HOUSE OF COMMONS

Health Committee

Education Committee

Oral evidence: Children and young people's mental health—role of education, HC 849

Tuesday 14 March 2017

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Watch the meeting

Members present:

Health Committee: Dr Sarah Wollaston (Chair); Mr Ben Bradshaw; Rosie Cooper; Dr James Davies; Maggie Throup; Helen Whately; Dr Philippa Whitford.

Education Committee: Neil Carmichael (Chair); Ian Austin; Michelle Donelan; Suella Fernandes; Catherine McKinnell; William Wragg.

Questions 1 - 58

Witnesses

I: Emily Frith, Director of Mental Health, Education Policy Institute; Professor Dame Sue Bailey, Chair, Children's and Young People's Mental Health Coalition; Sarah Brennan, Chief Executive, Young Minds; and Kate Fallon, General Secretary, Association of Educational Psychologists.

II: Dr John Ivens, Headteacher, Bethlem and Maudsley Hospital School; Siobhan Collingwood, Headteacher, Morecambe Bay Community Primary School; and Dr Zoe Brownlie, Clinical Psychologist, Sheffield CAMHS, Sheffield Children's NHS Foundation Trust.

Written evidence from witnesses:

- Emily Frith, Director of Mental Health, Education Policy Institute [CMH122]
- Professor Dame Sue Bailey, Chair, Children's and Young People's Mental Health Coalition [CMH96]
- Sarah Brennan, Chief Executive, Young Minds [CMH212]
- Kate Fallon, General Secretary, Association of Educational Psychologists [CMH187]
- Dr John Ivens, Headteacher, Bethlem and Maudsley Hospital School [CMH52]

- Siobhan Collingwood, Headteacher, Morecambe Bay Community Primary School [CMH45]
- Dr Zoe Brownlie, Clinical Psychologist, Sheffield CAMHS service, Sheffield Children's NHS Foundation Trust [CMH125]

Examination of witnesses

Witnesses: Emily Frith, Professor Bailey, Sarah Brennan and Kate Fallon.

Q1 **Chair:** Good afternoon. Thank you very much for coming to the opening session of our Education Committee and Health Committee joint inquiry into children and young people's mental health and the role of education. I would like to welcome you on behalf of Neil Carmichael and the Education Committee and myself, Sarah Wollaston, and all my Committee. I thank all our Committee teams for the extraordinary amount of work that goes into preparing for these sessions. I would also like to thank those who contributed to the 234 submissions received in evidence, all of which are being carefully considered, and in particular our panel today.

Could I remind you of the remit of the inquiry? It comes on the back of a number of inquiries by the Education Committee, by the Health Committee at the end of the last Parliament, and by the Youth Parliament Committee. The remit of this inquiry is to look at the role of education and educational settings as they apply to children and young people's mental health. There are so many more issues we could have covered, but that is what we will be considering during this inquiry. I thank the panel for coming today. Could you start by introducing yourselves and your roles to those following from outside this room?

Professor Bailey: I am Sue Bailey and I am privileged to be chair of the Children and Young People's Mental Health Coalition. I am a child psychiatrist by background.

Kate Fallon: I am Kate Fallon, general secretary of the Association of Educational Psychologists, which is a professional association and trade union for educational psychologists across the UK. I have been in post for eight years, and I am an educational psychologist by background.

Emily Frith: I am Emily Frith, director of mental health for the Education Policy Institute. We research children's mental health across the system. We recently completed a commission into children's mental health, which reported in November last year.

Sarah Brennan: I am Sarah Brennan, chief executive of Young Minds, which champions children's and young people's mental health across the UK.

Q2 **Chair:** We have a large panel today. If you agree with another speaker, could you simply add to it rather than repeating points?

How good are our schools and colleges at not only promoting emotional wellbeing but preventing mental illness in children and young people, and picking up and acting on early signs of problems?

Professor Bailey: Part of the challenge is that we do not actually know, and it is patchy. Every school intends to do that well and they need more support to help them to do it; and that would be through a better balance between attainment and wellbeing, better training and support for the staff themselves and better support for the young people. It is how we support every person who comes up the school drive every morning to think about a whole school approach to mental health and wellbeing.

Kate Fallon: I certainly agree that it is patchy. There are some schools that do it very well. Those that do it well do exactly what Sue was saying. There is an ethos right from the top, from the governors and the headteacher, that children's wellbeing and mental health is everybody's business. They work closely with the community and the children's families as well. From the chair of governors right down to the site supervisor, to the people who look after children at lunchtime and visitors coming into the school, they are serious about championing the all-round development of children and young people, which places as much importance on their emotional wellbeing and helping them to deal with the stresses and strains of life as on the academic curriculum.

Emily Frith: I agree with the first two speakers. We have some evidence from a teacher voice survey that school-funded counselling was provided by about half of schools, but we do not know how much counselling is available in each school. A Place2Be survey found that 60% were on site for only one day a week or less. That is the kind of support provision in schools. As other speakers said, there is so much more that schools can do apart from providing mental health support within the school. Tackling bullying and reducing stigma are just as important as some of the counselling provision.

Sarah Brennan: I agree with each of my colleagues. It is also the case that this tends to be much more common in primary schools. There is a slightly different culture about the approach to young people's development, children's development and recognising that headteachers need to create an environment for learning, and that that requires a sense of wellbeing and a culture about the children in the school. It is harder in secondary schools because they are much larger. There is much greater emphasis on exams at that point, and that tends to be a much more dominating factor.

In both the commission Emily described and the one we carried out with the Royal College of Psychiatrists and the coalition, we heard from headteachers who chose to focus on wellbeing and thought it was critical to creating success in terms of academic attainment for their school as

well, but they said they did that at personal reputational risk and without the support of their local authority and the DFE. They did it because they saw it as absolutely critical to creating an environment where the children in their school could learn and succeed. It is patchy and, as the situation is at the moment, it also depends on the leadership team and the commitment of the headteacher to make it work.

Q3 **Neil Carmichael:** I am the Chair of the Education Select Committee—as Sarah knows, because we have met before, haven't we? How far should school and college staff go in supporting students who are experiencing mental health problems?

Kate Fallon: It depends on the level of difficulty. Our view is that all staff, particularly teachers, should receive a reasonable level of training in good child development and an understanding of what is normal behaviour. Sometimes children are described as having severe problems when, if you take some time to look at what is going on, it may be that there are some stresses in their life at school or at home, and the behaviours they display are a perfectly reasonable reaction to what is going on in their life.

It is about having a continuum of training for all staff to have an overview and a reasonable understanding of child development. All staff should have an understanding of when something is a bit beyond what they might expect. All staff should be trained in being able to talk to one another, and there should be procedures and structures in place so that they can say, "I'm a bit worried about this child," and perhaps be able to talk that through with people who have a higher level of training. We think there should be an educational psychologist in a school on a regular basis to support that training of staff at different levels. Some staff might be trained in delivering targeted programmes for small groups of children where a particular issue that needs to be addressed is identified, whereas others might be responsible for flagging it up and talking to people, but everybody should know where to go and should have clarity about who to speak to.

Q4 **Neil Carmichael:** It is partly about awareness—

Kate Fallon: Awareness-raising for everybody, yes.

Neil Carmichael: And the confidence to take some action and feel it is a matter that they should discuss with some other person on the staff. Sarah, is that your feeling?

Sarah Brennan: To some extent. It is about understanding your own mental health—that you have mental health, and that it is as important as physical health. We have sports education and physical activities, which we know are important. This should have the same status. How do children understand their mental health? How do they look after themselves? If they are feeling a bit down, how do they, as well as teachers, understand what they might do about it? It should become a

normal part of school activity and education. This is part of our education as human beings.

I agree that teachers need to be able to identify whether a young person is at risk. Is this a young person whose behaviour has changed? They then need the support of specialists, whether that is through liaison with CAMHS or through speedy referral. I absolutely agree with the point about training. To bring this into the school curriculum, teachers themselves have to understand what mental health is. How do they incorporate it into their school and teaching so that it is a normal part of what we all learn when we are at school and afterwards?

Q5 **Neil Carmichael:** Sue, do you have anything to add to what Kate and Sarah have said?

Professor Bailey: There is a need for the embedding of mental health awareness in normal and abnormal development. The tools for that already exist through the MindEd portal, which teachers use, but when we got feedback from them they reported that, although they felt better when they had that knowledge, they still did not feel confident enough to go to the next stage and did not know where to signpost to. That is where the link, continuum and leadership of a headteacher across all of the curriculum and referring to services in the locality really matters.

Emily Frith: Teachers can contribute to the reduction of stigma, to encourage young people to ask for help. We know that, on average, it takes about 10 years for a child starting to have symptoms of mental health problems to get access to treatment. A lot of that is about asking for help in the first place. Teachers are often the first professionals young people approach for help. Therefore, having teachers who understand basic mental health first aid is an important step in the process of getting early intervention with young people.

Q6 **Neil Carmichael:** If teachers are equipped as you have all described in terms of the ability to pick things up and have the confidence to go somewhere to get additional help, including the leadership Sue identified, and all of that is in place in a good school, or indeed any school, do you think it will help to reduce the number of young people who need to go to CAMHS?

Professor Bailey: Yes. There is some emerging evidence from the link school project with CCGs and local schools. As far as I understand it, that shows that with more awareness and more direct working and learning together, because you work together by learning together, you do not have an increase in referrals—that large fear; you get appropriate referrals. The missing link in all of this—child mental health has come into the daylight and out of the dark—is that we have to be sure that everything we do, everything we teach and every intervention is values and evidence-based and we have measurable outcomes. We really need to drill down into that to make sure it is happening so that we do not

waste any part of the money that has come to us to get on with the business.

Q7 **Neil Carmichael:** Sarah, do you concur?

Sarah Brennan: I agree with my colleagues. We have to remember that initially we have a lot of young people who have not had access to any kind of help, so it will not happen immediately. We are talking about pacing it over time, because it is likely that with greater awareness you increase demand. There is evidence to show that building resilience and intervening early absolutely stops escalation for many young people. That is not happening now. Young people's illnesses are escalating and require specialist CAMHS at a much higher level than would have been the case if they were able to access support earlier. The evidence absolutely backs that up, but we need to think about it over time and pace it.

Emily Frith: I agree. Having expert advice from the NHS for pastoral staff and teachers in schools can help to reduce inappropriate referrals, so it is about making sure that we get earlier access for young people but also helping to sort out the system so that it is more effective than it is currently.

Kate Fallon: Early intervention is certainly important and stops some of those issues escalating. Anxiety in particular is that sort of issue. If you can deal with it early on, you can help; if not, it escalates and the child can become much more anxious and be in a much worse state than they were when they first started worrying about it—whatever it was. Alongside that, there must be the idea of teaching PSHE and teaching children to recognise when they are becoming stressed and feeling anxious and, as others have said, not to feel that it is something they should hide and not talk about but that everybody feels like that from time to time. It is about teaching them the skills to help themselves, but also when and how to ask other people to help them.

Q8 **Suella Fernandes:** There has been a lot of reference to a whole school approach. What do you think are the key components of a whole school approach to mental health and wellbeing, and how should senior leaders make it a reality?

Professor Bailey: First and foremost, we as health professionals have to get ourselves into the shoes of the leaders in schools, headteachers, so it is about leadership and management, ethos and environment, and identifying need. Schools have different needs in different localities, so it is across SEN, pupil referral units, grammar schools, public schools, primary and secondary—the lot—monitoring the impact of interventions and promoting curricula that include resilience.

