

Written evidence submitted by Place2Be (CYP0076)

About Place2Be and reason for submitting evidence

Place2Be is a children's mental health charity with over 25 years' experience working with pupils, families and staff in UK schools. We support school communities and facilitate a 'whole school approach' to mental health. We provide professional mental health support through one-to-one and group therapeutic work using evidence-based methods backed by research. We offer expert training for education staff, and professional counselling qualifications and placements.

In the financial year 2019/20, we worked directly with 700 schools through our in-school support or training, reaching a school community of over 380,000 children and young people. During the current academic year, we are also reaching up to 50,000 education professionals with our online mental health training programme for teachers (10% of the UK teaching population).

"When I go to Place2Be I let the stress out and it goes away." (6-year-old girl)

"At the start of my sessions I felt really angry all the time and I was losing my temper a lot both at home and at school. Now I am a lot calmer and happier." (7-year-old boy)

Summary and recommendations

Place2Be acknowledges that the Government has made genuine commitments to prioritising the mental health and wellbeing of children and young people. Some elements of the 2017 Green Paper are being implemented and further initiatives have been introduced as a result of Covid-19, such as the Wellbeing for Education Return programme and the Mental Health in Education Action Group.

The Government should now go further and:

1. Commit to a **cross-government strategy** on children's mental health and wellbeing, focusing on prevention, early intervention, workforce capacity, and long-term sustainable funding,
2. Commit to **whole school approaches** to mental health that reduce stigma, intervene early, prevent mental health problems from arising or escalating, and ensure that positive mental health is embedded in the culture of every school.

Our other recommendations for the Government discussed throughout the submission are:

- The Mental Health Support Teams should fully scope all the *existing* local provision in an area to consider how they may be able to work well in partnership with voluntary sector organisations experienced in delivering services in the area
- The Designated Senior Mental Health Lead training should be rolled out; and the training course should be accredited to evidence quality; and it should be commissioned centrally
- The Wellbeing for Education Return programme should be evaluated to show its impact and aid in assessing whether it should be extended
- Produce a development plan for increasing capacity within the children's mental health workforce, including the role of the voluntary sector in this
- Health and education leaders and systems must continue to unite in making children's mental health a priority in their schools and local areas.

Q:- What progress have the Government made on children and young people's mental health, including but not limited to:

1. **The ambitions laid out in the 2017 Green Paper**

Place2Be welcomed the intentions of the Green Paper, particularly around providing an early intervention and preventative approach to mental health of children and young people with lower-level concerns.

Progress of Mental Health Support Teams

In terms of the Mental Health Support Teams – The aim was to roll out the teams to “at least a fifth to a quarter of the country by the end of 2022/23”. While we understand the logistical need for a phased approach, it is concerning that most of the country will still not have access to a team by 2022/23. This seems to create an inconsistent and inequitable offer of support. It would be helpful to know whether the aim is to eventually roll out the teams to provide a consistent level of mental health support to schools throughout the whole of England. However, we acknowledge that capacity issues within the workforce may currently be a significant barrier to achieving this.

In response to the Green Paper, Place2Be recommended that the Mental Health Support Teams must be additional to any support already in place in local areas. Place2Be has been working in partnership with some local communities for over 25 years. It’s important that the new Mental Health Support Teams fully scope all the *existing* local provision in an area to consider how they may be able to work well, in partnership, with organisations who already have experience of working within these communities. This approach is more likely to maximise the impact and reach of services and deliver the best support for children and young people.

Place2Be has extensive experience of delivering mental health support to children and young people ‘on the frontline’. As an organisation, we can therefore provide valuable insight into training needs or areas of focus for Mental Health Support Teams. We collect data around the issues that children and young people present with during counselling. We recently had a research paper peer reviewed and published¹, which looked at the most common presenting issues in primary school children. These were: generalised anxiety (73%), attention difficulties (71%) and low self-esteem (71%). Where we can work in partnership with Mental Health Support Teams, we can share this sort of intelligence and information. We can also share our learnings about the needs within certain communities.

