Written evidence from Dr Tania Hart (CMH0097)

This written evidence is submitted in a personal capacity by Dr Tania Hart, who is a Senior Lecturer in Mental Health Nursing. It is based on the findings of her recently completed PhD study. Dr Hart’s employer; The University of Northampton is supporting this submission.

The co-author, is the supervisor of this study; Dr Michelle O’Reilly, (Senior Lecturer and a Research Consultant with Leicestershire Partnership NHS Trust). Acknowledgment also goes to Professor Panos Vostanis, (Child and Adolescent Psychiatrist and Professor of Child Mental Health, from the Greenwood Institute of Child Health, The University of Leicester), who also supervised this research.

The terms of reference this submission focusses upon are:

- The support of young people with mental health problems in the educational setting.
- Skills for professionals.

Executive Summary:

- This submission centers on the educational needs of school children experiencing mental health difficulties who, for complex reasons, often remain silent about their difficulties.

- The recommendations are based on research findings of a PhD study. Government policy, national and global evidence has been studied alongside exploring in-depth the perspectives of children, who were experiencing significant emotional distress. This provided insight into how adult perspectives are sometimes not shared by teenage children.

- This study’s findings supported the abundance of evidence suggesting there are many barriers in the school environment, which make this population of school children feel isolated and excluded i.e. stigma, and a limited mental health understanding from their teachers. Furthermore, mental health difficulties made these children more
susceptible to bullying and peer conflict. They also reported a lack of trust in their teachers. Most importantly the findings had a key message, which was that these children did not want to stand out from the crowd in such a way that made them feel different from their peers.

- A ‘whole school’ approach to mental health must therefore address the complexities of supporting these children along with measures which consider this key message. Present policy, however, places little emphasis on ensuring a young person feels safe and secure at school before accepting specialist mental health support there.

- It is important therefore that policy makers consider a ‘whole school’ approach that recognises a young person’s priority of need when it comes to ensuring their safety and security at school. This being: 1) The school must firstly create a caring and empathic, non-discriminative culture, which is mental health aware; 2) An emphasis can then be placed on building stronger teacher-pupil relationships; 3) Once staff and children share better relationships, the right confidentiality and disclosure handling codes can ensure any divulged mental health difficulties are sensitively handled; 4) When all this is in place young people are more likely to allow Child Adolescent Mental Health Services (CAMHS) to share with their school important information relating to their mental health difficulties; 5) Shared information from CAMHS to school will then allow teachers to tailor, according to the child’s individual need, educational and pastoral support.

- Considering the above, government policy must therefore place an emphasis on improving teacher awareness of mental health, especially during initial teacher training. It is also important a teacher’s pastoral responsibilities are not devolved to specialist in-reach school services. This is because strong teacher relationships are what children value.

- Government policy must also recognise the importance of nurturing secondary school children’s peer relationships. The exploration of safe discreet methods of connecting children is therefore required.
• Schools need to put emotional security on their agenda, with policies emphasising the importance of confidentiality clauses that are disentangled from safeguarding protocols.

• It is essential that government policy ensures young people play a more proactive role in making decisions about their lives. For instance, with adult guidance, they may decide on what information should be shared with the school, or how they want to be supported either educationally or pastorally. This would go some way to ensure their attainment needs are better balanced with their health needs.

**Introduction:**

1. The recommendations in this submission are derived from carrying out a PhD in this area (Hart, 2015) from 2009 until 2015. Research was undertaken to obtain a global view of the everyday experiences and challenges young people with identified mental health difficulties, face at school. It is important to point out the study had two unique features. The research reported the rarely heard perspective of the school children with identified mental health difficulties and it compared and contrasted their opinions with that of their parents and teachers. Noteworthy also is that the adult perspective, driving today’s discourse and influencing government policy was not always echoed by the young people.

2. The perspectives of 14 young people, 16 parents and 9 teachers were obtained via qualitative interviews. They were attending 10 schools in the Midlands. The young people who participated in this study were all recruited via CAMHS. This ensured these young people had been identified by health care professionals as having a significant emotional problem (depression, eating disorders, severe anxiety or trauma). The reason for this focus was that this group of young people often go undetected in schools because their problems are less visible to teachers. A further hindrance being, this group often remain silent about their difficulties (Cooper, 2010).
3. 1 in 10 children will have a diagnosable mental disorder (Public Health England, 2016). Yet despite it being known that a child’s schooling can protect a child’s mental health, aid their recovery and promote their life opportunities (Public Health England, 2014), school support in this area is not obligatory. Complex barriers also hinder this population of school children being assisted at school. This submission focuses on some of the complications of supporting secondary school children with identified emotional mental health difficulties and makes recommendations as to how schools and services supporting schools can address this complexity.