Equally, it is about listening to co-creation and what young people want. In our SCHOOLS NorthEast programme I am privileged to have as a co-chair Steffi Ellison, a 15-year-old pupil from Hartlepool. Not every young child wants support in school; some want it elsewhere. This cannot be a

one-size-fits-all. It is about working with parents and carers; it is about staff development; it is about giving a safe space, for the school to be calm and for teachers to be able to reflect and have time carved into their day, so that when children have problems that need assistance they get help from parts of the system and they get rapid, timely access to targeted support. That is what I understand by a whole school approach.

Kate Fallon: It starts from a school whose culture and ethos is based on meeting the needs of children and young people. Mia Kellmer Pringle describes this nicely as the need for love and security, the need for new experiences, the need for responsibility and the need for praise and recognition. If everything about a school is based on having a positive regard for children, and it comes right from the top, so that you build an ethos of, "We're here to meet the needs of children and young people to promote good outcomes in a well-rounded way," it leads to policies designed to improve all those outcomes. Every policy and procedure is children's needs-tested: "If we implement this, will it promote the overall needs of children and young people?" We should not put in place policies and procedures that will lead to more stresses, or, if we do, there should be another procedure that acknowledges that that will happen and indicates how to deal with it. At every level, you have the culture and ethos and the principles and philosophy; the policies and procedures are put in place, and all of that is shared and fully understood by everybody, so that you have a graduated approach to children. If children are displaying some behaviours, you can look into that. Is something going on at home? Have they been bullied? The adults in charge can change the environment, because very often environmental triggers lead to those things happening. You can do it as a graduated approach at a lower level and intensify whatever the input is according to the level of difficulty that the child has, but it is embedded into the whole thing.

I don't know whether Professor Katherine Weare from the University of Southampton is coming to the Committee. She wrote a very good paper about what works in promoting social and emotional wellbeing and responding to mental problems in schools. That depicts the whole school approach and the different levels and might be an interesting paper to look at. If you have not already had it, I can send it to you.

Emily Frith: That evidence shows that a whole school approach and universal support can help the whole child population with mental health, but it is particularly helpful for the ones most at risk. Rather than targeting interventions just at the children most at risk, having a universal approach has been shown to be the most effective. The evidence shows that those systems need to be implemented in an evidence-based way. It cannot be done randomly and bottom up. It shows that we need a more consistent approach across the country in terms of an evidence-based standard of support within schools.

Sarah Brennan: I absolutely agree with my colleagues that the whole school approach is important. However, there has been a bit of a problem

in that it is quite a woolly term and we need to articulate it much more clearly for schools to be able to understand what it is and what they do. The NCB whole school framework very helpfully laid out how it connects to school improvement. We need to connect it to school development plans and school improvement and make it concrete, so that it is a very simple, understandable concept and does not remain a rather overarching and sometimes woolly idea, which makes it much more difficult for a headteacher to understand what they are to do with it. That needs to happen. Maybe we should look at the NCB framework and how it can be easily translated for headteachers to use.

Q9 **Dr Whitford:** Many of us go in and out of schools, and we have seen a lot about the rights respecting schools and the UN convention on the rights of the child. A lot of people seem to be using that around how they treat one another, tackling bullying and so on. Is that worked into this approach, or do you see potential for that? Is it a common thing?

Sarah Brennan: It is a really good approach and it absolutely fits with the whole school approach. It is a very useful way of giving young people a sense of their rights and of themselves as people with agency in the school. That is very positive and gives them a real voice in how the school is run and how the culture of the school is dictated. It absolutely fits with the whole school approach.

Q10 **Dr Whitford:** And, I suppose, with their responsibility to their co-pupils as well.

Sarah Brennan: That is completely right.

Professor Bailey: I am doing a review of CAMHS in Wales for the Minister and that is the approach being used. We are taking a rights-based approach and it is exactly that: prevention, participation, autonomy and protection. Everybody has accountability and responsibility.

Kate Fallon: Embedded within that is the voice of the child—acknowledging that children do not always have vocal voices. How do you help children to have a voice, and how do you hear the voice of children who are not always able to articulate what they feel or think? It is about developing that voice in children as well as listening to it.

Q11 **Ian Austin:** Do you think teaching about mental health and wellbeing should be included in the curriculum and, if so, how do you think it could be done? Linked to that, what do we know about the effectiveness of techniques such as mindfulness or resilience and those sorts of issues?

Professor Bailey: It can be taught and it should be embedded right across the curriculum. A headteacher would need to think about what it would look like for somebody teaching physical education. We know that physical education improves mental health. In teaching biology, we want children to understand brain development and how that impacts on mental health, and if you are doing art or English how that impacts. It

needs to be embedded across the curriculum. Headteachers need some autonomy to decide what would best fit their school for the particular age and stage of learning.

We must not waste things such as mindfulness. We must ensure that anything we give as an intervention to children is evidence based; I come at this as a scientist and doctor. As far as mindfulness is concerned, the Wellcome Trust is doing a big review and we need to see what it says. For lots of things like Balint groups, reflective practice and having space for both teachers and pupils to stay calm and think, as you get with nurture groups, the principle is correct, but we have to examine the evidence.

Kate Fallon: I support that, adding the rider that when things like that are done they need to be embedded and joined up with everything else that is going on, and that the people who are being asked to do it are committed to it, understand it, know the evidence and have been properly trained and are able to get supervision. In my case, I would suggest that there were educational psychologists in school that people could go to for professional supervision about how a session went and what they intend to do in the next session, so that they demonstrate, and are supported with, reflective practice, and that it is not just given to somebody to do for a few weeks because they have been on a course. When it is done it should fit into a whole series of other things that are going on, and that person should review how they are doing it and the impact it is having.

Emily Frith: For PSHE, health needs to be not just physical health but mental health as well. That has not always been established in the curriculum. It is not just about PSHE. There are times in the school year when there are opportunities to focus on mental health—for example, year 6 students preparing for transition to secondary school, or students preparing for exams. Those are good opportunities to hook education around mental health. It also has to be up to date and engaging, so young people need to be involved in designing the curriculum. It is very easy for lessons to switch young people off. In particular, if we are looking at the impact of social media and the need for digital resilience, and we do not have an up-to-date curriculum or trained teachers who understand the issues, we will not get effective education in those areas.

Sarah Brennan: I agree with everything that has been said. We should be careful not to pick on one intervention as the answer. Sometimes there is a danger that we pick on mindfulness. It is great, but it is only one thing, and we need to make sure that there is a range of interventions and activities that schools do and that we think of the curriculum as a broad thing, not just what happens in the classroom.

The other point is about evidence. One of the problems with the whole area is lack of evidence, and we can end up not doing things because there is no evidence. We have to think about what is good enough

evidence and how we can get more. A number of schemes have evaluations and they have proven to be useful and effective, but they might not meet a very high standard of random control trial-type evidence. Schools need to be able to audit their needs in the whole school approach and address them so that it is tailored to what they need and what will work for them, and they have a range of responses, not just one thing. It must happen not just in the lessons but in the playground and before and after school. That is how you build a culture of wellbeing as well as learning about mental health.

Q12 **Chair:** How effectively are we evaluating other important areas such as physical activity, or even the role of music within schools and other things that you would not immediately think of as mental health and wellbeing interventions, but are widely felt to be extraordinarily important? Are we properly evaluating those? Is enough going into looking at them?

Sarah Brennan: I could not answer that in full because it is outside my area of knowledge. I know that there is a fund for schools related to the promotion of physical activity and I don't think there is accountability around that. My colleagues might be better placed to say what other things are happening about evaluation of the impact of music.

Professor Bailey: The Youth Sport Trust is looking at the impact of physical activity. It is important to do that and that we equip leaders in schools. In SCHOOLS NorthEast, our commissioners, who are mainly headteachers, have now been trained in values-based practice coming out of Baroness Tyler's work on values-based CAMHS. Miranda Wolpert is about to train them in evidence-based practice. They are used to using an evidence base in education and learning, but we want them to understand the health field enough to know about that. I agree with Sarah that we are not talking about RCTs, but things need to be good enough—first, practise no harm.

Kate Fallon: The answer is probably no, it is patchy. Individual researchers or universities may carry out pieces of research into this or that. I am not sure there has been a strategic approach to collating all that information, or seeing where the gaps are and perhaps commissioning more research, particularly in areas such as music and expressive arts. Sue said something had been done on PE, but I do not think it is wholesale and rigorous enough at the moment.

Chair: Thank you. William has some questions on inspection and assessment.

Q13 **William Wragg:** Can I say how nice it was to see the flurry of young people coming in earlier? It is very apt given this inquiry. Of course, we have a high-stakes inspection regime. Without going into the merits and demerits of that, does the panel agree that Ofsted should give an outstanding grade only to schools that demonstrate excellent health and wellbeing, particularly mental health?

Sarah Brennan: Yes, I do.

William Wragg: It is a very straightforward question.

Sarah Brennan: It is controversial, and there would be some steps along the way. We carried out a survey recently—a YouGov poll of over 800 teachers; 91% of teachers would welcome greater recognition of the work they do to support wellbeing, 71% would welcome a duty on schools to promote student wellbeing and 70% thought there should be increased inspection. Although we are very conscious that we do not want to increase the burden on teachers and schools, there needs to be a rebalancing, because we are ending up harming our children. We need to do something to improve the mental wellbeing of our young people, because we know that will be a better outcome for their lives than just educational attainment.

Q14 **William Wragg:** How might that be incentivised? Is it simply through the inspection process?

Sarah Brennan: There needs to be better understanding. If you are increasing the burden in one area, how can it be reduced in another? Are there areas where there is testing that is not gaining anything for schools or children and young people? There could be an examination of the framework to see whether there are things that are not useful and can be reduced in order to increase the area of wellbeing. Resources would also be very incentivising. There is the healthy rating scheme—a voluntary scheme—which is being introduced for primary schools. It is coming up imminently, in April or May. Why don't we extend that to secondary schools as well? Accreditation or getting a badge for being an outstanding wellbeing school would also be very attractive. A range of things can be done to incentivise.

Emily Frith: The benefit of having Ofsted look at wellbeing is that it is a signal to schools that it is part of their job, and it is not just about accountability measures and the academic side. There are dangers or risks involved as well. There is a risk that, if you just think Ofsted is the answer, it becomes a bit of a tick-box exercise, and you do not necessarily have the detail about what a whole school approach should be. There is also a risk that Ofsted inspectors will not have the capacity and skills to look into this in enough detail. Ofsted should be part of the solution, but there needs to be more than that; there needs to be a national programme of support for schools and a focus on the evidence base about what a whole school approach is so that it can be implemented in schools more consistently. I completely agree with Sarah that some sort of kitemarking, accreditation or even an annual audit of a school's offer would be appropriate, in addition to Ofsted having a more overarching role.

Kate Fallon: In order to be an outstanding school, it ought to be able to demonstrate an approach and support for the good mental health of children and young people. That is essential. It should also include how

well the adults' mental health and wellbeing is supported within a school, so that the school is a happy and healthy school. That sounds a bit trite, but in some respects that is what we should be aiming for. I very carefully did not say at the beginning, "Yes, Ofsted," because there needs to be a robust and honest debate about the current framework and regime for Ofsted inspections. Is it a reality that Ofsted inspections cause a lot of stress to staff and schools that can then have a knock-on effect on the stress of children? How many youngsters now tell you what they are aiming for with their GCSE results compared with what we said we were aiming for when we were doing O-levels? There is a huge difference. GCSE results have high status in terms of their effect on the Ofsted results or assessment. It is also about how that message is carried through. Is it a reality or is it sometimes a perception that warps reality so people get more worried about it than they ought to be? Does that make sense?

