the schools and that socialising element for children and young people within school.

The other piece is around teachers feeling well equipped to understand behaviour and to spot behaviour. There is a real link between behaviour and school exclusions and then also mental health problems, so teachers understanding behaviour changes and then not rushing to an exclusion and then us being able to get the support in for young people around that.

Chair: Thank you. I am going to come on to this later, but Ian and then

Tom.

Q1376 **Ian Mearns:** Jonathan strayed into this territory, but I think we need to bottom it out. The Royal College of Psychiatrists has expressed major concern over a potential tsunami of mental illness that has been exposed and worsened by the pandemic. The bottom line is will CAMHS and other support services be able to cope and manage with this strain and demand?

Dr Dubicka: I have raised this point before, that we have a crisis upon a crisis. I need to reiterate my points: we need to keep collecting that data. There is an indication of certain problems arising, but we have to have a workforce plan. We need to be thinking about the future and we need to be thinking about that now and how we are going to invest.

I completely take everyone else's points and we have had these discussions many times. Obviously I am advocating for the specialist workforce because that is where I work, but I would much rather kids were not falling into crisis and coming to see us. I do not want that to happen, so I would much rather that young people were being seen well before that point. Again, as previously mentioned, that has to start in the very early years with parenting support.

The Government have invested in perinatal services, which is great, but there is this gap when those perinatal services end for toddlers prior to starting primary school. There is very little for parents to access within those few years. Those are the very important years and they are going to shape a child's life. That is where you really need to invest and help parents with parenting classes and give those very youngest children opportunities so they have a good start in life. It has to be investment across the whole system. I want to see fewer people falling into crisis, and I guess that is something else we have seen in the pandemic.

Q1377 **Ian Mearns:** That workforce development plan, there is no supply and demand curve for this stuff, is there? You have to have governmental intervention in order to make this properly work.

Dr Dubicka: We do.

Ian Mearns: In order for it to properly work, you have to have a decent assessment of what are the needs in terms of the professionals.

Dr Dubicka: There is that "Stepping forward" HEE plan that was published a couple of years ago, so there are a lot of recommendations within that. That is an excellent starting point.

Q1378 **Ian Mearns:** But that will need updating in the light of what has been happening in the last year in particular.

Dr Dubicka: Yes, and we do not have a workforce plan. There are very good ambitions with the NHS 10-year plan, but there is no accompanying workforce plan.

Q1379 **Ian Mearns:** There is a huge difference between an aspiration and a plan, isn't there?

Dr Dubicka: I absolutely agree. Obviously this is the opportunity to take stock of all of that because it is investment for the future. It is a false economy to think that if we don't invest in wellbeing in children across the spectrum that somehow we are going to save money. We are not, because the impacts of mental health problems in childhood go well into adulthood and then we end up spending more and more money on adults who fall into crisis and the next generation of parents.

Q1380 **Ian Mearns:** Given the job of this Committee is obviously to investigate issues and to write recommendations to Government, if there is anything additional to that you think we do need to recommend to Government, please let us know.

Dr Dubicka: We can put that in writing as well, on top of what I have said.

Q1381 **Tom Hunt:** This is a question but also sort of a "for". Bernadka mentioned the anxiety caused by assessments and the uncertainty there has been over, "Are there going to be exams? What form are they going to take?" et cetera and how difficult it must have been for young people. Another perspective is also there are lots of young people who quite like exams— exams often work for them and they have not been given the opportunity to do those exams. I know a lot of those children have special educational needs, and dyslexic and dyspraxic pupils often prefer exams.

I say that as somebody who is dyslexic and dyspraxic. Certainly in my key years at school, if I had been in year 11, 12 or 13, I would not have wanted to have the opportunity of doing an exam taken away, because we know that many with special educational needs don't always perform best in the classroom, they are not conventional learners and they process information slightly differently. I certainly like the opportunity to consolidate my knowledge and internalise things in my own way, and often I would surprise people at the exams.

Yes, it is important that there has been this discussion. I have had many young people contact me about how their mental health has been impacted by the uncertainty there has been over their assessment and what form it is going to take. Exams of course do create anxiety and a mental health challenge for many young people, but for some it is not having them and feeling that your opportunity to shine may have been taken away. I guess that is a "for" and I just wanted to see what you think about that.

Dr George: The uncertainty has been a huge issue for young people in education, not knowing whether they are going to sit the exams and what form of assessment will take place. Last year, leading up to the summer, my brother was facing his A-Level exams: were they being cancelled; were they not? How was he getting assessed and how were his grades

getting recommended? I know that put a huge amount of stress and pressure on him, so I can imagine that would be the case for a lot of young people at the moment.