Progress of Designated Senior Mental Health Lead initiative

In terms of providing an incentive to appoint a Designated Senior Mental Health Lead in every school – we understand that training was going to be offered and rolled out but that this was postponed due to Covid-19. We don’t know for sure how many schools have Designated Senior Mental Health Leads. Research conducted by Place2Be and the NAHT showed that in 2019, 78% of schools consulted said there was a designated member of staff responsible for mental wellbeing in their school or college². It’s unclear as to whether this is a direct result of the Green Paper initiative or not. It is unclear what training these individuals have had to aid them in this critical role because as mentioned we understand the Designated Senior Mental Health Lead training has not yet been rolled out. It’s also unclear whether these individuals have a shared understanding and standard of what the role includes. Any training course should be accredited to evidence quality and should be commissioned centrally.

It would be helpful – and welcomed – if the Government could produce more regular, public and transparent updates on its implementation of the Green Paper, the impact and progress along with learning on how best to implement a local combined health and education joined-up approach.

¹ <https://onlinelibrary.wiley.com/doi/abs/10.1002/capr.12333>

² <https://www.place2be.org.uk/media/rnuf5drw/place2be-and-naht-research-results.pdf>

Place2Be knows that it is important to have a specified member of staff leading on mental health strategy and embedding positive mental health within the whole school community. This is an important element of being able to change the culture of a school community and make it a truly positive and mentally healthy environment - both promoting positive mental health and wellbeing as well as identifying and addressing problems early on. It is crucial that these Leads are well-trained and skilled and have the time and capacity to effectively carry out the role. Place2Be offers training and consultations for staff looking to be mental health leaders, as part of our Mental Health Champions programmes.³

Our Mental Health Champions - School Leader programme supports participants to identify their school's priorities and develop strategic approaches to addressing those needs. In the year to March 2020, 436 staff, across 241 schools, took part in our School Leader programme. Feedback from participants shows the effectiveness of a programme to build school leaders' confidence and knowledge in leading the implementation of a mental health strategy in their school (increased from 59% to 95% on completion of the programme). School leaders also reported a positive impact on their schools' ability to work with CAMHS – with understanding of referral routes and services increasing from 17% to 78%.

Lastly, it is worth considering that the Green Paper and its implementation were set in motion well before the Covid-19 pandemic. The pandemic has created additional mental health pressures and concerns which we must all work to address. Going forward, we should be aspiring to a whole school approach to mental health, for every school in the country. The next generation deserves to have good mental health, to give our children and young people the best start in life.

2. Provision of mental health support in schools

Whole school approach

Place2Be believes strongly in the importance of whole school approaches to mental health. Schools are truly at the heart of our communities and are very well placed to act as bases for making mental health support available and accessible. Professional mental health support can be embedded within the school and provided to the whole school community – children, parents and staff. This can be done in a familiar, easy and accessible environment which does not involve taking time out of education to travel to clinics or hospitals. All these factors serve to reduce or remove stigma associated with seeking support.

When our children's self-referral breaktime drop-in service, Place2Talk, is made available to primary school children, at least a third of all pupils use it. Crucially this normalises the process of seeking support and talking about/expressing how you are feeling, at a young age. Making support accessible to all children in this way also means we can reach children from all backgrounds and break down any cultural stigma associated with seeking mental health support.

"It helped me get over my fears about finding friends, helped me to be more kind, and more creative." (10-year-old boy)

"I've gained more confidence since coming to Place2Be, weekly. Feel a little bit stronger." (10-year-old girl)

Other than through the Mental Health Support Teams, the Government does not provide mental health support in schools. It states that schools are best placed to identify the needs of their pupils and can 'buy in' support if they choose to. There is no statutory requirement for schools to provide mental health support.

³ <https://www.place2be.org.uk/our-services/services-for-schools/mental-health-champions-school-leader/>

Place2Be is a charity, and schools usually commission our services from their own budgets, namely using their Pupil Premium funding. Schools in England do not receive any dedicated, ringfenced funding for providing or commissioning mental health support services. Place2Be's vision is for all schools in the UK to have access to high quality, effective, evidence-based mental health support. *A cross-government long term sustainable solution to funding is needed.*

As part of the response to Covid-19, the Government has introduced the Wellbeing for Education Return programme. This involves training, webinars and resources for teachers to support pupil wellbeing as a result of the pandemic. The programme has had great uptake by local authorities (97%)⁴, but we are unsure how far it has travelled down to schools and to what extent it is having an impact 'on the ground'. Further evaluation of the impact of the programme would be useful in considering whether it should be extended.