William Wragg: It does.

Kate Fallon: In order for it to be outstanding, you should be looking at mental health. Whether the current Ofsted regime is the best way of doing that might be another issue for discussion.

Q15 **William Wragg:** You raise a very important point. Having been there myself, the osmosis by which temperament can be transmitted to the class in front of you is a very important thing to bear in mind.

Professor Bailey: Inspection is a tough job, and Ofsted and CQC are evolving as they learn more, so now is a very timely opportunity to bed in how they would measure mental health and wellbeing. You need some probing questions such as, "Can pupils explain accurately and confidently how to keep themselves healthy?" or, "Can they make informed choices about healthy eating, fitness and their emotional and mental wellbeing?" We could bed those things in. We have measures in health: SDQs for young people and GHQs for adults. There could be dynamic feedback. We could monitor this and the feedback would have to be quicker than the usual Ofsted reporting system. It needs to be dynamic; it needs to be 24 hours a day, five days a week, so that people can see how they are improving and where problems are popping up. That is what you do in other systems; that is what business and industry would do. There are some lessons to be taken from industry in this space, to measure wellbeing.

Q16 **William Wragg:** To round off my set of questions, could I ask about a specific change in the assessment framework, particularly in England, in terms of exam pressures and how much they can contribute to poor mental health, particularly the nature of high-stakes examinations and the ending of reliance on coursework and so on? Do you have any comment to make on that and the recent developments there?

Emily Frith: There are some studies that show a link between pressure of exams and stress on young people and the impact on people's

wellbeing. There is not enough evidence to show how much of a risk factor it is, and we should have more research in that area. It is not just about secondary schools. Children up to year 6 and the end of primary school are now having to go through assessment, potentially, in schools; there is selection at 11-plus as well, and the transition to secondary school. We need to think about this in secondary and primary schools. I acknowledge that the performance framework potentially puts quite a lot of pressure on the workforce, and we know that staff wellbeing can impact on student wellbeing. If we have a workforce that is under pressure, or there are gaps in the workforce, it can have an impact on wider mental health problems. It is about wider accountability, not just the exams themselves.

Professor Bailey: It goes back to human behaviour. There could be two schools on opposite sides of the street. Where the leadership is good, calm and reflective, they will get outstanding results and the staff will not experience the same pressure around exams, nor will the pupils. It is a bit like health. Two wards on opposite sides of a corridor can behave very differently, with very different outcomes, and it is about grasping that.

Sarah Brennan: We carried out surveys and focus groups involving 5,000 young people about two years ago. School stress is one of the top five concerns for young people in terms of their worries. We wanted to understand why young people were experiencing increased mental health problems, so we asked about their worries and concerns. School stress was one of their top five concerns; it was over 80%. The other part of this is the need to understand what we are asking Ofsted to measure if it is looking at wellbeing, and define our terms so that we are very clear about what we are asking any inspection framework to look at.

Chair: We turn now to co-ordination between health services and education.

Q17 **Maggie Throup:** How effectively are health and education services working together to deliver mental health services at local level?

Sarah Brennan: We are all very aware of Future in Mind and the local transformation plans that local areas and local CCGs are leading on. There is a huge amount of activity going on. However, it has been very difficult to engage with all local schools and for local schools to engage with it. We hear this consistently at Young Minds from headteachers, CCGs and CAMHS.

We need to take on board that the teams in CCGs and in CAMHS are small, and that there are a number of schools in their local area that they should be relating to. There is an expectation for schools to be involved in those local plans, but it is very difficult. Practically speaking, how do you do it? Each school has its own particular culture and way of working, so for CAHMS teams and for CCGs the LTP is often a little bit of the job of one person. How on earth do they do that? From my discussions with headteachers, I know they are very keen to know more and to be

involved, but they need to know how they can open up discussions and engagement, and how it is relevant for them. Some think it is nothing to do with them. A lot more can be done in the local system in the relationship between local schools and local transformation plans.

Q18 **Maggie Throup:** Do you know of any examples where schools are inputting to the local transformation plans?

Sarah Brennan: There are, and in some areas where they have been particularly proactive or have created joint local plans with the local authority and the local schools it has worked very well, especially if the local authority still has some responsibility for co-ordination. Much more could be made of collaboration between schools, local authorities and health services, including public health. In Tower Hamlets, Young Minds is working with the public health directorate of the local authority, which provided funds for schools to help them develop their approaches to resilience and wellbeing. That has been very well received, and we are working across 20 schools in the area. It is certainly possible, but it needs somebody to take the lead and make it happen, because it will not happen organically.

Maggie Throup: It is about spreading good practice.

Sarah Brennan: Indeed. Often, the local public health directorate can be well placed to do that as a strategy in the local area, and be the bridge between health and schools and the local authority.

Emily Frith: Some of the barriers we found between schools and the NHS talking together were boundary issues. Some secondary schools might be dealing with lots of different CCGs that each deal with different CAMHS providers, so it can be very difficult for a school to get their head round which of their students needs which NHS support. Also, the culture in both teams and the language the professionals speak is very different. They have different training; they do not understand the jargon the other uses, and that can cause real friction locally between different systems and prevent them from being able to work together effectively.

We found some good practice in the local transformation plans outlined in Croydon, where they are working with schools to co-design a system, and in Oxfordshire where the NHS CAMHS goes into each secondary school on a weekly basis. There is good practice. Our analysis found huge variation within the local transformation plans in terms of their links to education. All the plans mention schools, but very few are co-designing support with schools.

Kate Fallon: One of the particular difficulties we have had over the past 10 years is the growing autonomy of schools—not that that is a problem in itself—and the decreasing responsibilities, in some areas, of local authorities. Once upon a time, senior education officers in a local authority would have represented education on a board and looked at a strategy that could be rolled out across schools. Nowadays, because

schools are much more autonomous, it is up to them whether or not they opt into something, so you cannot necessarily get a joint strategic approach across the whole community. Increasingly, we see schools in competition with one another, so there has not always been an opportunity to share good practice, which also helps.

I will talk a little bit about educational psychologists. In the past, I have managed services where we have had educational psychologists working part-time in CAMHS and part-time in schools, so some of the issues about being able to translate vocabulary from health into schools have been supported by those sorts of strategies. I am aware of good practice in Sandwell and Leeds, and in the north-east, which Sue talked about earlier. Educational psychologists have reported that they have been very well involved in that.

One problem we have is that, because of the changes to school funding, very often schools can only get educational psychologists in for support if they pay for them themselves, whereas previously, when local authorities funded the whole service, they could give time to schools and send in psychologists to work on particular projects to support them. At the moment, local authorities are funding educational psychologists only to do special educational needs work, not to support mental health. The role EPs are playing is very patchy and has been seriously undermined. You would expect me to say it, but I think educational psychologists are a very good group of professionals to support the interface between education and health, as they have knowledge of child development and mental health issues. I am sorry that was a bit long-winded.

Professor Bailey: To address your question and be forward-looking and solution-focused, this is one of the raisons d'être for SCHOOLS NorthEast and Healthy MindEd. We set up in 200 schools comprising all ages, all stages and all levels of ability. What the commissioners pledged to do—we have done this—is to have the local authority, the CAMHS clinical network lead, the DFE lead and SEN all represented. One of the first things we are doing is to learn a foreign language; we are putting together a glossary of the strange words that exist across the system. There are 200 schools across 26 localities. Boundaries will not become an issue because the 26 localities will help the other schools gain the knowledge they need to be able to influence the LTPs and, more importantly now, the STPs, across the region. That will give a sustainable platform from which schools can have one voice across the patch to ask for help and network in, and to be part of the solutions and be helpful. That is really the raison d'être for setting up SCHOOLS NorthEast. Central Government no longer choose to do that, but SCHOOLS NorthEast are not willing to sit back and just let things drift; they will do something about it.

Q19 **Maggie Throup:** Does any panel member know what proportion of schools now have a named mental health leader, as was recommended in the Future in Mind report?

Sarah Brennan: We can get it for you.

Emily Frith: The Department for Education is looking at what provision is made in schools. We are looking forward to getting that information. One of the biggest problems with the system at the moment is that there is so much we do not know about what is currently being delivered, particularly in the education system. We are starting to get those data in the NHS, but when it comes to early intervention support by local authorities in schools, we do not know what is out there at the moment. We have done some research, but there are no nationally produced data.

Sarah Brennan: A training programme has been going on and is only just coming to an end. It was tested in about 250 schools. It was a pilot, and the next step is yet to happen; the evaluation is due out any moment.

Q20 **Chair:** It is good to hear that the north-east is engaging with STPs—the sustainability and transformation plans. Are you aware how well that is happening in other parts of the country?

Professor Bailey: They were not engaging until I explained what an STP was. It is the whole thing about language. By the end of the day, they had contacted the STP lead, so it is again down to leadership in schools and collective leadership across heads of schools.

Emily Frith: There is another huge problem with boundaries. The local transformation plans for children's mental health do not overlap with the boundaries for sustainability and transformation plans for the NHS. There are weird things like counties split in half, which makes it really difficult for the professionals we are talking to at the frontline to make sure that the children's mental health plan is effectively addressed in the sustainability and transformation plan, partly because it is such a small piece of the jigsaw. When you are thinking about major hospital changes, and children's mental health is a tiny proportion of that budget, it does not get the attention it needs as part of the major NHS reform plan.

Q21 **Mr Bradshaw:** Who holds the ring under that north-east model?

Professor Bailey: It is a collective of schools themselves; they got together and funded it, and are doing other work around policy and research in schools. They are a collective; they got themselves together and are beginning to make progress.

Q22 **Mr Bradshaw:** Is it all the schools—100%?

Professor Bailey: There are 200 schools and they network to any school, sending out newsletters and information. They want to be what we need to be, which is a learning hub across the sector. I think they can overcome local authority boundaries, although not easily, but it has to be pervasive and help the people bringing the knowledge, so that they can give the best to children by working together.

Q23 **Mr Bradshaw:** What is your assessment of the impact of budgetary constraints or, less euphemistically, cuts on the ability of schools to provide support for mental health for young people?

Emily Frith: According to the National Audit Office, schools are facing an 8% real-terms reduction in per-pupil funding up to 2020, including all the cost pressures. Obviously, schools have to make reductions in services—cuts. The Association of School and College Leaders recently carried out a survey, and 77% said that financial pressures are having a detrimental effect on education. Many of them are having to cut teaching staff. Often, mental health services provided within school budgets are at risk because they are one of the easier things to cut; they are not seen as a core part of the school provision, so there is a real risk. We do not know how many mental health services are funded by school budgets, but we know they have been, particularly through the pupil premium.

There is also the wider risk that local authority early intervention provision has been cut by the reductions in local authority budgets. Even though more funding is going into the NHS part of the system—as we know, that has not been ring-fenced, so we do not know how much has reached the frontline—there is a risk that it is going out of other parts of the system. One of the main problems is that we do not have a sense of what the overall budget is. We do not know how much is spent in schools; we do not know how much is spent in local authorities, and we have only recently started to see what is being spent on the NHS, so we do not really know what is happening at the frontline.