Q1382 **Fleur Anderson:** I have a couple of questions about the Green Paper that was launched in 2017 and the rollout. The provisions of the Green Paper are the things that we have been talking about up to now, so a designated lead for mental health within schools, the mental health support teams and also trials of four-week waiting times for specialist support. We have talked about the beginning of that rollout. Given the existing surge in mental health problems that we have been talking about among children and young people, would you say that this Green Paper commitment now needs to increase in scale across the country, but also the pace that it is rolled out? Also, how have these mental health support teams and designated leads been working so far where it has been rolled out? Who would like to take that?

Emma Thomas: On the second part, the senior designated lead, that work was put on hold, so that model of support is yet to be rolled out. We have now heard the tender will be opened again, so we welcome that. To see the model between the senior leads, the mental health support teams, it is yet to be tested and proven. We have touched on here that we support that co-ordination role, but it is also how you make sure that a whole school is thinking around the importance of adopting a mental wellbeing-informed approach. One teacher for one school is never going to deal with it.

Then it comes back to your first part. In light of the scale, we have certainly welcomed the measures and we have welcomed some of this since, but given the scale that we need, there is a need to expand that now. We are seeing it accelerated, but I think it is the opportunity to expand that model in order that it goes beyond. We are going from 50 to 400, which is positive and that will be the 35%. As a key model, the evidence is demonstrating that it is playing an important role. I think it is looking to be more ambitious. That is what Covid has shown us, that this is now the opportunity. We have a real key moment in terms of how we go forward here to rectify a system that was not working and to put in place models that say never again should we be letting young people down and for them to feel not ill enough to get support.

Dr George: Just quickly, when I took on this role, the thing I focused on was the mental health support teams and these leads and how in reality we get this to happen as quickly as possible. We have to be careful with anecdotes, but I visited a school in Norfolk that had a mental health lead. He had fantastically instigated a whole-school approach there, partly having the PSHE curriculum in place and teaching wellbeing. He had taken the lead to make sure they had multiple teachers with mental health first aid training. They wore ribbons on their lanyards so children could identify them as people they could speak to and talk about their mental health. They also took seriously activities around mental

wellbeing. I felt that the school had that kind of joined-up approach around it.

If I could pick up and replicate that school and have all schools doing something similar, it would be fantastic. This is why with that £79 million I would like to see a commitment year on year to that, so we can go from 35% in 2023 hopefully to a higher percentage.

Q1383 **Fleur Anderson:** I would like to see what Catherine says, but also following on from that, the former Children's Commissioner was welcoming the fact that this joins up the NHS with schools, but does there need to be further join-up of the NHS with community provisions and organisations like YoungMinds and Place2Be? Can that be put within this model and then rolled out? Is it already?

Chair: I hope so, because they do wonderful work. I have seen it in my own constituency.

Fleur Anderson: Yes, my local school is a Place2Be school, so I have absolutely seen it.

Chair: You know I love Place2Be. Catherine, please.

Catherine Roche: Thank you both. I think the Green Paper and the joining up of the health and the education system is a positive move, so I completely welcome that. The designated mental health lead role has not yet been properly implemented. It is not yet clearly defined, so the training for the designated lead, which is about to get underway or be reignited, is a hugely missing part. On the ground, while we talk about a percentage of schools having a designated mental health lead, we do not know what that is. That means so many different things in schools, so a clear definition of that is required.

It is important that the mental health support teams going in are additive to services that are already there. I think the concept of it on high is excellent. The implementation, when everything gets trickled right down to a local commissioner or a team on the ground, I would love to see some more evaluation evidencing examples of how that is working to build on services such as Place2Be and many other smaller local voluntary organisations or individual school counsellors, how they build on each other so that they are complementary and additive in the system. My biggest concern would be that a school thinks, "Oh, the NHS and the mental health support teams are going to come in. That is a saving that I can make and invest elsewhere" and that would be a real issue. I welcome it, but let's make sure it is working on the ground.

Dr Dubicka: A quick point to say I echo everything that has been said, including about ongoing evaluation. In relation to your last point, Fleur, about making sure that we integrate with existing services, that ties in with the point I wanted to make earlier. We talked about diversity and increasing access and of course that is important because one size does not fit all. I was thinking also in relation to boys because we know that

boys' language is not the same in terms of mental health and how they express themselves emotionally, unfortunately relating to the really tragic events in your life, Alex. I think it is so important that we can increase access for boys because we do know that they are at the greatest risk of taking their own lives. There are lots of great initiatives, the Prince's Trust, for example, and mental health in football schemes as different approaches to try to engage boys to be able to talk about their mental health in a way that is easier and more meaningful for them.

Chair: Emma, as concise as you can. Thanks.

Emma Thomas: There has been a lot of talk about social prescribing and how you know about good voluntary sector provision. We know that there is commissioning that happens at a local level. There is a data challenge around this and we have to be careful that we do not see the role of social prescribing—be that for GPs, be that for parents or for teachers—as being an easy task that we can fix once, because it is having a data-driven model that knows what is good in a regional area or local area, which is good from a young person's point of view as well as what might be evidence-based. There is a strand to think about how we are data-driven to understand what is available and join that up so that we are doing very good signposting and social prescribing because there is amazing provision out there. How a young person would know about it is very challenging.