3. Provision of support for young people with eating disorders

Place2Be is seeing an increase in the number of children and young people reporting eating issues or disorders. In the autumn/winter term of 2019/20, issues relating to eating disorders were raised 35 times, rising to 84 times in the same time period of 2020/21. While the numbers are still relatively low, this represents a 140% increase. While Place2Be is not a specialist organisation in the eating disorder field, we are able to identify emerging issues early on, prevent escalation, and refer on for specialist support. Dependent on the risk of the case, children who disclose disordered eating will be referred to their GP or school nurse for monitoring and support, referred to CAMHS or an Eating Disorder Clinic, and advice will also be given to the parent(s) in terms of monitoring.

It is vital for children and young people to have access to school based mental health support services, to help with the earlier identification of mental health concerns, such as low self-esteem, that can be risks or indicators of eating issues.

4. Addressing capacity and training issues in the mental health workforce

Capacity in the children and young people's mental health workforce has been cited as an issue by NHS England and Health Education England.

Place2Be employs over 400 counsellors, therapists, and clinically trained staff – making us one of the largest UK employers of mental health professionals outside of the NHS.

We also train and supervise around 1,000 counsellors on placement each year. Counsellors on placement commit their time in order to gain clinical experience working with children and young people, often as a requirement of their training. This is in line with British Association of Counselling and Psychotherapy (BACP) standards. The placement is in a school, for one day per week during term time. Place2Be plays a significant role in training the children's mental health workforce.

Place2Be also offers professional qualifications pathways. We have on average approx. 1,000 people a year attend Taster Days, many of whom go on to our Professional Qualifications courses either to upskill in their current work with children or to become a qualified counsellor. Place2Be is committed to developing a skilled children and young people's mental health workforce.

There are issues around diversity, both in the child counselling workforce and the clinical training and education that counsellors undertake. In order to work to address these issues, Place2Be has formed a Coalition for Diversity and Inclusion which brings together counselling and psychotherapy organisations. Our first step is an interactive conference in which training providers will look at the changes needed to increase the understanding of issues around culture, race and ethnicity and both [in the training curriculum and the workforce.](#)

⁴ <https://www.theyworkforyou.com/wrans/?id=2021-01-21.141429.h&s=%22wellbeing+for+education+return%22#g141429.q0>

It is also worth considering that not everyone needs to be a mental health professional to assist with addressing the mental health needs of children and young people. Both parents and school staff can play an important role in promoting positive mental health. Education professionals are well placed for both promoting and role modelling positive mental health and identifying any early signs that could indicate mental health issues arising. Training programmes for education staff, such as the Place2Be Mental Health Champions Foundation⁵, can help to develop these skills. In autumn 2020, we began the roll-out of the CPD accredited free online programme to up to 50,000 teachers and school staff – aiming to reach 10% of all UK teachers this academic year. Of those who took part in the pilot, 93% said they changed their actions, behaviour or attitude in the classroom as a result of something that they learned on the course.

Parents and carers can play a huge role in supporting children's mental health. Research by Professor Stephen Scott shows that evidence based parental interventions can support children with challenging behaviour and support with addressing conduct disorders.

5. Improving access to mental health services

Q:- How inpatient care can be improved so that it is not creating additional stress on children and young people, and how the use of physical and medical restraint can be reduced

Place2Be focuses on prevention and early intervention support in schools and therefore is not best placed to respond to this question. However, we would make the point that education, community, and health services all need to work together, hand in glove, to ensure all the systems are joined up.

Q:- The wider changes needed in the system as a whole, and to what extent it should be reformed in favour of a model that focuses on early intervention in children and young people's mental health to prevent more severe illness developing

Early intervention

We know that half of adults with lifetime mental health problems first experience symptoms by the age of 14. So, intervening early and, in many cases, preventing the escalation of mental health concerns is vital. We need to see a much greater shift towards focusing on prevention and early intervention, particularly in primary schools. Reducing stigma around mental health and seeking support is an important part of this. By making mental health support available and accessible within the school environment, we manage to normalise seeking support and talking to someone about how you are feeling. This is done through our drop in breaktime support service, Place2Talk, which is available to all pupils in a school.

⁵ <https://www.place2be.org.uk/our-services/services-for-schools/mental-health-champions-foundation-programme/>

We also offer targeted 1:1 counselling for pupils. 81% of children with severe difficulties show an improvement in mental health, after 1:1 counselling with Place2Be. These outcomes are consistent year on year. Our follow-up studies find that children and young people continue to benefit from these improvements one year later.