Sarah Brennan: Each year, Young Minds puts a freedom of information question on the very issue Emily laid out; knowledge about how money is spent on CAMHS, using that in the broadest possible sense, is very reduced. Even with the increased funding coming through from Future in Mind, because there have been ongoing cuts in local authorities—the funding may have come through but the baseline budget has been cut; there is new money, but what was there already was cut—in some areas the money going into children's and young people's mental health has reduced. In some areas, it has massively increased, which is good news, but we see huge variation across the country.

As Emily said, we are already experiencing reduced availability of early intervention services. For schools, we have to think about incentives, because if there is reduction of the funds that were being looked to in order to replace some of the early intervention provision, using their pupil premium and school budgets, we are looking at a potential further disaster of giving with one hand and taking away with the other. Just at the point when we could be changing things significantly for the better, we could suddenly find that the carpet underneath is being pulled away. We are at something of a tipping point in terms of what we are doing around wellbeing and children's mental health.

Mr Bradshaw: Another tipping point.

Kate Fallon: In addition to looking at current planned cuts to budgets, we have to put this in the context of the changes to school funding that happened over the past 10 years, when schools have been given the responsibility for more and more funding, and money moved from local authorities directly to schools. Some schools have been very much on a learning curve. Commissioning is still at quite early stages in some schools. How do you spend the money? What do you spend it on? If I want to improve the mental health of children and young people, what should I be buying in? How should I be spending it, and where do I get it from? We still see schools developing how to commission, how to get good value, how to be clear about what they are getting and how to make sure that what they do is evidence-based and worth spending on. That is still in the early stages. If the budget cuts are quite heavy, it will probably stop that learning journey. Does that make sense? They were not always quite sure how to spend it; now they will not have it anyway. If they have not worked it out, they will not continue to do it, or they will not start doing something.

Professor Bailey: There are two limbs to this. Research from the Royal College of Psychiatrists shows that 25 CCGs are planning to spend less than £25 per head on children and young people's mental health, and some are choosing to spend the enormous sum of £2 per head, despite the additional money to CAMHS, so we have a problem. Equally, we have to ask what we can do differently. Any system can look at waste: what can we stop doing that is not helping? What can we stop measuring that does not matter? How can we get some traction and leverage? It will be by looking at how we train the workforce across health, social care and education. I will get it wrong if I say "classroom assistants;" they are nursing associates in CAMHS. Why can we not have common core training together, because that would reduce cost? The biggest benefit would be that we would learn together, work together and deliver what we want, which is a child and adolescent mental health system, not services. We have to look to ourselves for what would anywhere else be called quality improvement.

Q24 **Mr Bradshaw:** There is a certain complexity and opacity of funding streams in all of this, isn't there? A health visitor in my constituency contacted me in advance of this hearing to say that, because of the cuts in public health funding and the imminent loss of the ring fence, she is worried that health visitors, school nurses and school psychology services will be under threat. Is that a picture you recognise from elsewhere, or is that particularly bad?

Professor Bailey: That is the picture. Trying to be solution-focused, we have to look at the whole workforce and how that could be different, so that those boundaries would cease to matter.

Emily Frith: Another approach to a solution is that, from the commission's work last year, we saw that there is a lot of new money going into the system but some capacity restraint. We found that was a

huge issue in recruiting CAMHS psychiatrists and nurses. If we can make sure that the new funding is going into early intervention as much as possible, and reaching the frontline, those are two things that we can do with existing funds. Making sure that the CCGs spend on children's mental health the allocation they have been given for children's mental health, and it is not offset by cuts elsewhere, and that local transformation plans are audited effectively so that not only is the money going in but it is being spent on early intervention is a way of addressing that. There should also be a greater sense of the whole budget and what is being spent in schools and local authorities as well as in the NHS.

Chair: We come next to social media and the internet.

Q25 **Michelle Donelan:** This is an important area that affects young people's mental health. More than a tenth of young people report that they are affected by and are victims of cyber-bullying, for one thing. The NSPCC told us that between 2015 and 2016 the number of children actively using counselling services because of online abuse or problems to do with the internet that have affected their mental health increased by 9%. It is a real and growing threat, and it is particularly hard for parents and teachers, who were not necessarily brought up in the same environment. How do you think schools and colleges can educate young people to stay vigilant online, bearing in mind that the teachers themselves grew up in a very different environment?

Sarah Brennan: We carried out a review of all the research, which we produced last September. There are some obvious things. It is just like learning how to cross the road, except that it is a virtual road, not one you walk across. Young people need to know how to look out for risks and danger signs and manage themselves, and what might be useful things to look out for. Interestingly, the research so far shows that controlling things—controlling access—does not develop resilience and skills, and most often young people learn from their peers and siblings, not parents. How can we and schools create places where they are learning together and sharing information, because secrecy is also one of the danger signs? That is No. 1. Building digital resilience so that it becomes a normality is something we have to get our heads around. It is here to stay and it will only increase. It is about what happens online, but it is also about the physical effects of young people using social media into the night—the impact of a blue screen on sleep and the impact of lack of sleep on mood and depression. There is a very physical impact in using social media.

The other part is about the sense of identity, and what is happening to young people when they see how other young people behave and think that is how they should behave. It is warping; they are comparing themselves with the world rather than just a few friends in their class. How do we help young people reality-check some of this so that it does not create such anxiety and young people do not feel they do not match up and are not good enough? There is an impact on self-confidence, self-

esteem and relationships. We need to recognise myriad impacts and deal with them up front. At the moment, it feels as though we do not quite know what to do about it. Obviously, schools have a key part and are a key player.

Emily Frith: It is important to recognise that there are some positives about young people's online lives. Young people access Childline online now rather than phoning the number. There are lots of ways young people can support each other through social media, particularly if they have a rare condition. Being able to connect with other young people with the same set of experiences online has been shown to be really supportive.

Technology changes quickly. Not only are young people living online lives now, but they are much more private than they were even 10 years ago. Young people are much more likely to have a smartphone or to use a tablet in their own bedroom, so parents are not necessarily aware of what they are doing. They are using instant messaging more, which means it is much more private; it is not like sharing a Facebook profile and being friends with your child online. Potentially, they are being cyber-bulled in a WhatsApp group rather than on Facebook. Live streaming is a new challenge. We have had some experiences of young people live streaming suicide attempts. The potential copycat effect of that is new, and we do not yet know what the impact will be.

I completely agree with Sarah that it is about not trying to eliminate all online risk, especially in a new private space, but to build resilience in young people. There are two aspects. There is social and emotional resilience. There are some teachable aspects of that around emotional regulation and building self-confidence. There are also teachable digital skills, encouraging young people to know how to block people who have threatened them, how to block content and change their privacy settings online. Making sure that young people know some of the technical things as well as some of the emotional ones is very important.

Michelle Donelan: That is a very good point.

Kate Fallon: This can be linked to other parts of the PSHE curriculum about keeping yourself safe and knowing when to ask for help. It is also about sharing. Sarah made an interesting point about the effect on the brain if a screen is on for hours and hours during the night. One could share that evidence with young people so that they are making informed decisions about the physical impact on them.

In terms of keeping people safe, it is about looking at their own personal behaviour linked to, say, sessions on general bullying in the real context, not cyber-bullying, and getting people to talk about the words they use and what they say online. If they said that to someone else, how would they feel? It is not just about expecting everybody to be a victim, but about teaching children to think very carefully about how they behave towards others and to accept some personal responsibility.

Q26 **Michelle Donelan:** Do you think that corporations, internet providers and social media companies have a big responsibility in this area, as well as schools? You mentioned the positive things. Do you think that potentially they should have strategies to emphasise those positive things?

Kate Fallon: Yes.

Emily Frith: For example, I think Facebook is working with the Samaritans to try to support people who flag up a concern about a friend who has posted comments, saying that they think that potentially they are at risk of taking their own life, and making sure that support is available to their friend. There are some pretty positive things. Young people are on social media. If we want to teach them how to do things, reaching out to them through social media is a really effective way of doing that, but making sure we involve young people in designing solutions is very important.

Professor Bailey: The underlying issue is how we all behave in social groups. There has always been bullying, and cyber-bullying is now the most convenient form of bullying. We have to give young people positive social identity by ensuring, through schools and communities, that we give them a sense of purpose, meaning and control in their life. Part of that control is having knowledge and how that knowledge is transferred from one person to another where there is respect and trust in schools. You really lose wellbeing when you have negative social identity, whether it is in school, community or families. There is some underpinning. I think we can work with social media and the big corporations. I met one just this morning. We can do that, but we need a way of thinking about it. It may be bigger than the topic we are looking at today.

Q27 **Chair:** Thank you very much. While we are on the topic of social media, thank you very much, Sarah, for what Young Minds is doing to collate the views of young people for the purpose of this inquiry. It is much appreciated. We look forward to hearing those results. Are there any points that you feel you have not been asked about this afternoon but you want to pass on to the Committee before you leave?

Emily Frith: There is often a dichotomy. Is it the education system's job to deal with childhood wellbeing, and is that something the NHS is asking the education system to do? If we look at the cost to the education system of mental health, the impact on attainment and absence and the link to exclusion, particularly of young people who have an SEN with mental health—the largest group who are excluded from school—it is really integral to the job of the education system, so there is not a dichotomy between the two, and it is important that we recognise that.

Sarah Brennan: On Emily's point, the costs of children's mental illness are borne much more greatly by education than health, so it is absolutely in education's interest to address this. We talked about Ofsted, but we also need to think about there being a fundamental duty on schools and

our education system to think about and require the promotion of wellbeing.

Chair: Thank you all very much for coming this afternoon.

Examination of witnesses

Witnesses: Dr Ivens, Siobhan Collingwood and Dr Brownlie.

Q28 **Chair:** Good afternoon. Welcome to our second panel. I hope you were able to sit in and hear the views of our first panel. For those who are following from outside this room, it would be helpful if you could introduce yourselves.

Dr Brownlie: I am Zoe Brownlie. I am a clinical psychologist. I work in CAMHS in Sheffield. I am part of the CAMHS school link pilot.

Siobhan Collingwood: I am Siobhan Collingwood, headteacher at a primary school in Morecambe.

Dr Ivens: I am John Ivens. I am an educational psychologist and headteacher at the Bethlem and Maudsley Hospital School, which is about two miles down the road.

Chair: Thank you all for coming this afternoon. Neil Carmichael will open the questioning.

Q29 **Neil Carmichael:** Thank you. The last answer in the previous session told us that it would be a good idea for our schools to recognise the need to make sure that they were looking after the wellbeing of children, and that it is a kind of duty, essentially. How would you describe wellbeing in a school?

Dr Brownlie: It is critically important for educators in schools to recognise that emotional resilience is the bedrock for children's lifelong health and wellbeing. Not only is it about supporting young people's mental health; it is a win-win situation, because it will make a massive difference to children's attainment and their employability, and will reduce antisocial behaviour. An emotionally resilient environment and culture in a school would be a school where there are respectful and positive relationships—we know that is one of the key factors in supporting emotional wellbeing—where there are good listening skills and communication with staff and where there is knowledge of the core psychological principles that underlie children's emotional resilience but that also make a massive difference to children's attainment. We did a survey in Sheffield with 10 of the schools we were working with and, overridingly, what both students and parents want from their school to support emotional wellbeing is to promote the school culture, so that they know they are in a safe place where they are acknowledged, heard, listened to, and respected, and where there is good communication and opportunities to build positive relationships.