Q1384 **Christian Wakeford:** We have touched briefly on the catch-up process and how a lot of it so far seems to be very much targeted at closing that attainment gap. How do you feel wellbeing support can fit into that process, whether it is through summer schools or longer school days? At what point do you think mental health needs to be incorporated into that?

Dr George: This goes back to the overall approach as we go back. Again, language is very important, not just putting all the pressure on teachers to focus on the academia, that we are taking time to integrate back into the school. Mentioning football and sports, it is very important just giving children time to form social groups and again trying to bring that focus on wellbeing as a whole. Yes, vital.

Emma Thomas: Given the scale of need that we have been talking about, what we are hearing from schools is that the sense of catch-up is very much with an academic focus. When we talked earlier about the language, that feels very critical, that we are very clear that this is about that moment in time to provide that support. Without that clear messaging, what we are seeing is that most of that funding is being put towards the tutoring and the catch-up. We have the Wellbeing for Education Return fund, but we have not had a commitment for that beyond March this year.

What we are seeing and hearing from schools, given that they have varying needs and pressures, I think is a clear outline that that money is for wellbeing—or what we would suggest is we need to go further. We

would describe the need for a resilience fund, given the scale of need and the very fact that those schools who are already strong on wellbeing are more likely to be able to then use the additional funding for wider ways, so you are creating more flexibility for schools to prioritise with additional funding that is needed now.

Catherine Roche: Just the point that play is very important in terms of children's positive development. That is an opportunity for socialisation and being with other children and young people, which is what they have not had for all of these months. When we think about things like the summer schools or summer camps or summer programmes, learning in a fun and engaging way is so important, rather than pumping more academic learning into children and young people. They really learn, particularly the younger ones, through play. Who runs those programmes is a key question to be worked out.

I emphasise school staff and school leaders have worked so hard responding through all the different iterations of this last year. They need some time and space as well in order to be well equipped at the return in September to really crack on with the great places that schools can be and the great learning that can happen there.

Q1385 **Christian Wakeford:** As a quick follow-up to that question, obviously we have spoken a lot about children and adolescent mental health, rightly so, and how teachers can play a part in that. Part of my concern is also the mental health of parents during the last lockdown. Obviously juggling jobs or being furloughed or even perhaps being made redundant, as well as trying to home school during the last few months, has obviously had a huge mental health toll on parents. When a child is coming home and seeing that impact that is going to have potentially a further knock-on effect. What more do you think we can be doing to help parents at this time in the hope to mitigate any further damage being caused to children?

Dr Dubicka: There are two points arising. In terms of the previous point, I want to point out that in terms of the academic curriculum, 50% of children and young people are not academic, they do not make it to higher education and university, but it is very important that they are allowed to thrive and succeed as well. In terms of the wellbeing curriculum, it is important that all children have access to creativity, sports and music et cetera, but particularly so for those who are non-academic. I agree with the previous points that were made earlier.

Regarding parents, as I said previously, there is a generational cycle and it is so important that parents get that support. Again, those early years and providing parenting support for those parents who have been struggling with very young children is absolutely vital. I would see that as a major priority, and then of course ensuring there is access for parents with mental illness. Very often children of parents with mental illness are so neglected. It is something we are trying to campaign on at the college.

It is very important whenever we see anybody, any adult in mental health, we do ask about the children because there is lots of data to show that there is a massive impact on the mental health of children and young people if their own parents are struggling. If you are depressed, you can imagine that if you can't get out of bed, it is so difficult to supervise your children, and particularly with things like social media. There is lots of data now that shows that parents who are struggling, from deprived backgrounds, are the ones who struggle to supervise. Absolutely, it is essential.

Chair: Thank you. Christian, do you have any more questions?

Q1386 **Christian Wakeford:** Yes. The final question, I think we have touched on it briefly. Obviously the former Children's Commissioner has called for an NHS-funded counsellor in every school. What are your thoughts as a panel in regards to that potential proposal?

Chair: Catherine, I know that some of you have previously suggested that you were in two minds about this, whether this would be the best way to spend money, but I was not clear why. Catherine and then Alex.

Catherine Roche: It is part of the solution. When I think about workforce, I think of teacher training and teachers being well equipped. Not every child needs professional mental health input, so we must be pushing this downstream as much as we can and equipping class teachers well. Let's get an understanding of mental health built into teacher training and let's make sure that all class teachers and school staff have access to some element of mental health training right now.

Having a mental health service, a professional service, accessible within the school, of course I would advocate that. That is what we have been doing for 27 years. The counsellor or that mental health professional should be trained in a variety of approaches, not just targeted one-to-one counselling but a variety of approaches.

