

Supplementary written evidence submitted by Professor Cathy Creswell, University of Oxford (MHS0024)

4th October 2021

FAO Mr Alex Lloyd, Health and Social Care Committee, House of Commons

Re: Invitation to provide evidence – Health and Social Care Committee’s Expert Panel

Dear Alex

I hope this finds you well. Following your invitation to provide evidence about experiences of mental health services, we have compiled anonymised excerpts from several of our qualitative research studies carried out at the University of Oxford. Our excerpts illustrate how the Government’s progress on their commitments to mental health have impacted service users’ experiences of mental health services.

Specifically, we have provided data related to perceptions of children and young people’s (CYP) mental health. We believe these data are particularly relevant to the points: “at least 70,000 additional children and young people each year will receive evidence-based treatment”

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Much of our Group’s research focuses on childhood anxiety disorders as anxiety disorders are the most prevalent mental health disorders experienced by children. Without intervention, anxiety disorders can persist into adulthood with negative implications for a child’s social, educational, and familial functioning.

In a survey of help-seeking and access among parents of 222 children (aged 7–11) with elevated anxiety symptoms in England in 2016-17, we found that fewer than 3% of children receive evidence-based support for anxiety related difficulties (<https://link.springer.com/article/10.1007/s00787-019-01388-4>).

During 2020, we conducted a qualitative study of practitioners providing mental health support to children in schools in England (n=15). In our sample, six practitioners worked as ELSAs, three as

Educational Psychologists (EP), two as SENCOs, two as child wellbeing practitioners (CWPs), and two as Educational Mental Health Practitioners (EMHPs). The sample reflected the demographics of the teaching profession; 14 (93.3%) were female with an average age of 38 years (10.5 SD), and 13 (86.6%) participants were White British.

We found that many practitioners described being aware of large numbers of children in distress due to mental health problems and who would benefit greatly from appropriate formal support. Nonetheless, participating practitioners reported that they were often unable to provide support to a considerable proportion of these children due to insufficient resources and/or expertise to meet the current demand. Practitioners described that there was a pressing need for more accessible mental health support for CYP and their families. .

Practitioner (Educational Psychologist, 31 years, Female): CAMHS now are just so overwhelmed that a child with anxiety unless it's really significant or it's mixed in with something else, they're just not going to be seen.

Practitioner (Educational Psychologist, 29 years, Female): In lots of the schools that I work in, parents are just very glad to access any kind of support. So, if their child has needs they'll be really grateful for anything that's on offer because they can often feel really frustrated that they are having to wait two years for an assessment or they know there's a class that runs but they can't get to it because they're at work or they've done a bit of research online but they want something they can actually do and practical strategies that they can use.

Practitioner (ELSA, 45 years, Female): I was with a Year 5 girl the other day who I was told I must go and see because she's got anxiety. Well actually when I realised I only had a few minutes with her I was like oh my goodness I don't want to open anything up for her that I then can't support her to close down safely, so I just said to her 'do you know poppet I just want you to know there's absolutely nothing wrong with you feeling these things' and her whole body just filled up with tears and I could just feel this huge wave of I don't know what, some emotion.

Furthermore, exposure to both very distressed children and their parents/carers during their career was highly distressing for practitioners themselves.

I: What is it like for you to look at that waiting list and go this kid could really do with some help...?

Practitioner (Child Wellbeing Practitioner, 27 years, Female): Yes it's really tough and I think that, full disclosure, it's quite hard as well...it's really sad [that their difficulties aren't] going to be addressed as an early intervention type work because they are on a long waiting list. You

feel hugely responsible especially if you are the assessing clinician and have to hold the case

and check in and nothing has changed, obviously, because nothing has been offered. So, I think more is needed definitely.

Practitioners participating in our study highlighted that they had encountered a number of children experiencing mental health difficulties who were not able to access formal support. In some cases, practitioners who did not have formal mental health training attempted to 'fill the gap' by providing support to these children. This highlights not only the current pressing need for more evidence-based, high quality mental health support for CYP to prevent and address mental health problems, but also the lengths that some practitioners feel they must go to supplement existing services.

Practitioner (SENCO, 49 years, Female): So this poor girl is full of trauma and also from about the age of 7 or 8 her mum became emotionally unavailable to her due to her elder sister having some mental health difficulties. So this poor girl has got all of this trauma and all of this attachment difficulties and I'm trying to repair her trauma whilst rebuilding her connections for her attachment difficulties. And struggled to get her to CAMHS...She's not sleeping, she's not eating very well ...COVID hit and the CBT cannot happen face to face and...CAMHS have now said...we're going to pause it. So I'm like right OK can you do the CBT through me because I have a relationship with her, she answers the phone to me every time, can you prepare me so that I can deliver the CBT?. I thought, do you know what no, I'm just going to research it myself. So I've listened to loads of podcasts and this CBT App has been recommended. So I've been completing it for the last week as if I was her. And I think it's fantastic. In an ideal world if we could just change the situation so that another child doesn't take their own life, so that another child doesn't feel lost and lonely, so that a child doesn't feel like they can't go on, so that a child feels like they're valued and that they are needed and wanted then we've done a good job.

We hope that these reflections and quotes from our recent qualitative work are helpful in informing your review.

The following papers may also be useful if you are interested in qualitative data from further back, in 2015: <https://link.springer.com/article/10.1007/s00787-018-1107-2>; <https://bjgp.org/content/bjgp/67/665/e888.full.pdf>

Best wishes,

Prof Cathy Creswell

On behalf of the TOPIC research team

<https://www.psy.ox.ac.uk/research/topic-research-group>