I am sure that is why all school staff go into teaching; they have the skills to do that and it is what they are interested in. It is when we have more complex young people who are struggling in those environments that we need to go back to the key principles: "How do I build positive relationships, how do I understand this young person, how do I tune into their needs and how do I help them to feel valued and safe in this place so that they can then access their learning?"

Q30 **Neil Carmichael:** Siobhan, do you think that is something you could have as a duty?

Siobhan Collingwood: Absolutely. It is one of the core reasons why any of us joins the teaching profession. In my school, we talk constantly about producing successful learners, confident individuals and responsible citizens. In order to take that holistic view of educating the child, particularly as we serve quite a disadvantaged community, we have to place wellbeing front and centre in everything we do, because we know that, if children are to attain their full potential, we have to be able to remove any barriers that their emotional state will produce to learning and help them to develop themselves as people.

Q31 **Neil Carmichael:** John, if Ofsted had the task of making sure that a duty to promote wellbeing in a school was part of their inspection structure, what would they be looking for?

Dr Ivens: You would be asking children in the first place. Getting feedback from children often tells you about what is going right and what is going wrong. The question is about wellbeing. In a sense, there is quite a tension. They are not necessarily opposite ends of the same continuum about mental health—the difference between mental illness and wellbeing. They are quite different things. In schools, an Ofsted inspection that looked at getting feedback from parents, children and staff would give you a very good idea about whether a school promoted wellbeing.

Q32 **Neil Carmichael:** On the subject specifically of mental health, what is the most important driver to encouraging good mental health strategies in schools?

Dr Ivens: Dignity and wellbeing. If you have strategies that promote those between staff and young people—relationships between staff and children are absolutely vital—you are on the way. Schools are an amazing resource in addressing mental health. They provide consistent and secure environments that children know week in, week out. When they work well, they are an amazing resource.

Siobhan Collingwood: First and foremost, we absolutely acknowledge that ours is the right place in which to develop programmes that develop children's emotional health and wellbeing. We are the one place children and their families walk into nearly every single day. The potential to form relationships of trust is quite deep. That allows us to get involved in developing a child on a whole level. It requires a whole school approach,

which requires buy-in from every element of the school community, from senior leadership and governance all the way through to the teaching, support and welfare staff. Everybody within the school community must be singing from the same song sheet and not undermining the work of anybody promoting those positive relationships, and helping children to feel positive about themselves.

Q33 **Neil Carmichael:** Zoe, one last point.

Dr Brownlie: To incentivise schools, school staff should appreciate that it will make a difference to all the results, to children's attainment, that it is a key core principle and not an add-on or something different. It is about children's learning, state of mind and their ability to learn. It needs to be valued from the top down. When schools are being scrutinised and their main accountability is around exam results, they cannot help but feel that the whole focus has to be on that. We have staff who know that they could be doing more to support children's emotional wellbeing but are not given the kind of messages that it is valued in their community. From the Government to headteachers and all the way through the system, if we can put in the incentive that this is valued because we want resilient and robust young people who will go out, have life satisfaction and make a difference in the world, schools themselves can put the time in and have the capacity to support those young people.

Q34 **Dr Davies:** To what extent can referrals to CAMHS be reduced by early intervention in schools and colleges both from a services perspective and from a schools perspective?

Dr Brownlie: We need to start in the very early years if we are to make a massive difference to referrals to more expensive mental health services further down the line. We have been doing some fantastic work with nursery schools. It is about supporting young children's emotional regulation, their experiential learning of what it is like to be in a good mental state and how then to develop good relationships. It is in the very early years that nursery staff and parents have a great deal to offer children to build their executive function skills—their self-regulation—which will make such a massive difference to their long-term outcomes. If we are thinking about expenses further down the line, it is not just about CAMHS. It is about criminal behaviour, where it can make a massive difference. It is about physical health outcomes. It is such a key area to invest in early to make massive savings later on for all services across the board.

Siobhan Collingwood: To follow on from what Zoe was saying, the costs of providing for mental health are absolutely huge. The pressure is growing without doubt. Hospital admissions for self-harm between 0 and 17 years have gone up by 50% from 2012-13 to 2014-15. At the same time, there has been an erosion of some 55% in early intervention services that could have an impact on that.

In our school, we work very much at an early intervention level. We have a nurture group, a strong pastoral team, two learning mentors and home-school liaison workers, and we buy in three types of therapeutic services. Within our school setting, nobody waits for interventions and therapeutic interventions, until we get to crisis point. When they are at crisis point and we have to refer out of house to other systems, they face a waiting list of up to 40 weeks to be seen. Our in-house prevention is working very effectively, but as soon as we have to refer out it gets harder.

Dr Ivens: We have just heard about schools bringing in early intervention themselves. If one in 10 children is expected to have, or could have, a psychiatric diagnosis, schools, almost per se, must be doing something to address the need already. That is one point. The second point is that sharing between CAMHS and education—effective interventions and working together in thinking what they might look like in the classroom—would be a big step forward. Sometimes there is a fear with the names that are used that teachers feel disempowered. When it comes down to what you do in relation to that, most teachers already have the skills, but there is great scope for joint working in upskilling school staff and in demystifying diagnosis.

Siobhan Collingwood: Within our local authority we have been working with the Future in Mind transformation programme. We have been looking at how we break down the barriers between one service provider and another. We have come up with learning pathways that we can use in schools to help us to know what to do about each of the different points of concern in a range of different emotional health issues that would present in a school. We have also been providing training and support. First aid mental health training is being provided as part of the transformation plan for all the schools in the local area. The whole programme we have in terms of what we do in school and how we work outside school with other agencies means that, for instance, in my school, where there were exclusion rates of up to 300 a year when I first started working at the school 10 years ago, we have only excluded once this year, and in some years we have not excluded at all. With that engagement for children we have seen a dramatic drop and reduction in exclusion rates.

Q35 **Dr Davies:** Very good. Could you possibly expand on the gold standard or existing practice in terms of identifying developing mental health problems in children and tackling them in the school setting?

Dr Brownlie: In Sheffield we have started to develop a Healthy Minds quality mark for schools. We have a bronze, silver and gold in that. For the bronze, we are looking at universal provision, so it is about whole staff training and accessing StudentVoice. We have done a Healthy Minds audit of the schools so we know what the particular needs are for the school community. We have supported clear referral pathways and clear communication guidelines; students have a page in their planners so that they know who to go to in the school if they have concerns.

At the silver level, it is much more thinking about the targeted population, but still with a whole school approach. It is making sure that pastoral staff are well supported, and have further training on risk, resilience and communication skills. It is massively important for those staff to have reflective practice, because they can come across challenging situations. We have staff who get too involved with some students and staff who are absolutely overwhelmed by students' needs, and they need somewhere to go to talk through their concerns, to contain their concerns and to embed their skills. It is not a sheep-dip training by any means.

At the gold level, it is much more about focusing on the individual young person who might be struggling. They might need other specialist services, but we need the school environment to be as positive and safe for them as possible. The daily interactions make a massive difference to that child's mental health and wellbeing, alongside a therapy session for an hour every two weeks. Having the Healthy Minds quality mark for schools gives structure to the interventions that support mental health.

Siobhan Collingwood: For us, it starts with training for the whole staff. They have to receive training about things such as what insecure attachments are and how they affect children. We have a strong pastoral team, which can be readily contacted by all members of staff at any point in time. We have all staff trained in how to use different measurement systems, so we can measure engagement and wellbeing. We can use more complex diagnostic tools like Boxall profiles. We can get a good idea of what the problems are and the issues as they arise, and what impact different initiatives and programmes have on those children. We would like to have a mental health champion. We are looking, through the Future in Mind transformation plan, to have a mental health champion in every school in the district who will champion the rights of children, be appropriately trained and be able to provide support within schools.

Dr Ivens: I appreciate all of those whole school approaches, but for me it is very often about the individual and how the individual child is treated. I would hope that schools were able to look at children who may not have done as well as they could and learn how they might do better in the future. That is what I come across.

Q36 **Helen Whately:** I would like to follow up on the descriptions you have given of some of the programmes and things you have been doing. Ms Collingwood, you spoke about looking at the impact of different interventions. Have you been able to develop evidence about which interventions work better? Some of the briefing material I have looked at says that there is a shortage of evidence about what works.

Siobhan Collingwood: Absolutely. Some of that will be about narratives and children's progress, and will be observation-based. We also make measurements on a half-termly basis of a child's engagement levels and wellbeing levels. We can look at the impact of interventions on children in terms of how they feel about themselves, how they participate in class

and how that manifests on a pointed scale. We can get some empirical measurements as well about how those children are being impacted by the different interventions that we provide to support them.

Dr Brownlie: There certainly needs to be more work in this area. Schools are desperate to work out how best to support their students. They might bring in outside agencies to provide support in schools, but they have less confidence and knowledge about outcome measures. It is about having some standardised outcome measures for the individual young people to check whatever interventions schools include for the young people, and demonstrate whether they have been effective. One of the outcome measures that is being suggested is a strength and difficulty questionnaire to see what the progress of the young person might be. Of course, we need evidence-based interventions and more work around that.

I would also recommend that there is a mental health audit of the school community, to understand the specific needs for the particular school. When we carried that out, we were quite surprised that one of the top five needs that young people reported as impacting on their mental health was sleep difficulties. We were not expecting that at all. That gave us a view as to how to support young people; to think about parenting workshops, talking to young people about sleep and bringing in some other agencies to support them. It is about identifying need, identifying good practice and good evidence-based interventions, and then measuring the outcomes for the young people.

Dr Ivens: I like developing outcome measures along those lines, and quite a few are available. If schools choose one of them, follow it through and look at the results intelligently, they will be on the way to making a difference for their children. The measures themselves are not wholly perfect, but if the intention is to take a sample of how people are feeling, it is a start. I do not think there is anything that is ideal.

Siobhan Collingwood: It is important that we make those efforts; otherwise, we run the risk of not measuring what we value and only valuing what we measure.

Q37 **Helen Whately:** I have another question about the approach you are taking. To what extent is it important to involve children's families in supporting their mental health needs?

Dr Brownlie: It is critically important. At primary age and nursery age, it is essential that we think about the child in the context of the family. We can have therapeutic approaches that are school based, which are about supporting peer relationships and the child feeling safe in the school environment, but individual therapeutic approaches for a primary-age child would certainly need to include the family. Through some of our training, we have found that school staff can get very anxious about communicating with parents. One of the key training elements that we have brought in is supporting their communication framework with

parents. It has made a massive difference in engaging parents. We have many examples of success stories of engaging quite vulnerable families in the school community.

Siobhan Collingwood: We could not do our job unless we worked effectively alongside parents. For instance, when a parent arrives in my school and tells me that they will be homeless in a week's time, I cannot expect the child to work well in school if we do not help the family to tackle that issue and work alongside them. Those sorts of issues are becoming more widespread. In fact, in the last three years, we have had five times more severe incidents of that type, which impact dramatically on children. We are trying to put effective pastoral support systems in place to address those sorts of needs, so that families feel supported to continue to support their children effectively, but it is getting harder and harder to do. As children's services round about us, such as children's centres, are closing, we find that we are being relied on more and more to do it.

Several of my colleagues in the area sent me information about how that is impacting on them. One of my colleagues said that she wanted me to add that a children's centre has closed and she has taken on the burden of parental support, and that before Christmas the situation was virtually overwhelming. She feels that, although support was put in place to help, it was definitely detracting from working alongside children. We will do what we can to fill the gaps, but it is getting harder and harder to meet the growing social need that comes through our door, with less and less resource and higher and higher expectations of us.