Dr George: Again, I echo those points. I think the counsellor is part of the solution. The worry I guess is that you put a counsellor in a school and then go, "Oh, there we are. We have done the wellbeing on mental health, it is sorted". It is not down to just the counsellors, it is the whole approach. It is equipping teachers with the knowledge.

I would like to obviously shout out to teachers. I know we have talked about them a lot, but they have done an incredible job throughout and I think we should take a moment to appreciate that.

Chair: And support staff as well, they must never be forgotten, yes.

Dr George: And support staff. An unbelievable job, and I think it is great for us to take a moment and say that. So it is equipping the teachers with that ability and creating a whole-school approach. Yes, of course in an ideal world—funding available—it would be fantastic to have those

counselling services available at every school, of course it would, but I don't think that is the solution at the top line.

Chair: Christian, have you finished for the moment?

Christian Wakeford: Yes, I have finished for now, Chair. Thank you.

Chair: That is fine. Apsana.

Q1387 **Apsana Begum:** I asked a lot of my questions earlier, but I just wanted to follow up on a couple of areas. The main one was just around how equipped you think schools are to deliver or support the delivery of counselling and mental health services? Do you think it should be placed there within schools or that schools should play a role? If so, I suppose there would be a need for resource to be attached to that, but it would be good to get your views specifically on that.

Chair: I am going to ask Emma and Catherine to answer those questions, please. Emma first. As concise as you can, both of you.

Emma Thomas: What we know is schools have different levels of adoption, so a clear message around the importance to enable those that are already adopting and working to go further is very important, as opposed to them ensuring those that are at an early stage of their adoption around wellbeing to get the support. That is where it comes back to what Alex and Catherine have been saying around a whole-school approach and that there is no one model fits all, but having a very clear message that this is a critical part of their responsibility and they are supported with the expertise around them.

We are not asking teachers to be mental health professionals. They have done an amazing job. I think it is what we are wrapping around them and giving them the flexibility to know their students and to identify what the specific needs of their students are to then identify the right solution to help them to increase the wellbeing approach within their schools.

Catherine Roche: I completely agree with everything Emma has just said.

Chair: That is what you call a concise answer. That is wonderful, thanks, Catherine. That is a model for all our other witnesses. Apsana.

Q1388 **Apsana Begum:** My next question, just to go back to what was said earlier about those with learning difficulties, I do feel that what we have seen throughout the pandemic is maybe not enough being looked into in terms of this particular group among young people. I wondered if you had any more ideas of what the Government could do in terms of the mental health of these young people with learning difficulties and to make support available for them. I can see Bernadka is keen to come in.

Dr Dubicka: They are just the forgotten children and it is absolutely heart-breaking. This has been going on for a long time now. During the pandemic I have had a lot of families come to me with their children, who have been struggling. I had one child who had just been forgotten for a

year. Even though he had an EHC plan, nobody had been in touch with him and he had nothing. Unfortunately these children just fall through the gaps time and time and time again. Trying to get an education, health and care plan is so challenging and for so many families I see it is often rejected the first time. Sometimes they get it on appeal, but usually it is the families who shout the loudest. There seems to be a very limited amount of provision and a lot of children fall through the gaps, particularly with autism and learning disabilities.

The other thing I have seen—this is pre-pandemic and it is no better now—is that so many of these young people fall into crisis when they go into high school, because that is when they are presented with the biggest challenges. Then because they cannot get the help they need, either from mental health services or social care, they fall into a significant mental health crisis and many end up self-harming, then they end up sitting on inpatient units for months on end and it is an absolute tragedy. Of course we know that is a very expensive provision. It costs several hundred thousand pounds a year per bed, whereas we spend on average, I do not know, I think £300 per child in community service. It is a huge unmet need. These children cannot shout and speak for themselves, unfortunately.

Dr George: I will be very concise, if I can. I echo all those points, of course. We know that some children often—not always, but sometimes and often—can find transition quite difficult. We particularly mentioned autistic children, so moving from being at school where they have a set routine and things into a lockdown and back out of lockdown. This can be incredibly challenging. It is something I have heard a lot about. In the Mental Health Action Group meetings, it was flagged last summer that we should be concentrating on how we support this group better.

Chair: Thanks, Apsana. Tom, don't worry, I have not forgotten you. You are next anyway.

Q1389 **Tom Hunt:** Some very important points were covered there about those with special educational needs and disabilities. There are those who have their plans. I am an associate governor at a special school, which has put a lot of effort into therapeutic support for that transition. As Alex was saying, a lot of them do struggle with the transitions and some of them have done quite well at home, as Bernadka said right at the start of the meeting.

A quick plea for those who might not have those plans and might never get those plans. Again, I am going to go on about the dyslexic and dyspraxic pupils again because they are probably not going to ever get those plans, but they learn in a particular way and benefit from that kind of personal engagement that they haven't been getting from online learning and they struggle with things online. I think that is a point.