We also see the positive impact of counselling on school exclusions. Analysis of our services shows that for children and young people who had recently experienced fixed term exclusions, three quarters (74%) had fewer fixed term exclusions while they had counselling.

It's for these reasons we firmly believe in the value of early intervention as part of a whole system, addressing issues before they escalate. However, this cannot be done in isolation, and access is required to more specialist support such as NHS CAMHS where a child or young person needs this.

Economic analysis has shown that for every £1 invested, Place2Be's counselling service in primary schools has the potential to return £6.20 to society, by improving long-term outcomes for each child.⁶

Joining up the systems

We need to see health and education systems continuing to make progress to work more closely together. School/education leaders and local NHS leaders can unite in making children's mental health a priority in their schools and local areas. Systems need to be joined up to ensure effective referrals and pathways from school-based services to more specialist services when needed.

Long term sustainable funding

On average local NHS Clinical Commissioning Groups (CCGs) spend less than 1% of their overall budget on children's mental health and they spend 14 times more on adult mental health services than on services for children.⁷ This shows that currently, the focus is not on early intervention and prevention. There is great demand for NHS specialist mental health services for children and young people. An increase in funding is needed for the whole system, with some funding dedicated to focusing on prevention. The approach to mental health funding needs to be longer term and more strategic, not just about plugging the gaps in the short term with emergency injections of money.

Q:- How the Government can learn from examples of best practice, including from other countries?

*Building Healthy Societies: A Framework for Integrating Health and Health Promotion into Education*⁸ is a report published in November 2020 by the World Innovation Summit for Health. It is about the role of schools in child and adolescent health. It looks at several different approaches in different countries. One of the case studies mentioned in the report is Place2Be's school-based mental health support services. Place2Be services were one of four examples of good practice, and the only one in Europe or the USA. Place2Be is a best practice solution. Being embedded in schools means that we identify need that might not otherwise be identified. We are highly effective when we provide

⁶ <https://www.probonoeconomics.com/evaluating-the-impact-of-place2bes-primary-school-counselling-service>

⁷ The State of Children's Mental Health Services: Children's Commissioner report, 28 January 2021: <https://www.childrenscommissioner.gov.uk/report/mental-health-services-2020-21/>

⁸ <https://2020.wish.org.qa/app/uploads/2020/09/IMPJ7849-02-Schools-WISH2020-201102-WEB.pdf>

support - 81% of children with severe difficulties show an improvement after counselling. These figures are consistent year on year. The improvement that we see is sustained: one year later children maintain the improved mental health they had at the end of counselling.

Q:- What measures are needed to tackle increasing rates of self-harming and suicide among children and young people?

During the autumn 2020 school term, Place2Be saw a notable increase in issues raised around suicide ideation and self-harm compared to the same time period the year before, particularly in secondary schools. In secondary schools, issues raised around self-harm more than doubled (109% increase), and issues around suicide ideation increased by 68% compared to the previous year.

The youngest child to have had an issue raised around self-harm and suicide ideation during the autumn/winter term was five years of age. Again, a stark illustration of why we must be focusing on early intervention in primary schools. It is our view that every child and young person needs to have access to school based mental health support services to help with the prevention of, and earlier identification of, mental health concerns.

Place2Be has an expert safeguarding team, who can offer additional advice, training and support to schools where needed. When a child or young person discloses self-harm or suicidal thoughts this is immediately flagged as a high threshold safeguarding concern. The school and family are notified, the family are advised to visit the GP, and all efforts are made to ensure that the individual gets the specialist support that they need. Often children and young people do not meet the threshold for NHS CAMHS support, in which case the school and Place2Be will work with the young person, the school and the family to put together a safety plan. Long term sustainable funding is needed for the NHS CAMHS system.

It is vital for children and young people to have access to school based mental health support services, to help with the earlier identification of any mental health concerns that could indicate safeguarding concerns.

Contact for further information

We are grateful for the work of the committee, launching this inquiry and shedding yet another light on this important issue. For further information please contact Sally Etchells, Policy and Public Affairs Manager at Place2Be,

Please note that Place2Be would be happy to facilitate oral evidence sessions for the committee. This could be from children and young people supported by Place2Be, a member of the senior management team, or a member of school staff working within a Place2Be partner school.

March 2021