Dr Ivens: It is harder for mainstream schools. In my school, we are very clear that we cannot do what we do unless we work with parents wherever they are in the country. We make very close contact early on. For mainstream schools, it is harder due to the number of children. However, it is vital. Primary schools, almost by their nature, often have a very close relationship with parents that fades on moving to secondary, when it can be distant. However, schools are a safe place in which to bring up difficult issues. Services located in schools are often seen as somewhere that has less stigma. I work in the Maudsley and I work at Bethlem. Bethlem is Bedlam. It is not, though—it is very nice and in a beautiful setting, but it is a hard thing for a family and child to walk into that setting. If you walk into a mainstream school and you are having a family support meeting—call it something more anodyne: something that is there for families to raise issues—a familiar setting is often much more successful in creating openness and safety for families, and one where you are going to get greater attendance. Do not attends are a big issue in CAMHS services.

Q38 **Chair:** Can I go back to the issue of wellbeing? Zoe, you spoke very powerfully earlier about having a clear message that wellbeing is valued. How do you explain wellbeing to people who are unsure about the concept? Could you give us your experience?

Dr Brownlie: It has been helpful to develop that shared language by having the opportunity to have the CAMHS link to schools. We have worked with nine schools in Sheffield. I give a two-hour lecture to the whole staff team. It is key principles, which we are learning from neuropsychology research, around supporting children's emotional regulation. When we are in an optimal level of arousal we are in our thinking brains, and we can be creative and rational and cope with the world around us. When we are feeling highly stressed, we are in our alarm system in our brain and we can think only of the here and now, defending ourselves and feeling anxious or scared.

Some young people going into school have such adverse events going on in their life that they do not have that resilience within themselves, or they have such an enormous amount of stress on them that they are going into the school environment in that alarm system. It then means that it is almost impossible for them to access learning. It does not take much to trigger them into acting out or closing down and being in the fight, flight or freeze position. Wellbeing is very much about how we notice people's mental state, their emotional arousal, and help them to be in the thinking brain where they can be calm and rational and cope with the demands around them. None of us is in that state all the time, but we can notice whether it is fluctuating, "I'm getting a bit stressed; I'm getting a bit angry; I'm getting a bit frustrated; I'm getting a bit bored," and then use resources either within ourselves or externally to adjust that emotional state to be back within that optimal level of arousal. It is about being able to be alert.

An example of some good practice was work with a five-year-old. School staff reported that she was often kicking out, melting down and struggling in the class environment. Through some of the principles we were talking about, the staff very much supported that child's emotional adjustment. They had to do it physically to start off with. Then they could back away bit by bit. The breakthrough for this young child was when she was sitting at a table, someone snatched a toy that she was about to play with and she was able to say, "I feel angry," instead of letting everybody know about that. It is that sort of development—noticing our emotional state, being able to label it, and to be emotionally articulate and know how to address it.

Q39 **Chair:** Are there any points that you would like to add, Siobhan or John?

Dr Ivens: I was thinking to myself about bouncing it back a little and trying to think about a time when you felt really brilliant at school. I am not asking you to say that. To me, there are things about mental health or wellbeing in school that are not the same as mental illness. It is rather the same with physical health and illness. You can be not ill, but not healthy. You can be lying on your settee every night, watching "Game of Thrones" and eating chips. You may not be ill but you will not be healthy. In the same way, you can have a mental illness. You might be slightly depressed but still able to function in lots of ways in school. For me,

mental wellness or wellbeing in schools is to do with the promotion of happiness, satisfaction, achievement, interpersonal relationships and a sense of self-worth. It does not mean that mental illness is not a separate but not necessarily opposite dimension.

Q40 **Chair:** We heard from the last panel that there is a lack of a strategic approach to the evidence base about what works best in promoting that state of wellness, and how schools can fit into that. Would you agree with that?

Dr Ivens: Yes. As an educational psychologist, I used to go into schools and I was pretty quick to pick up what the ethos and the culture of the school was like. It is sometimes quite intangible. There is a concern that, if you create too many measures, the schools that are very good at responding to measures will do so without altering their ethos. It is quite an intangible thing.

When I am working with patients who are in the hospital, trying to get them back into school, I am very quick to know whether the school I am dealing with has a positive approach to children's wellbeing or not. It does not always correspond with whether they are outstanding or not. It is a trickier one to get hold of. Looking at it in a different way, if you were looking at Ofsted, you could get Ofsted to do an investigation as to what makes schools with a positive ethos work. What are their key elements? For me, the first thing is probably respect and dignity for members of staff and every child.

Q41 **Chair:** That culture of respect and dignity has to be at the core, but there are many other approaches that people are looking at, which all sound really important, be they physical activity, music, creative arts and now of course mindfulness. Do you have any view about which of those should be key, or should we be doing all of them?

Dr Ivens: There is a lot of evidence that if you take part in physical activity all those endorphins get released. I know that, because one of the adolescent units in one of the schools has its first PE sessions in the morning. The difference for those young people coming back is absolutely remarkable. It is quite clear. Ensuring that physical activity remains part of the curriculum is vital. In terms of mindfulness, the jury is out. We will wait to see what comes back from harder evidence. You referred to a third one.

Q42 **Chair:** The role of music. We have been hearing about cuts to music in schools, for example, and creative arts. It is those kinds of approaches to improving wellbeing.

Dr Ivens: There are schools, especially in areas where it is quite competitive, that will narrow down and focus on the key indicators that make sure that they are a very successful school. There is a tension and a balance for those schools. Sometimes they are working in areas of low relative academic attainment, and they do things for young children that will work for them for the rest of their lives. To me, it is a balance. I

would be very careful before I condemned a school that went for academic achievement over those more diverse subjects. There has to be a balance, but I would be very careful. When I started my job, I was cuddlier. Now I am ferocious.

Chair: I'm sorry to hear that.

Dr Ivens: Absolutely. It's terrible. I realise that, if young people can leave school with some mark of academic achievement at whatever level, the difference in their sense of who they are is huge, so I am careful before I completely dismiss that drive for attainment. The sense of wellbeing for individual young people can be huge.

Chair: It is a balance. Siobhan or Zoe, do you want to come in?

Siobhan Collingwood: Absolutely. Broad and balanced is exactly the right approach. Like John, I have been on something of an evolutionary journey in terms of my approach to what success is and what that means in schools. I say to staff in my school that, if our children leave our school unable to function in terms of academic ability, we have failed them every bit as much as anybody else may have failed them in the past. It is incumbent on us to make sure that children reach high levels of academic ability, but that is not just restricted to English and maths. If we are to get the best out of children, we have to look at them as balanced human beings. Some children will be better in some disciplines than they are in others, and channelling that and recognising it helps them to be more successful in other areas of the curriculum as well. We are missing a trick if we do not teach a broad and balanced curriculum, but it is becoming increasingly difficult to do so when the pressures are on to reach very high levels of performance in things that we have not previously taught.

For instance, through teaching the SPaG curriculum at the moment, we are having to cut some areas of provision in the school in order to teach children things that we have not previously taught. Children are having to learn at six years old what is meant by the past simple tense. We are having to teach children in year 6 what the subjunctive form is. These are things that we have not taught before. Something has to give in order to be able to teach those things.

Broad and balanced; absolutely. In class, we spend a lot of time teaching children to recognise their emotional barometer, to use emotional literacy and develop their emotional literacy. It all takes time. We are in a very time-tight curriculum at the moment, and it is getting more difficult.

Dr Brownlie: When we are thinking about children's achievements, we have to question what we mean by that. Executive function skills, which are known as non-cognitive or soft cognitive skills—our ability to organise ourselves, to be motivated, to persist at tasks and to know when to ask for help—are the key skills that employers want. They are the key skills that will make a difference to people's life satisfaction, lifelong health and

wellbeing. We need to enable that. It is about resilient learners within the school environment.

When we did our survey, staff, parents and students all said, "Can we reduce the academic pressure? This is having a significant impact on children's mental health." I was on the self-harm rota this week. The two young girls I saw said academic pressure had tipped them over the balance. One of them was telling her parents, "I am going to keep taking these pills if you make me go to school tomorrow. I cannot stand the pressure," having been told in assembly that things were going to get tougher. Stress in itself is not a bad thing, but it has to be manageable. People have to feel some control over it. We need a respite from it, too. It is not that we do not want people to achieve and attain, but it needs to be focused on the individual and giving the right amount of pressure for that particular individual. Headteachers are informing me that, at the moment, the inspection regime—the way schools are measured depending on individual children's results—skews the focus on children's achievement.

It needs to be recognised that some students cannot do the eight core subjects that the school is now going to be measured on. If they do not achieve within those eight subjects, the school's ratings will go down. It is about being able to have an individualised perspective on particular young people, how they are going to achieve and what makes sense to them; the core is being acknowledged, valued and heard. We hope that young people get that experience within educational settings.

Q43 **Chair:** How important is PSHE in teaching?

Dr Brownlie: It is a similar theme. I want us to make sure that we do not see mental health as a bolt-on extra. One of our assistant heads, who is in charge of the PSHE curriculum in a thriving school in Sheffield, told me that he used to do PSHE in Y8 as one lesson. He was quite proud of it. He would tick it off, and that was it. Now that we have done this work, he sees that it is about every aspect of the curriculum. They have to bring it in, and when they talk about any PSHE lessons they think about emotional wellbeing.

When we did our surveys, one of the big things that young people told us was that friendship difficulties had a massive impact on their emotional wellbeing and mental health. We could do a PSHE lesson on that. We need to think about the whole school system. How do we enable structures so that young people can develop good friendships with their peer group? How do we identify the students who are struggling with that, and what extra support could we put in for them? I am thinking about transitions across schools. PSHE is important, but it should not just be seen as this extra, "Oh, we'll do mental health," at one point during a child's life in school. We need an embedded and integrated approach.

Siobhan Collingwood: This is interesting, because this time last year I was being inspected. We were asked by our Ofsted inspector that very

question about the role of PSHE. It took me a while to explain what we meant by it. For us, it is integral to everything we do. We have a values-based system within school, which helps children to develop positive skills and strengths like resilience, effort and happiness. We focus on those as a whole school for weeks at a time. We speak to families about that and it comes into every lesson. We reward it in assemblies. The children can speak and understand that language—what it means to be resilient as a learner, to be able to be independent and to be helpful, and what we expect from them from nursery age all the way through to year 6. It is a hierarchical development within those areas.

Dr Ivens: In good schools it will be additive, but in bad schools it will be, "Well, if you are self-harming, I believe there is a lesson in the summer term." That would be dreadful. I do not think it is a cure-all, but it is certainly a positive thing, because it raises issues that are not raised for a whole class in other areas.

Chair: Helen, do you want to go on to building skills for professionals?

Q44 **Helen Whately:** Yes. Before I come to that, in much of my work as a constituency MP, enormous concerns about young people's mental health and mental health in schools come up. That is one reason why we are doing this inquiry. Mental health is very much an umbrella term; in fact, Dr Ivens, you referred to that a bit. Do you think we understand what we are trying to solve? Do we understand whether the problem is to do with anxiety, depression and self-harming, or is it to do with developmental disorders and ADHD, which comes up a lot in my work, or identifying serious mental illness for children that will be far more evident later in life? In your experience, what is the mental health problem that we need to solve in the education system?

Siobhan Collingwood: It is probably going to be all of those. Through the transformation plan in our area, working with Future in Mind, we have put pathways together for each of those areas. We have developed pathways for ASC, ADHD, trauma support, bereavement and emotional issues, because, as a school, you will meet each of those; they are likely to walk through your door at any point in time. You have to recognise and understand them and know how to work effectively alongside them. I do not think that I could pull out any one of those issues as a specific. The ones that probably have the biggest impact for us are sleep deprivation, self-esteem and self-efficacy.

Dr Brownlie: I get a bit nervous when we talk about mental health conditions and there is a separation. Is it this or is it that? People get nervous and worry that they are not expert enough to get involved, if it is seen as a psychiatric and specialist side of things. The key message that I want to impart is about the core principles around mental health: emotional regulation, being able to build positive relationships and having resources to recognise when we are feeling stressed or anxious and what we can do to address that. In relation to those key skills, during infancy children have experiential learning of how it feels to be in a more

regulated state. They have the responsiveness of their care givers around them to understand and address their needs, and are then able to do that for themselves. It is at that point within families and early years, but also in early years settings, where we can make such a dramatic difference to people's long-term mental health.

I do not say this to trivialise it at all, but sometimes when we see teenagers self-harming, it is almost like an infant tantrum. That is not to trivialise it. It is because they do not know how to manage emotions; they are totally overwhelmed, they do not know where to go, they do not know how to ask for help and it has become far too much. It is about supporting young people's emotional understanding, resilience and self-regulation.

I worry that this approach is quite new. It is quite new in clinical work, so it will take time for education to understand those principles. The education agenda is very much dominated by behavioural principles. Behaviour principles can be valuable, but there need to be more tools in the toolkit than just responding to children through behavioural methods. It is about understanding that the child is completely dysregulated; they are in their alarm system and they need to be soothed, heard and acknowledged and to feel calm before we can have any rational conversation with them at all.

Dr Ivens: You have done a very good job this afternoon of making me emotionally more self-regulated, because it is very nerve-wracking coming before this Committee. The point in what I am saying is that in schools where children feel safe, considered and looked after, they are able to learn. When a school sees that a child is not able to learn, it raises many different questions, whether it is something to do with their capacity to learn, their emotions or mental health. There is probably some kind of middle ground where teachers and schools could be more informed about the kinds of things that may affect children's capacity to learn and how they might respond. In schools, the answers are not hugely technical. We have children with some of the most extreme psychiatric conditions, because they have been referred from all over the country, and when they return to their schools, over and over again, the kind of recommendations that we try to give the schools are immensely ordinary and day to day. Whatever the diagnosis, the response in the school is probably pretty much what a good school would do already.

There are a couple of things that you can do. I do not think that focusing on diagnoses or that side is necessarily going to make things better for children. It is about appreciating that schools have a huge amount to offer in being schools, in being there every week, and the children who hate Fridays and love Mondays are exactly the children for whom schools work. There are, however, things that work across clinical psychology, educational psychology and other people's expertise that could be shared through teacher training, so that people coming into the system have a

greater awareness of it, and can see how their teaching might become more effective. That might be a good buy.

Q45 **Helen Whately:** I was about to ask you about training for teachers. What training do you think would be valuable for teachers? What skills do they need that would enable them to provide more support for mental health?

Dr Ivens: An old saw is that primary teachers teach children and secondary teachers teach the subject. There is a simplistic quality to that. In teacher training for secondary teachers there is probably still nothing on child development. It seems quite absurd that you can view an 11-year-old in the same way as you view somebody who is just about to go off to university. At that level, it would be helpful to know what is happening at the pre-pubescent and pubescent stage and getting towards adulthood, and why year 9s behave as they do, which is hard work if you've got them on a Friday afternoon for maths. At that level, it is one of the first things to teach. The second thing is the knowledge that to learn you need to feel safe and secure, and all the things that are part of that, whether it is within the class, within the teacher or within the child and whether it is a mental illness.

Q46 **Helen Whately:** You think that training for secondary school teachers should focus on their understanding child development. Have I understood that correctly?

Dr Ivens: If you have an understanding of child development, you will understand where the norms are. As a profession, teachers know more about normal development than anybody else and they have more experience of it, but they may need a better set of frameworks to understand it.

Siobhan Collingwood: That is certainly true. I would reiterate it for primary school training. There is not enough focus on child development. When I hit the classroom, and when many of my newly qualified teachers hit the classroom, they are sometimes somewhat shocked. I remember being shocked by a child who was not ready to learn and was confronting me quite openly. That can be very frightening as a teacher when you first face it, especially if you do not understand what is happening. It is very easy to take it on personal terms. One of the first messages we give to staff is that it is not personal. All behaviour is about communication. Once teachers understand that they can start to understand how the brain works, and what they are seeing when a child is misbehaving or acting out, how they can best deal with that and how they can best help the child will stop them making mistakes. When people do not understand, they make significant mistakes. They back children into corners, and children come out either fighting or in complete shutdown. I have seen that happen far too often because there is not enough focus on it. One of the things we are trying to do at the moment within our group and network in our local area is to offer mental health first aid training for mental health champions from every school, so that they understand how

the brain works and the first aid principles of dealing with children in classrooms and schools.

Dr Brownlie: I agree. All staff should have training—I feel I am repeating myself—about the learning we are getting from neuropsychology at the moment, about understanding states of arousal, emotional regulation and the importance of relationships. Attunement and attachment theory are valuable psychological theories to add to the toolkit for teaching staff to know how best to communicate and support not only young people's emotional wellbeing but their readiness to learn.

For pastoral staff, as I have already said, it cannot just be a one-off training session. They need reflective practice to be able to embed skills, contain their own anxieties and retain not only their compassion but their professionalism in thinking about what the needs of the young person are. Some of the most complex and difficult young people are the ones who need their staff's non-judgmental attention and care, but they are probably the ones who irritate, challenge and frustrate staff the most. They need somewhere to take that, to talk it through, to recognise what is going on and to recognise the dynamics. We are human, we get our buttons pressed at times and staff need to be able to regulate themselves emotionally to be calm enough to contain students in their care who might be struggling.

Q47 **Helen Whately:** That sort of training sounds incredibly valuable. I did a mental health first aid training course myself, and it was very interesting and worth while. Do we yet know whether there is evidence that when teachers have had this sort of training they can support the children they are teaching to have better outcomes?

Dr Brownlie: The teaching that we have rolled out in our pilot schools, where we have evaluated the training itself, resulted in 98% of staff saying they felt it was relevant to their role, and 96% said it was excellent or good. It was frightening. I was talking about clinical principles with a whole staff team, and I was not certain whether they would think of it as relevant to their role.

We have feedback about the impact on their practice. As John said, it is about simple things like spending time with the students who cause the most trouble and difficulty, and trying to build a relationship with them when you are not at crisis point. You then have money in the bank. They will accept you when you try to address issues further down the line. It is about being able to recognise that someone is in their alarm system, and you need to help them to calm down before being more rational, or saying that there are some sanctions or whatever from their behaviour. We have asked our staff to feed back what has been the impact on their practice. There is a list of things in my submission that staff have said about the impact on their practice.

Siobhan Collingwood: We have certainly seen an improvement in how children engage and perform in the classroom. For instance, in the last 18

months we have taken on three children from other schools who were on the verge of permanent exclusion and about to leave the mainstream education system. They came to us as a school of last resort to see whether we could help them to stabilise. Just through having provision that is full and robust, and having staff who are completely trained and understand what they are dealing with, all three of those children are now completely stabilised, are performing very well in the school and feel very differently about themselves. We are hearing that from home as well. There is plenty of evidence to show that once people have been trained appropriately, and understand what they are dealing with, you can effect some very significant outcomes.

Dr Ivens: I do not have direct experience.

Q48 **Mr Bradshaw:** How have funding cuts affected your ability to provide mental health services for students?

Siobhan Collingwood: They have significantly impacted. If they have not significantly impacted already, they are about to. The previous panel referred to a tipping point. I believe we are completely there. During the last two years, we have had to trim and trim from our own budget. I put a general email out to several of my colleagues before I came to today's meeting, and the responses I received have been overwhelming in terms of the number who are seriously considering cutting pastoral provision; it is the first thing to go. The first thing that will go will be the therapeutic services that are bought in and the outside services that are bought in. They are already going in April. Staff are being lost from pastoral teams from April.

May I quote one of my colleagues? She finished a heartbreaking email by saying, "The most frustrating thing is I can't see any way out of this mess. With children's social care at crisis point in terms of recruitment and retention, services being cut by the county council, how am I going to cope without reducing numbers of staff? This is a cold, hard fact. It isn't the rantings of a few headteachers. It is already going to bite and it is going to bite very hard and soon." She said that she has been a headteacher for four years, and she should be full of enthusiasm and ambition, but at this point she is despairing of her career choice and wondering whether it is really what she wants to do. I am looking at how long I can sustain things. Am I really going to have to start dismantling systems that I have put in place over the last 10 years and that I know are having a profoundly positive impact on children's outcomes?

Q49 **Mr Bradshaw:** It might be helpful if the people who contacted you with that material were happy to share it with us. Do you want to check with them, and let us have it?

Siobhan Collingwood: I have a copy that I can leave with you. I have checked already.

Mr Bradshaw: Excellent. Dr Ivens?

Dr Ivens: We have seen a bigger increase in the number of admissions over the last few years. It tends to happen at a time of recession. Typically, what happens is that CAMHS locally become overstretched because of cuts. Paradoxically, we see admissions of young people who may not need to be with us, but there is no provision locally to support them. That is something we have seen. It is not affecting us directly, except that we are doing about 75% more work than we did with the same resources in 2009. We are becoming much more efficient, but I certainly see it in the number of referrals.

Dr Brownlie: We need to be aware that it could be false economy. We need to invest to save. If we invest in young people and support their emotional resilience, lifelong health and wellbeing, it will save money further down the line. We know that half of long-term mental health conditions are recognised from 14 onwards. We know that only 7% of the mental health budget is being spent with children and young people. It is a false economy. When considering the cost that will come through in criminal justice, enduring mental health concerns and even physical health concerns, we have robust evidence that children's emotional state impacts on their physical and long-term health outcomes. That is a concern, as my two colleagues have mentioned.

We need to be smarter about the spending. It would be valuable if we could have a clear timetable—I have written it down—across the year for funding opportunities so that we can build bidding opportunities into local transformation plans. On many occasions I have been called and told, "Get a bid in tomorrow," yet we are supposed to consult, to find out what the needs are by doing a proper needs assessment and spend wisely. Let's spend more wisely and smartly and think about investing to save. I heard you speak earlier about cuts to health visiting and early years provision. It is only going to increase expense further down the line.

Spending more wisely is also thinking about health and education working together. It is fantastic that this Select Committee is combined. Time and time again in Sheffield, we keep looking at what further investment we could do in early years and how we are going to save money, but if we invest in health resources the savings will come out in education or social care, so it is hard for health to prioritise that investment. There needs to be joined-up thinking.

Q50 **Mr Bradshaw:** Is it your impression that it is not just uniquely bleak in your geographical area, but across the piece?

Dr Brownlie: Absolutely.

Q51 **Mr Bradshaw:** Do you think it would be helpful if mental health funding in schools was ring-fenced?

Siobhan Collingwood: Yes, I do. We also need to protect the provision that schools can put in place, because we have already said that it is not just a lesson that you do on a one-off basis. You need every member of

school to be working in the same way. If we do not cut the services we buy in, we are going to have to cut CPD. That is another of the first things that goes when you cut. It is not quite as simple as that. I would like to reiterate what my colleagues said about not being in our silos. In our area, within the transformation plan, at the last meeting we had 90 members from across agencies, including police, consultant paediatricians, nurses and representatives from all the schools in the area. They have all signed up to join the mental health network, which will mean that we can all meet together, understand, share ideas and share good practice. That is not expensive. It requires two mental health workers to run and facilitate it, and to have some funds available for training. It is not expensive.

Dr Brownlie: Regarding the budgets, I understand that schools attract a lot of money for pastoral care through the pupil premium. One of the challenges we have in Sheffield at the moment, and I am sure in other areas, is that we have an immigrant population, who have lots and lots of high-level need, but it is not part of their culture to think about asking for free school meals. The budgets for the most challenging areas in the city are reduced because they do not attract that extra funding.

Q52 **Dr Whitford:** I thank all the panel. It has been a fascinating afternoon. Let me echo something John was saying about the way we use language. When we talk about physical health, we never mean illness, yet when we talk about mental illness, we talk about mental health problems. We all have mental health. Sometimes it is good and sometimes it is bad. The discussions have been great.

Zoe, how important do you think the multi-agency approach has been in your projects?

Dr Brownlie: We have had a multi-agency approach for commissioning. The CCG and the local authority have been working together on commissioning and strategic development, and we have managed to engage schools within that. Sheffield has developed an independent CPD organisation to look at school CPD, which schools have invested in and which enables us to co-ordinate and organise services across schools. We certainly need to be maximising work with multi-agency colleagues and reducing overlap. We need very clear referral pathways and stepped-up and stepped-down care. One of the issues that had arisen in Sheffield was that schools were desperate to get the mental health needs of their children met. They were very frustrated with CAMHS and were buying in school counsellors. There was a lot of confusion and overlap, with families sometimes being seen by both CAMHS and school counsellors and being given different advice. School counsellors were brought in as a bolt-on, an add-on, to the school. We had some counsellors ringing CAMHS daily because they were so concerned and anxious about the children they were seeing but they did not have the appropriate support system within the school. It has to be about joint planning for strategic development, but also thinking about stepped-up and stepped-down care and being very clear about care pathways.

Q53 **Dr Whitford:** CPD—continuing professional development—is for all school teachers. I remember as a young mum that the biggest shock was learning that a child would rather have bad attention than no attention, so as soon as they are good and quiet, you go and cook, and when they make merry hell, you dance attention. I would never have worked that out on my own. When you are a busy teacher trying to tick all the other boxes, I am sure it helps having someone like yourself, or a team, to help open these things up. How can we get that to be shared in other areas? You have been working on a big pilot. How do we get that rolled out and normalised as part of being a teacher?

Dr Brownlie: It has been helpful to develop those CAMHS-schools links. It has demystified what CAMHS provides and has developed working relationships. Sheffield is now rolling that out across all schools. We have the same pot of money that we had for 10 schools, but we are now going to be working with 40 schools per year. We are going to have to be very smart, efficient and effective. School staff already have to work with very challenging and complex students, so it is about giving them the psychological principles to best support that. Having a contact—a person, a name—they can ask for support or school-based training has really smoothed relationships, and the understanding of services and what they can offer.

Q54 **Dr Whitford:** What would you say is the biggest lesson to roll out from Healthy Minds to new areas?

Dr Brownlie: As was mentioned earlier, it has been very helpful to have a structured approach so that schools understand what the offer is. It is about the psychological principles, staff training and all the elements that we have talked about, as well as access to StudentVoice, doing a mental health audit to understand the specific needs of the local community, and developing effective working relationships. It is then for schools to cascade that learning among themselves. Schools are now promoting the work to other schools. Although the CCG and the local authority have commissioned the roll-out, schools are saying, "Could we buy in more?" It is something that they see as very important.

Q55 **Dr Whitford:** Siobhan, you are using a lot of similar principles. Is there anything you would add?

Siobhan Collingwood: For us, one of the key things is knowing who to refer to, when to refer and the correct way to do it. On the pathways that we have been sharing, we have that clearly marked as a resource bank at the back. The support network will update that on a regular basis by giving people information about who to refer to and how. Those processes can be difficult and troublesome. At the chalkface, what makes the biggest difference is regular input and a regular voice. I keep talking about the two primary mental health workers who have been employed as part of the transformation plan in our district. They are known by all the schools in their area; they regularly visit those schools and have a relationship with them, which means that schools go to them readily.

Having schools in the local area that are well known for having expertise within that area, because not every school can or should have that, and being able to share it with other schools, is important. It is about relationships, and having time for conversations and time to create networks that work effectively for people.

Q56 **Dr Whitford:** You mentioned the three pupils who were on the verge of being excluded and how that was turned around. What kind of evaluation, either in your school or in the bigger scheme, is going ahead to the point where it can be used as evidence to say, "This is really so important that it cannot be sidelined; it is going to transform education"? What is the evaluation?

Dr Brownlie: The CAMHS-school link has been evaluating the findings on that, although I do not think it is specific about what was helpful. For our roll-out, we are commissioning an external evaluator to get on board—probably one of the universities in the city—to help us to evaluate. We are checking all the time. We evaluate every piece of work we have done and get feedback from people who have case examples. Within the early years work, we have looked at quantitative measures of children before and after the training we have done with the early years providers, and we certainly hope to publish that work. That ongoing evaluation is critical.

Siobhan Collingwood: The Future in Mind transformation plan is helpful because we have a framework in which we can report back on what we are doing. Certainly in our district—Lancashire is a big authority—that is going to be rolled out pan-Lancashire. We need to make sure that the information that we have gleaned gets shared across the whole of the county, and that we can share good practice from other local districts. There is also a national forum where that information can be shared. One of the evidence submissions that you had suggests very strongly that mental health gets put front and centre and has a strong enough profile in terms of how we talk about it, how we measure it and how we value it. At the moment, I am afraid that far too often I feel it is lip service. Again, we come back to Ofsted and accountability systems. Until accountability systems are broad and robust enough and are not primarily based on attainment data and a thin range of measures, schools will not be able to invest the time they need to research and evidence the work they are doing.

Q57 **Dr Whitford:** I am glad about your forums. We spend most of our time on health, and how you share a good idea somewhere else always seems to come up.

Dr Ivens: Teacher standards are quite a useful place; if you raise an expectation that people have been trained and have an awareness of them, it is not a bad place to start. The other thing is that teachers do not have, as medical doctors do, an accreditation—a CPD need to re-accredit. That is something that may be of benefit to teachers. It does not have to be costly. It can be done in-house, but it may be something

that would give an end point—you had to have this, you will have this—and therefore keep it on the agenda.

Dr Brownlie: Recent feedback from some of the secondaries we have been working with was that they want Healthy Minds to be accredited in some way. When pastoral staff have reached gold level, they could have accreditation so that they can do mental health assessments. At the moment schools do not refer directly to CAMHS in Sheffield, but that would enable them to do that.

Chair: Rosie has the final question of the day, on social media.

Q58 **Rosie Cooper:** More than one in 10 young people report being victims of cyber-bullying. The question is around how schools and colleges could enable young people to stay safe online. The other side of the coin is how social media and those kinds of things could have a positive influence on young people's wellbeing. It can do so much good but so much harm. How do you think you could help?

Dr Brownlie: In our Healthy Minds surveys, social media did not come up as a concern for young people. Friendship difficulties and sleep difficulties did. Whether they are associated with social media, I am not certain. We did not find out more about that. As other contributors have said, it is about young people having knowledge and information so that they can manage themselves within that environment.

Young people say there is immense awfulness in social media, and it is about the young person being resilient and aware enough to think, "That is just crazy. I am not going to buy into that." It is about how to manage themselves technically and socially in that environment. I cannot remember which contributor it was, but I thought it was funny when they said, "We have to be careful, because when we try to teach, young people generally know more about social media than older people. It is a bit like dad dancing." It was a fantastic comment. I have an example of that from my own children. Their headteacher was trying to talk to the whole assembly about not sending inappropriate messages. Every child in that assembly thought he was talking about nude pictures, and he then went on to say, "I have done it myself." That just lost the whole group.

There are other ways of addressing it, apart from giving children knowledge, control and information so that they can be resilient. I have another suggestion, which would be facilitated peer discussions as regular episodes in a school, so that young people can share their experiences on the net. There would be no agenda to those, just, "I find that a bit horrible and I never know what to do." They could share their experiences and not feel isolated or unusual by responding in certain ways. That could be a useful way of supporting young people with social media.

Social media can also be used to benefit. We have developed a website in Sheffield CAMHS specifically aimed at secondary students, to support

their emotional wellbeing. There are hundreds of hits on that website. I have had so much feedback from students about how much they value the website. They have been using it, and it has been helpful.

Siobhan Collingwood: Within our school we have two IT managers who train the children in responsible IT usage. If there were a SAT on how to use IT safely, we would do very well in it. The children know all the answers. They have had all the training and they really do know all the answers, but there is an absolute dissonance between what they know and what they do when they get home. Even though they can give you the answers, when they go home and get on a social media site and the person they are speaking to is not present in the room, they resort to some very damaging language and very difficult language. As young as seven, they threaten physical and sexual violence towards each other, which can be disturbing when you know you have spoken to that child the day before and they have given you absolute answers about what was responsible and safe usage. My comment about dad dancing is that children look at us somewhat awry sometimes, and think, "What do they know?" and then go home and do exactly what they want to do.

Some peer support would be very helpful. We are looking with our CAMHS worker to get some peer-support programmes, perhaps with some older and cooler teenagers who could come in and speak to the children and help them understand the impact. They need to be faced with the impact of their usage and not be hidden from that. Sometimes we are almost too careful and too politically correct in terms of how we handle this and talk to children. They are putting themselves at considerable risk through their behaviour.

That said, they also make very good use of social media. One of the young girls I was working with in an effort group told me that she had gone home and looked up improper fractions on YouTube and done a little video on it before she did her homework sheet. Likewise, last year we sent a toy dog into space and lost it. There was a global campaign to try to find the toy dog. It went viral. The children had their own Facebook page. They were communicating with people in New Zealand and Canada about their toy dog. The effect on their self-esteem and their engagement in school was quite profound. It can have some huge impacts. We use the MindEd resource a lot with parents, children and teachers. It is a huge resource that is very effective. It has a great deal of potential for good. We just need to look carefully at how we communicate it as effectively as possible.

Dr Ivens: Digital downtime: parents need to be encouraged and supported in saying that there are limits, and that it is okay for a parent to say, "There is a curfew now. It is past this time. Give us your iPad, give us your mobile and that's it for the day." I do not think there is anything wrong with that. Parents need to understand how addictive it can be to check with your friend at 2 in the morning about what they are doing. "They're in bed, I'm in bed, so what shall we talk about?" It is

really hard, but it can be that simple. The effect on children can magnify normal social relationships. Because you have access to this huge and vast arena of people who are constantly commenting on their lives, it can make your life seem incredibly dull. Theirs probably is as well. When we were growing up that was not there. You left school and, to a certain extent, you left that behind so you did not feel so bad. There is a danger, and young people need space away from it, as do we all.

Chair: If there are no further questions, do members of the panel want to make any points this afternoon that you have not been asked? If there are no further points, thank you very much for coming. We appreciate your advice.