Very quickly, at the start of the meeting I did think this meeting was not just about young people at school, because we all know that university

students—I imagine particularly first-year university students—have found the last year pretty harrowing, being away from home for the first time and being locked up in student halls and all those horror stories we have heard.

A quick point about social media, because Alex did touch upon it briefly earlier. It is just as somebody with personal experience of the pressures of social media, with young people's social media during the lockdown, what impacts might arise on their mental health and wellbeing? I know you touched upon this earlier but I think it is worth dwelling on and going into some depth.

Chair: Alex, before I get you to answer, could I just add a personal observation? I try to go in normal times to school or college every week. It is one of my favourite things to do, whether it is in my constituency of Harlow or around the country. Every time I ask young people about their mental health, nine times out of 10 they say it's social media, social media, social media. I do not know what studies are being done to look at the effect that social media is having. I am not a Luddite, I am very pro-social media, but it seems to me it is causing serious problems that we don't understand and I think it plays a major part in the rise of mental health. If you could just link that to Tom's question.

Dr George: Absolutely. I agree with you on the point around social media. It is something I have been raising with some of the advisers at No. 10 and that I want to look into more formally, the impacts of social media on mental health, particularly in this time we are in right now. One of the things that we can say is we know that screen time from across all platforms has increased drastically in lockdown, which stands to reason. People are at home; they are on their phones more.

The concern particularly for young people is what they are seeing and what they are watching. They have been seeing news stories around Covid, there have been a lot of fake news stories we have been experiencing. We have seen concerns around online bullying on the increase and I think the impact on young people's mental health can be huge, particularly at a time when they are very impressionable, they are still learning and developing. We have children as young as 10, 11, 12 online seeing all manner of different things.

I feel that social media can be a power of real good. I think you can do very positive things with it. We need think more in our education at school about how we teach children how to use social media properly and to use it as a positive tool and what to do when it is damaging and what to do if they experience trolling. I do not know what anyone's experiences are, but at school I was never taught anything around social media and I don't think there is a lot around social media in schools at the moment. It would be nice to see more guidance for young people about how to use it safely and also maybe some more policing potentially from the platforms themselves.

Chair: To understand the science and the data, to understand what effect, I just think we need that to understand it.

Dr George: Yes, we need more information.

Chair: Bernadka, as concisely as you can.

Dr Dubicka: You may or may not be aware, but I led on a report from the college last year on social media and the impact of technology on the mental health of young people, so we can share that report.

Chair: Please do. Please send it to us.

Dr Dubicka: Also I gave evidence to the House of Lords Select Committee on Technology on the mental health of children and young people. That was just before Christmas, so we can share our evidence with you on that too. It is a complex issue, of course. From the Royal College point of view, we are pushing the need to be much more aware of negative impacts on vulnerable children and young people. I am afraid this is a subject on which, yes, we do need much more education. Young people need to be given the tools to be able to know how to manage it safely, as well as parents and of course teachers need that training as well. But also clinicians, so that is something we are working on at the moment.

Not many clinicians will ask those questions, but when you do, you can find very shocking things. I have encountered young people who have accessed the dark web and seen horrific things from a very early age and it is only when you start asking those questions you suddenly realise why they are so traumatised. But if you do not ask, you do not know. Of course there are lots of benefits and we have seen that. We welcome the Information Commissioner's new stance, starting from September, that there will be age verification and of course the Government White Paper is looking at this and working with Ofcom around that.

Chair: Thank you. Please send any of that to the Committee. Just very concisely, Emma, sorry. Thank you.

Emma Thomas: I totally agree with everything that my colleagues have said. It is very important that we bear in mind that children are not just passive consumers of content, that they are creators of content. Their experiences, what they feel are good protections and steps is very important. What we can sometimes see is that there is an adult reaction to get rid of content and provide protections, whereas we know it is a very important platform where many young people who were feeling very isolated and not able to connect with communities can find very powerful online communities of support. Totally echo everything, but let's make sure young people's needs and ideas are part of it.

Chair: Alex, do you want to just answer Tom's point about universities as concisely as you can, please, before I come on to Fleur next?

Dr George: I heard a huge amount from people I have spoken to at universities that this has the most difficult time that they have experienced. A lot of them do feel like they have been left out quite a bit from plans and the discussions that have happened. I have had a lot of messages and e-mails from students saying, "Have we been forgotten?" so it is a concern ongoing and we need to think about that.

Chair: Not just universities, FE colleges as well, of course.

Dr George: Yes, of course. I have done a lot of talks at the universities and colleges in the last few weeks and questions from the students at the places I have been doing talks have been around, "What about us?" so I think it is something we should be considering quite carefully.

Q1390 **Fleur Anderson:** I have a couple of questions for you, Dr Alex. Congratulations in your new role. First of all, for any young people who might be watching this or hearing about this, what would be your message to them if they are feeling like they want to speak to someone?