**The Critical Points of this Submission:**

4. The research findings supported much of the current policy and evidence acknowledging the complex barriers hindering this population of school children from seeking support in schools. It also highlighted how little educational support young people with severe mental health difficulties presently receive. This study’s young participants said this was possibly due to government policy placing more emphasis on pupil attainment rather than wellbeing. This opinion is supported by Public Health England (2014) who highlight the need for schools to balance attainment with pupil wellbeing.

5. The research findings also indicated that this population of young people, despite their significant difficulties, want to cope autonomously at school and adolescents do not want to stand out from the crowd or be viewed differently from their peers. The imbalance between wellbeing and attainment will therefore need careful address. Interestingly, the young people who participated in this study did not want to have therapy for their mental health difficulties within the school environment. This was for very many complex reasons. The findings support a wealth of national and international literature, highlighting the difficulties young people face in seeking help at school or indeed accepting mental health support at school. This therefore contravenes the most up-to-date government policy advocating more specialist mental health services, such as counselling services, be
placed and delivered in schools (DH, 2015; DfE, 2015). By recommending this in isolation there is a risk of simplifying the support these children need. Government policy therefore needs to distinguish more proactively from the special needs of secondary school children to that of younger primary school children. Steps must also be taken exploring, via pilot projects, the complex barriers hindering young people and their parents from utilising the school services designed to help them.

6. It is as a result of experiencing stigma, bullying, and a limited teacher understanding of mental difficulties that make this population of school children fearful of indirect discrimination, victimisation and prejudice. These feelings are exacerbated by institutional naivety of mental health. This finding therefore supports the importance of ensuring mental health stigma projects (i.e. Time to Change, Programme) become an important part of every school’s enrichment activity.

7. Tackling negative attitudes towards mental health in isolation is insufficient to address the broader problem at stake however. A whole school approach to mental health is needed. Literature from the USA, Europe, Australia and Britain all concur that a multipronged approach to mental health is the way to tackle the complex barriers alienating this population of school children (Weare, 2015). This is why an emphasis has to be placed on combating alienation by promoting school connection with teachers and peers, especially as mental health difficulties often make forming strong relationships difficult. For example, the young people interviewed for this study were susceptible to bullying, conflict in their peer relationships, and often did not feel they could trust their teachers enough to be able to confide in them. Government policy therefore needs to recognise the importance of nurturing young people’s peer and teacher relationships by introducing subtle safe methods of connecting them with their peers and teachers. This is very important because friendships have been shown to promote resilience. Furthermore, the educational literature demonstrates overwhelmingly that when a school feels safe and is an affirming place, children thrive academically and emotionally there (Cowie and Oztug, 2008).
8. The findings of this study, combined with the analysis of the broader literature, have identified a gap in the knowledge base. This is because these young people, due to the complexities associated with their mental difficulties, have a priority of need when it comes to their school support. It is important to point out present government policy does not recognise this. This submission therefore advises why every school should consider the child’s needs in a hierarchical order or a layered format so that the complex barriers leading to the child feeling alienated and therefore remaining silent about their problems are recognised. The final five paragraphs of this section outline the layers of priority.

9. **Layer 1**: First a caring, empathetic, and compassionate school ethos which acknowledges mental health difficulties unconditionally needs to be established. To embed such principles all school staff must have the opportunity to develop mental health knowledge, skills and attitudes in this area. Many different approaches have been trialled to develop this knowledge acquisition; from Mental Health First Aid Teacher Training advocated by (Jorm et al, 2010), to various specialist training workshops delivered by CAMHS, as part of the Targeted Mental Health in Schools initiative (Wolpert et al, 2011). The Carter Review of Teacher Education (2015) does, however, make the sensible recommendation that mental health awareness should be an integral part of teacher training, as this will eventually ensure the promotion of every teacher’s emotional intelligence in this area. Furthermore, finding time and resources to add these skills to the occupational profile of teachers later in their career is more challenging. Nonetheless, without this firm bedrock of compassion there is no emotional container to safeguard child or teacher welfare and it must be pointed out any amount of expenditure on child mental health will be wasted. This was demonstrated with the rolling out of the Social Emotional Aspects of Learning (SEAL) programme in 2007, whereby it failed to have significant impact in many secondary schools because the cultural ethos was already dismissive of mental health problems (Humphrey et al, 2011).

10. **Layer 2**: Once the bedrock of care and acceptance is evident in a school, it will be easier to build stronger teacher, parent and pupil relationships. A wealth of educational literature recognises the importance of teacher and peer connection.
There is, however, concern that, with the move to specialist mental health services being delivered in schools, that the teacher’s caring role will be devolved to specialist pastoral staff and thus depriving teachers of opportunities to get to know their pupils well. The young people, parents and teachers who participated in this study all spoke of the benefits of knowing individual pupils well for the same reasons echoed in the safeguarding literature (i.e. Munroe, 2013); it helps them detect distress and intervene earlier when there are difficulties.