Dr George: Fleur, thank you so much for the congratulations. It is so important for any young people watching this that if you are feeling that you are struggling, if you feel that things are very difficult at the moment, first of all, you are not alone. I think most people have experienced quite difficult times during the past year particularly, but very importantly, don't feel ashamed to ask for help. People care, we care. The fact we are all sat here having this Committee meeting today shows the focus on this.

Again, I don't want to bring my brother into this too much, but I wish so much I could go back and tell him, "You can reach out and ask for help". We will help you and there is support available, so please do. If you are sat there struggling today, reach out. There are amazing organisations like YoungMinds that are sat here and Place2Be as well. Your teachers care also, and of course don't forget GP practices and doctors as well, so please do ask for help if you are struggling.

Q1391 **Fleur Anderson:** What would you like to achieve as youth ambassador? What would you hope to do? You have mentioned some things already.

Dr George: One of the biggest things I want to do is around that stigma. I want to make conversation around mental health much more normalised. The idea of one in four people have mental health—everyone has mental health, whether good or bad. I would love to see children and young people learning the important tools about how to build resilience, how to take care of themselves, how to deal with the hard times and the good also, so a big part around stigma and self-care. Also I would like to really see schools supported in a way that they can provide this kind of whole-school approach, so when children leave school, whether into the workplace or into education or wherever else, they have that toolkit, the ability they need to support themselves, but also feel comfortable to ask for help if they need it.

Q1392 **Fleur Anderson:** Do you think this should be a full-time position? I know that you are doing this alongside everything else. I don't know how you do it. What do you think about the position so far?

Dr George: It has been quite a learning curve. I am not a mental health expert; I do not have a PhD. There are people on this call who have vastly more experience than I do, but I am very passionate. I have a platform and I would like to try to use it the best I can. It is a juggle trying to do it alongside the other things I do, but doing it in combination with the work I am doing in the hospitals and training as a GP, it works very well together because I meet and speak to the young people that we are talking about. I am really enjoying it and at the moment I am balancing it just about.

Chair: I have a few more questions at the end, but do any other colleagues have anything? Kim, please, then Apsana.

Q1393 **Kim Johnson:** Just a follow-up from question 11 for Alex, please. Alex, you are the youth mental health ambassador, and you have just pointed out yourself that you are not in that space and you are new to this world. Before you were gifted this position by the Prime Minister, other than your digital platforms, how have you engaged with young people, particularly those who are most vulnerable, including the trans community, disabled and black communities? Do you think the position should have been held by a young person? Thank you.

Dr George: That is a good question. Yes, as I say, I may not be a mental health expert in that way, but in my role as a doctor I see a huge amount of patients coming through my doors in Lewisham hospital, where I work, with a diverse community of people, both young and old, who present with mental health concerns and I care for them. I have spent the last couple of years working with organisations such as the Samaritans on many of their campaigns, and particularly in the last six months, prior to campaigning for this role—it very important to say, this role was done because I campaigned very, very hard, working alongside many of the organisations we have talked about to get the role. I think it is very important moving forward. I am excited for when I am able to go out and visit more schools, to meet individuals from all backgrounds and make sure all their views are represented.

Q1394 **Apsana Begum:** I have a quick question. I don't know if all members of the panel will have anything to say on this, but it was about the Disabled Students' Allowance. I know it doesn't relate to the DfE directly, but it was just about how accessible you feel that is to those that are in further education, higher education and whether there needs to be some kind of review or ability to make that provision available to meet people's needs. I know from my own experience of working in the higher education sector that there was often not enough knowledge or awareness about DSA.

Secondly, the ability to meet the criteria, providing medical evidence and so forth to fulfil that criteria is often quite difficult, then the relationship with student finance and things like that all come into play when a young

person is obviously experiencing something that can categorise them as having a disability. I am just wondering if the panel has any thoughts on that at all.

Emma Thomas: Apsana, I don't have the expertise to answer that specifically, but what you have highlighted is the importance that we look at policy through a mental health lens. We are talking mainly about support for those who are developing need. There is a big piece around causal factors and so I think it is recognising that there can be inadvertent mental health consequences of some of our policies. We have talked about the financial pressures and opportunities, so what you have highlighted is the need to look at the intersectionality between where there are individuals who are more at risk in terms of developing mental health needs and how we are making sure that the right policies are in place to support them as a whole person, rather than necessarily focusing on the treatment of mental health.

Q1395 **Chair:** Thank you. I would like to ask a few questions. Alex, you mentioned exclusions, which our predecessor Committee—of which I was Chair before the 2019 election—did a big report on called "Forgotten children" and that has also come up. Professor Russell Viner came to our Committee a few weeks ago and suggested that 27 studies concerning mental health identified considerable impacts across emotional, behavioural and restlessness inattention problems. The Timpson review by MP Ed Timpson has said that there is a very strong correlation between permanent exclusions and social, emotional and mental health needs. Anne Longfield has warned of the spike in exclusions as schools are reopening. Do you have a plan in mind that you would like to see the DfE implement to address specifically the more complex social and emotional mental health needs teachers may see in the classroom when children come back and prevent that explosion of exclusions? Because we know that for the most part, excluded children are in a postcode lottery of provision and how they are looked after if they are permanently excluded from school.

Dr George: The first point to make is that it has been talked about previously around how children can behave differently when they are struggling with mental health conditions, particularly boys, and behavioural issues can represent underlying issues maybe going on. Excluding children can put them in a situation where they are not having any support from anyone and they then are therefore potentially in a position where they are not receiving support from anyone when we are talking about mental health and wellbeing. My fear is what happens to those children. We need to think very carefully about what we can do, the steps we can take before the point of exclusion is met. A lot of people have been asking for consideration of stopping exclusions, particularly at this time. I would be interested to hear what the rest of the panel think about that.

Dr Dubicka: Yes, I completely agree with you, Alex. Just to say if we are talking about screening children and young people in terms of mental

health problems, this is a high priority group that should be screened, because as you reiterated, Robert, so many mental health problems present as behavioural issues. Even if you are depressed, if you do not concentrate, you don't pay attention, you fall behind with your lessons, you don't do your homework, you start to be irritable, you might talk back and it could be because of depression. That is an important group where I think screening would be important.

Catherine Roche: It highlights again the importance of teachers understanding what is driving behaviour. We also know from a study we did within Place2Be that when we provide targeted one-to-one support for children who had a number of fixed-term exclusions, two-thirds of those reduced and then we also saw greater engagement within learning. Understanding behaviour, addressing behaviour and parenting skills is very important in that for younger ones and then targeted support for children at risk of exclusion.

Q1396 **Chair:** Who else would like to answer that? Okay. Just in terms of the Ofsted framework, should it be adapted to place greater emphasis on mental health support? If so, how? Alex.

Dr George: This is something I have heard from speaking to a lot of teachers. The feeling is that there is so much pressure on academia when Ofsted come into the schools. One teacher said to me that, to be honest, if you did a mental health lecture a year, you could tick the box of wellbeing and mental health at the school. It is very hard when there is so much pressure on teachers to tick all the other boxes around academia that sometimes that falls short. I feel that we should look to rebalance that and consider that it is not just about coming out with grades and things, it is what you create in terms of that child coming out of school as a whole person, rather than just the academia. That is my feeling. I think we should redress that balance.

Emma Thomas: I totally agree with Alex. We saw some changes. We had campaigned to go much further with the recent framework review, so it is positive that wellbeing now is one of the measures. When we look at the model of outstanding, whether that should be classed purely on academic as opposed to a balance of the wellbeing, the culture that it has created and the academic approach feels a very important part to reflect what we are talking about around schools. I do not think the framework has gone far enough. There are many changes. I am very happy to send the Committee some of the work and thoughts that we had on this with others in the sector at the time of the review.

Catherine Roche: Work on a framework for wellbeing or a way of assessing wellbeing and positive mental health is also important. There is some good work getting underway in Greater Manchester to look at that, focusing initially on secondary schools. That is something that I would be incredibly supportive of and then look at bringing that earlier in primary schools as well.

Q1397 **Chair:** I have heard from parents in advance of this session of a number of tragic suicides of young people. Particularly there was one horrific, sad and tragic case in a north London Jewish school, where a 14 year-old child committed suicide. Do we know how many children have been under risk during the pandemic and how many have been referred to access counselling? Bernadka.

Dr Dubicka: Not the numbers of children under risk, but there was the data published around children and young people who had taken their own lives during the first lockdown period. That was published in June and I was part of that group. The message was that we saw a small rise in the number of children and young people who took their own lives during the first lockdown. It was not significant but it is obviously something that we need to monitor very carefully. Again, it was particularly those children with autism that we were most concerned about.

Chair: Thank you. Catherine, did you want to say something, or any of the other witnesses?

Catherine Roche: There is also data from Shout, from their crisis text line support. I think it was 35% of their conversations were people who contacted with suicidal thoughts. Yes, there is some data out there. Children or young people from the LGBTQ+ category were among some of their higher texters.

Q1398 **Chair:** Thanks. Alex, you looked like you wanted to answer the question, but before you do, can I also ask you how much you are encouraging some of the £1.7 billion to be spent on mental health and wellbeing as well as academic catch-up?

Dr George: I was not going to add particularly to that point. What I have been trying to do in this role is speak to the Prime Minister directly, speak to the advisers, talk with the Department for Education, Health, trying to reiterate constantly the need and a lot of the data and things that you have been talking about. I keep pushing the Government to spend the money on wellbeing because I think it is very important. I will continue to do that.

Q1399 **Chair:** Do you have a figure of what is necessary, your own figure, or is that going to take time to work that out?

Dr George: I think it will take time to work it out. I am still pretty new to this role but, yes, it is an ongoing process. I am trying to deal with each step at the moment. The longer-term plan will be certainly to have some kind of plan around funding. As I said, multiyear funding is clearly necessary and there have already been calls in this conversation by Committee members for funding in certain areas, for example, the wellbeing return fund being extended past March, so yes.

Emma Thomas: We would very much welcome the additional funding. There was very little mentioned within that around mental health. After

this, very happy to send work that Place2Be, ourselves and the Children's Society have done around costing out the additional support that we see that is needed at this particular time.

Q1400 **Chair:** What is the figure? Catherine and Emma, what is needed? In a nutshell, how much funding do you recommend the Government provides to sort all this out, as much as possible?

Emma Thomas: We have costed, as a minimum, £178 million for this financial year in order to be able to provide what we see as a complement to what has been announced with the focus on catch-up to be—

Q1401 **Chair:** That is top of the £79 million that was announced a couple of weeks ago?

Emma Thomas: The £79 million is for the mental health support teams, eating disorders and community NHS support, so that money is for the NHS, not schools.

Chair: Thank you. Catherine, what is your figure, if you have one?

Catherine Roche: I don't have one to hand, I am afraid.

Chair: Don't worry. Bernadka, do you have a figure?

Dr Dubicka: We did costings for the long-term plan but I can get back to you with that.

Q1402 **Chair:** Thank you. Finally, I know my colleague, Apsana, brought up the mask issue. Again, I have had e-mails from parents saying that some children have found wearing masks in classrooms distressing, that it has made pupils subdued and downcast and some have even been in tears or very self-conscious to answer questions. I understand the mask issue and so on, but has enough been done to study the impact on children's wellbeing and mental health in terms of mask wearing? Alex.

Dr George: I don't know. I am not aware of any studies at the moment. Others might be able to say so but, yes, clearly this has an implication on mental health. It is a difficult balance because you are looking at the risk of Covid and also the impact on the children. Yes, of course we would like to know more.

Q1403 **Chair:** Should there be a study of it to see the impact?

Dr George: If we believe that there is an impact, then I think we should look into that and find out more.

Emma Thomas: Exactly to Alex's point, for those for whom this is a fearful moment anyway going back into the school, those protections in place will help them as opposed to the wider impact of mask wearing. It is a very good point. We, as a society, are going to now be accepting masks on an ongoing basis. This isn't just going to be for this year. The importance of understanding how that impacts on our social interactions

and wellbeing is an area that I am not aware that there has been research done.

Q1404 **Chair:** Should there be, especially for children, particularly in schools and colleges?

Emma Thomas: I suppose it is a priority. At the moment I would put the suggestion that there is going to be a whole manifestation of reasons young people are going to be struggling right now, which is due to bereavement, traumatic experiences and mask wearing. Having the support in place for them that they can turn to to get that help for me feels a priority.

Chair: That was the first politician's answer you have given me all session, by the way, Emma. Catherine.

Catherine Roche: If it is something that is going to continue for the long term, then we should understand what its impact is, but I think there are probably more pressing priorities.

Dr Dubicka: Alex has said there is a balance of risks. If a child doesn't want to wear a mask, there will be another one who will be terrified because they are sitting next to somebody without a mask. They might be shielding their own relatives, so it is a difficult issue. There is probably learning we can do from other countries, for example, somewhere like Hong Kong, where it is just routine to wear masks. It would be useful for the Committee maybe to see if there are any studies in those countries, but it is a balance of risks.

Chair: Thank you. I do not know if anyone else has any questions. No. Thank you all. First of all, Emma and Catherine, and your respective organisations, YoungMinds and Place2Be, I have seen your work in my constituency and no doubt colleagues have seen it in their constituencies. We are very lucky to have your organisations, thank goodness. I pay huge tribute to you and your staff as well for all that you do. Thank you so much.

Bernadka, I didn't know anything about you until I read about you in the papers and the media over the last six months. I think you have done an extraordinary job highlighting the problems that children have had and huge plaudits for sticking your neck out in the way that you did, because it was really appreciated. That is one of the many reasons why we wanted to have you at the Committee today.

Dr Alex, I am hugely encouraged by your appointment and the fact that the Prime Minister appointed you so this seems to be taken very seriously. I have learned as a constituency MP, as no doubt have my colleagues have, just how much mental health is one of the biggest problems facing our country, not just young people, but everyone. So many people seem afflicted by it in one way or another, whether it is in very different ways. I am very encouraged by your role and I think that whatever your background, although you may not be a mental health

professional, I can see that you really relate to younger people by what you have said today, so very good luck. I wish you every success, but push the Government as hard as you can.

Dr George: I will. Thank you.

Chair: Thank you, everybody.