11. **Layer 3**: It is probable once young people feel more emotionally and socially connected to their teachers they will feel able to divulge difficulties. Schools, however, need to pay close attention to ensuring policy and processes promote a child’s emotional security. The processes that our participants commonly spoke about were confidentiality and disclosure policy as this was particularly important to them. Often young people and their parents spoke about being fearful of their private information being breached or not being dealt with sensitively. Although there is some literature highlighting this problem it is an area rarely investigated.

12. **Layer 4**: Once connection and security is evident, and trusting relationships have been nurtured through staff education and boundaried policy, it is at this time CAMHS will be more successful in communicating to the school the child’s needs. The young people and their parents voiced, however, that they preferred help from their CAMHS practitioners to help them decide what information needed exchanging. CAMHS should therefore take a role in collaboratively deciding with the child and their parents what information needs sharing. This is essential, as interagency communication is known to improve educational outcomes for these young people. Interestingly, much of the work carried out in this field to date has revolved around interagency meeting protocol like the Common Assessment Framework and the Care Programme Approach. The young people who participated in this study did not, however, value interagency meetings like their parents did, because they were perceived to be indiscreet. They wanted more confidential forms of communication with their parents, such as letters. Interestingly some evidence exists, which suggests children with complex physical problems also prefer basic written information exchange for the same reasons (Wright et al, 1999).
13. **Layer 5:** Once young people provide teachers with ‘need-to-know’ information, teachers are better equipped to help tailor, according to the child’s individual needs, their education and pastoral support. It is at this point young people are more likely to feel comfortable about accessing specialist support from the school counsellor or school nurse. Especially important however for these young people was receiving more tailored learning support to help them achieve their life goals. Most importantly these young people wanted to succeed at school, but their mental health problems were interfering with their learning. They therefore wanted their teachers to understand how their mental health difficulties impacted on their learning. In other words, they wanted teachers to know how their concentration and memory deficits went hand-in-hand with depression or anxiety. In short there was a desire for special measures to be put in place to help them i.e. bite size learning techniques or more revision sessions. It must be noted that government policy recognises the knowledge gap teachers have supporting children with learning disability and mental health, but less acknowledgment is made to how children with solely mental health problems need special support too. As Pettitt (2003) points out, schools presently only tend to involve themselves in children’s mental health problems when they are seen to be direct barriers to learning.

**Recommendations:**

14. Every school must place an emphasis on a whole school approach that acknowledges a climate of care and indiscriminate support. This must provide the platform for every supportive mental health intervention offered to every child and teacher. This can be developed by rolling out more proactively teaching training in mental health awareness, ideally when a teacher undertakes their initial qualifications. Additionally, anti-stigma programmes should also be integral to every school’s enrichment activity so as to promote an even firmer bedrock of care.
15. A socially connected secondary school, whereby pupils and teachers have good relationships, is important. Policy must therefore place more emphasis on nurturing the teacher-pupil bond. Government policy needs to be careful not devolve a teacher’s caring responsibility to specialist in-reach school services. Work therefore has to be undertaken to distinguish the teacher’s pastoral role with that of the roles of school counsellor or school nurse so that clarity is provided for all that work in the school.

16. Good peer connection promotes resilience, however, young people with mental health difficulties have problems forming relationships. More research is needed and best practise policies implemented so that all young people are better connected in a secondary school. Peer buddying or mentor systems may also be trialled with this particular population of school children, but more emphasis must be placed on policy recommending more discreet universal methods of connection because young people do not want to stand out from the crowd.

17. The emotional security of a child and their parents is presently a neglected area in our schools. More focus must be placed by policy on developing more mental health confidentiality and disclosure codes and untangling it from safeguarding protocol. Ideally an amalgamated code shared by CAMHS and other children’s services should be developed as this will promote interagency working.

18. Children’s voices must be central to informing government policy in this area, especially as school is so much part of their world and they should be active in all decisions that affect them (UNCRC, 1989). It is apparent that young people do not often share the same view as the adults supporting them and thus a child’s involvement in their education, and indeed their CAMHS care, must not be tokenistic. Government policy must look at recommending more collaborative decision making models, striving to ensure systems and protocols are introduced that enable young people to decide what learning and pastoral support they need, giving them choice of services, as every child has their own individual needs. For example, more emphasis must be placed on multipronged communication methods with more onus of young people and parents collaboratively deciding what information should be exchanged by CAMHS to schools.
References:


