



# **‘Transforming Children and Young People’s Mental Health Provision’**

**What children and young people think of the Government’s Green Paper**

Summer 2018

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children  
Barnardo’s**





# Introduction

The Government issued its green paper on children's mental health – "Transforming Children and Young People's Mental Health" on 4 December 2017.

This green paper set out proposals for a new approach to helping children with their mental health with a greater focus on support in schools. Measures include training a designated senior lead for mental health in every school and college, teaching children about mental health and well-being and piloting the idea of mental health support teams who would work with a number of schools and other mental services in the area to deliver improved mental health. As the new support teams are rolled out, a four week waiting time period for access to specialist NHS services will be trialled in number of trailblazer areas. The green paper was also seeking views on the impact of social media on children and young people's mental health.

As part of Barnardo's response to this green paper, we visited our services and asked the views of a number of children and young people we support on what they thought of the government proposals. We talked to over 40 young people in five focus groups held around England. The young people we spoke to were aged between 11 and 21. They were supported by a variety of different Barnardo's services and had a range of mental health and well-being needs and some had disabilities including autism or special educational needs. A number had experience of accessing mental health support through child and adolescent mental health services (CAMHS).

We made the questions slightly more young person friendly and this report details the feedback they gave us in response.

## About Barnardo's

As the UK's largest children's charity, Barnardo's works directly with over 301,100 children, young people, parents and carers every year through more than 1,000 services. Our services provide counselling for children who have been exploited, support for children in and leaving care and specialist mental health services. Barnardo's purpose is to transform the lives of the most vulnerable children and young people. We work to build stronger families, safer childhoods and positive futures for children and their families/carers through our services, campaigns and research.

Mental Health and Well-Being is one of the strategic priorities set out in our Corporate Strategy. In 2016-2017, we provided specialist mental health and emotional well-being support to 32,200 children young people, parents and carers.



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# Question 1

## Should all schools and colleges identify and train a Designated Senior Lead for Mental Health who will oversee the approach to mental health and wellbeing?

Young people were generally very supportive about the idea of having more support for mental health available in schools. Children spend a lot of their time at school and the teachers and other professionals they come into contact with can be a very important source of help for them when they are going through a difficult time. One girl specifically commented that the support she had received from an understanding teacher at school was invaluable and potentially saved her life. However, young people had a number of concerns about how this proposal would be implemented. It would need significant resourcing if it was to be successful.

**One person will not be enough – there needs to be a team.**

A key comment from a number of the focus groups was that giving one person responsibility for mental health – on top of their day job as a teacher – was unlikely to be enough in many schools. This was particularly in large secondary schools, which can for example be split over a number of sites. It was therefore felt that you would need a team of individuals to manage the high workload the role would involve

*“It is unfair on one member of staff to have all these issues that people are coming to them with, ideally there needs to be team of three or four”*

*“In my primary school there was 120 people so one would have been plenty but if you’re going to a school with 1000/2000 students then maybe it will probably be a good idea to have a small team dedicated towards it”*

**Not overburdening a single individual is particularly important if they are going to build the relationships and be effective**

Young people commented that having the time and skills to build relationships would be a key part of this role. Mental health leads would need to dedicate a lot of time to building positive relationships if they were going to be effective

*“They would have to build relationships with all these children and young people and that alone is a big task! Just having one person – if they do not get along they will not want to go there, it’s the relationship part of it”*

*“[They] would need to be able to pass messages on to staff and teachers within the school without being asked to. Sometimes in schools teachers are not aware what is going on... if someone is having a difficult time”*

**The mental health support lead does not necessarily need to be a teacher, and should be solely focused on this role, not as an additional responsibility to an existing job**

Young people raised the idea that the mental health lead did not necessarily need to be a teacher, and concerns were raised that if the lead was too “teacher like” they would not necessarily have the right skills to help young people open up about their mental health. As one young person with autism explained about their experience of having a key worker

*“My keyworker left and they were interviewing for a new one and while some of them were good, they were more like a teacher than a keyworker – not someone you could go to if you had a mental health problem, or like anxiety or autism”*

Some young people said that the lead should be a mental health professional and not a member of the school team since it would help if they had good contacts with CAMHS and other external support teams. Children and young people commented that it was important for the school to know how to get support for a young person quickly and efficiently. The mental health lead should therefore be seen as focused entirely on mental health and not have other responsibilities

*“They need to be focused on one thing (mental health) rather than loads of things”*

### **Sustainability will be important**

Young people were keen to emphasise that it would be important that the role was sustained within a school and not be short term. Young people had reported experience of developing trusting relationships with professionals only to have them leave, creating more problems

*“I think the staff need to be more consistent with each other, as sometimes it’s hard to talk to so many different people. I shouldn’t have to repeat my story to different people and I feel that staff should know my background from my records”.*

*“Lots of people with mental health and anxiety get very used to the same person and when that person is no longer there to talk to them, it’s hard for a lot of people”*

### **The role should be implemented across the school estate, including primary schools and pupil referral units**

Many of the young people commented that the new mental health leads should be in place in all schools, not just secondary. It was often in primary schools or pupil referral units where mental health support was particularly poor at present, and this new initiative should aim to address that.

*“My primary school ...I do not feel like they had the knowledge they literally did nothing for me. I felt it wasn’t a safe place and I was crying about going to school”*

*“[They] need to think about pupil referral units, because I go to one and I do not think that the support I have had is as good as if I had stayed in a mainstream school A lot of the time I have been made to feel awful about the problems I am having like its all my fault. I think that PRUs need the most support”*

### **In addition to having a mental health lead all teachers should be trained in recognising and supporting young people who have mental health needs**

The need for mental health to be a key part of all teachers’ roles was emphasised by a number of the children and young people. There was a feeling that many schools policies for example on discipline were not drawn up with consideration of the impact mental health could have on behaviour.

*“Train them (teachers) to recognise mental health problems. It’s not that we need someone new put in, it’s that all the teachers who are already there need to be trained to recognise mental health issues”*

*“All teachers should see the warning signs. When I was suffering from depression and was self – harming, no teachers spotted the signs”*

*“Every teacher should be trained to recognise it and the disciplinary services are trained to recognise certain things about disorders”*

### **Key points from children and young people...**

- There should be a mental health team within schools rather than an individual.
- All teachers should be trained to spot the signs and know where to get further help.
- The mental health lead should be totally focused on mental health and not be in addition to a full time teaching role.



# Question 2

## How should children and young people learn about mental health in school?

Young people were very supportive of the idea of more teaching about mental health within schools. They reported that bullying related to some mental health problems was common in some schools and that compulsory lessons in the curriculum could help to tackle this and to challenge stereotypes. Well taught lessons also had the potential to help young people who begin to show symptoms of mental health problems recognise where there is a problem and hopefully seek help early - many young people reported that they had no idea about mental health problems and treatments before they were diagnosed. To be successful however, young people were clear that the format and who taught the lessons would be very important.

**Who teaches the subject will be very important – schools should consider getting in external speakers who have specific expertise in mental health**

Young people reported poor experiences where mental health and related issues had been taught by teachers who obviously had very little knowledge of the subject area.

This particularly happened when specialist teachers had been removed from schools and responsibility for teaching such subjects given to other subject teachers.

*“They took PHSE leads out of my school and gave the responsibility to the other teachers to run the sessions, the maths lead was given the responsibility to run the drug and alcohol programme and it was clear lots of the year 10 and 11s knew more than the maths teacher did!”*

Young people instead suggested that using mental health professionals or people who had actually experienced mental health problems may be a better approach

*“I don’t think it’s about what they teach but who teaches it, I think there should either be psychologists or psychiatrists who go into schools, I feel like when you have studied that over the years, they are the best people to deliver it in a way that people understand”*

*“It has to be shown to be normal , not using actors but people who have actually had depression or who are actually autistic and come into the school and tell people that it’s normal”*



**Syllabus content should include an overview of different mental health issues as well as working to dispel myths about mental health.**

Young people had a range of opinions on what should be included on the syllabus for teaching about mental health issues in schools. Children and Young people said it was important that the lesson gave them an understanding of mental health problems and where they could go for help

*“I think it should be someone coming in going through the different support systems and the different places you can go”*

*“I didn’t know what CAMHs was until I was referred”.*

*“Understand a bit about the different diagnoses... it’s a cliché, but if we had a broken arm we would go to the doctor if we are not feeling healthy in our heads..for some young people there is a still a real embarrassment around mental health - teaching in schools could help”*

Teaching about the impact drug and alcohol use could have on mental health is also important

*“[They should teach] that certain substances like drugs and alcohol can impact on mental health. When they teach about drug and alcohol abuse, they do not mention anything about mental health - they say like it is bad and can do this, that and the other but they don’t mention the effect it can have on mental health”*

Young people also emphasised that if started early, good teaching about mental health could tackle stereotypes and help prevent bullying. As one young person with autism explained if classmates had a better understanding of her condition it may have helped prevent problems

*“I am really protective of my stuff because I have got autism and someone once threw my bag across the room and ripped up my sketch book and I literally punched them..if children understood this maybe it wouldn’t happen”*

**To be effective teaching should start early and be included in primary schools as well as secondary schools**

Mental health issues can start in primary schools and therefore that is when the teaching should start. Starting early also can help to tackle stereotypes before they start.

*“I think it is very important that primary schools get taught about it too. My mental health started when I was at primary school. It was scary because everyone around me had no idea about it. I would tell the teachers about how I was feeling and they would just say I’m just going through changes. I didn’t really get help about it until I was in Year 9 at secondary school and even then people didn’t really know about it”*

*“They need to teach it in primary school, teach that it’s normal- then do not wait until high school when people have already been conditioned that it’s not”*

### **Key points from children and young people...**

- Learning about mental health should start in primary school.
- There should be compulsory lessons particularly in secondary school.
- The learning must be undertaken by professionals and not by teachers who do not understand the issues.
- Learning should include how to spot if there is a problem and where to go for support.

# Question 3

## Is having mental health support teams working with schools and colleges a good idea?

Young people welcomed the idea of mental health support teams linked to schools. Currently child and adolescent mental health services are very stretched in many areas, and children and young people reported very long waiting lists. It was thought mental health support teams could plug this gap particularly for young people with low to moderate mental health needs. However there were concerns about funding for this initiative, whether there would be enough, where would it come from and would it be sustainable longer term.

**Young people suggested a range of different support that could be offered through mental health support teams**

We asked young people for their opinions on the type of mental health support they had experienced that they thought was helpful and could be offered through mental health support teams. They suggested a number of different ideas including Cognitive Behaviour Therapy (CBT), mindfulness and access to school counsellors

*“They should offer mindfulness because that is a really good skill to have especially for people who do have not extreme problems. It can help you keep a grip on reality and put you in the moment”*

*“I feel like CBT should be delivered...because the amount of people that need that therapy in CAMHS who don't get it because of the waiting list and they don't think they have a high need. I think even better if it's delivered in groups because people can share their experiences”*

*“I went to see a school counsellor in school and it was really useful”*

Peer support groups can be useful, but should not be seen as a suitable solution for everyone, not everyone wants to share with a group. Also peer support needed to recognise the breath of issues young people could be dealing with

*“Sometimes it's nice to just sit and talk to people about the way you feel, meeting people with the same diagnosis as me has made me feel safe in my own self. I feel like I am not the only one”*







*“Some people do not want to attend support groups - it’s really important to have one to one, support groups can be really hard as you feel obligated to build friendships with other people and have some sort of understanding with the other people when sometimes all you want is help for yourself”*

*“I think there should have been separate groups for children and young people according to their disability. I was put into groups that I felt I did not belong to and that made it harder to engage”*

**Mental health support teams need to be sustainable and flexible if they are going to offer support to young people who needed it.**

Young people emphasised that the success of mental health support teams would not just be down to the therapy and support they were able to offer young people, but whether that was sustainable. Young people reported negative experiences of therapy offered for only a short amount of time, with no follow up, meaning that they felt they were just starting to explore issues when the therapy ended.

*“I went to see a school counsellor...but it was just six sessions so I felt just as I was opening up it was like bang, done, you’re gone”*

Young people also commented about the importance of support being offered on an “open door” basis. It did not work to force someone to get help if they were not ready, so mental health support teams need to be able to work flexibly with young people, providing support when the young person was ready

*“That is an important thing, not to push young people, pressurising that is a really bad thing, especially from support groups and things, people being pressured to go into it – then you are not going to take it seriously”*

*“Keep an open door, you might not be ready for it this week, but you might the week after, it took me years to accept that I needed help”*

### **Key points from children and young people...**

- These teams must be made up of mental health professionals who understand how schools work.
- These teams need to help signpost young people to support groups and networks particularly during the crucial waiting time period.

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# Question 4

## Should the wait for a child to see a mental health specialist be within four weeks?

Young people reported a lot of bad experiences of waiting lists for child and adolescent mental health services, and welcomed the idea of having a target for shorter waiting lists. Young people also commented that in urgent cases CAMHS should offer interim support or referrals to voluntary support groups, so that young people were not left unsupported when they were particularly vulnerable. In addition to shorter waiting lists there were a number of other suggestions that the young people made, regarding how CAMHS could improve its service to make it more children and young people friendly.

**Many of the children and young people reported experiences of long waiting lists for mental health services and high thresholds to access treatment**

*“I had to wait nine months, the standard is 7-9 months, in that amount of time things can go from bad to really critical”*

*“I got referred to a Community Psychiatrist Nurse (CPN) and they referred us to one that was leaving so I took six weeks to get referred to her and it was another 12 weeks before I got another one”*

*“It took three years..me and my carer..for them to get me to see someone, we went to the GP, was referred and they were like “you’re OK you don’t need to come back” and then it got really bad again and got referred again, I think I got referred four or five times but we didn’t get anything”*

**If you do need to wait for treatment there are things that mental health services should be able to offer, particularly in high needs cases**

Young people were keen to emphasise that four weeks is still a lengthy amount of time for young people and someone could take their own life in that time. Concerns were raised that there are just not enough counsellors to meet the demand. One idea was that assessments should be made within three days to identify and prioritise the most serious cases. Some disabled young people told us that quicker appointments to clinics should be looked at for those who don’t deal with waiting well due to their disability.

*“Visits at home may be an option rather than going to big hospitals and clinics where it makes people feel scared. The anticipation and waiting is very hard to deal with for some people”*

When a young person is referred it should be standard to tell them about other places such as support groups where they can access help while they wait

*“If the reason that they are referred is because people are worried about it, then there should be immediate referral to a support group so they have something straight away”*

The environment of many CAMHS services could also be improved

Even when they were able to successfully access treatment, young people expressed concern that mental health services were very daunting places and things should be done to improve the environment and to make it easier for young people to attend appointments. This was particularly as young people are often anxious when going for treatment.

*“The lighting, music, waiting rooms and colours is something that the NHS need to look at; as some places are made to feel very daunting and scary”.*

*“I have anxiety that’s why I go there and I have to talk to the receptionist when I get there and sometimes there’s other people and this causes issues”*

*“One service set up a buddy system where you got someone who was not a mental health specialist who told you about the process, met with you, told you what was happening and supported you to go to your appointments and then did some follow up and people had much better access and they came more regularly”*



## Key points from children and young people...

Suggestions were made about how to increase people working within the field alongside raising awareness around mental health:

- There needs to be more of a focus on people training to be counsellors possibly through apprenticeships and grants to increase the number of counsellors. This would assist in delivering the services required.
- All private therapists should have to work for the NHS 1-2 days a week like consultants.
- More national fundraising days for mental health provisions.
- The Government should run a national campaign, raising further awareness and prioritising mental health.
- Assessments should be undertaken within 3 days to identify and prioritise cases according to need and risk.
- Make CAMHS less intimidating and more child friendly including setting up a buddy system to help young people worried about attending appointments.



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# Question 5

## How does social media affect the mental health of children and young people?

Social media was seen to have both positive and negative effects on the health of children and young people. Some said that it has a serious impact on mental health particularly when they had been subjected to bullying or intimidating behaviour on line. However other children and young people reported that they had been able to develop good support networks online, were able to contact friends who lived in other places and could find someone to talk through when going through a difficult time, even if it was the middle of the night. Young people were keen to emphasise that there were things you could do to keep yourself safe online but young people and their parents needed to be educated about how to do this.

### Social media can have negative impacts on mental health

Young people reported that they felt that some material online can glamorise and sensationalise mental health issues particularly eating disorders, self-harm and suicide. They gave specific examples of where social media, websites, television and the media had actually romanticised this to young people almost encouraging them to do it. One girl said

*“Social media glamorises mental illness, it makes it cool and trendy”.*

Cyber bullying was also raised with a number of young people reporting being a victim of bullying or “trolling” on line. They emphasised that anonymity gave people the freedom to write hurtful comments, without any comeback.

*“There is this thing called Sarahara where you can leave anonymous messages. You can say some really nasty shit on there and it’s all this anonymity... it just gives people the freedom to think no one is going to notice me I can say what I like and I think there are massive problems with that when it comes to social media”*

*“A couple of year 8s [recently] shared a page from Snapchat and it was called dirt disher for their school, things like such and such wants to shag such and such, such and such is gay and on and on it was awful”*

*“I had to delete Snapchat as I was getting bullied on it, people at my school were sending me death threats”*

**There are many positive impacts social media can have, including helping young people with mental health problems to access peer support**

However, the children and young people we consulted also commented that they got a lot of support on line with their mental health issues. They were able to access friends who lived far away or in the middle of the night if they were experiencing a crisis. This peer support was an important source of help and support for young people who could otherwise feel quite isolated

*“It’s really important that I have got my online friends because I can like talk to them at any time and I am a night owl so it’s good when I am having a crisis at night I have friends in America I can talk to”*

*“I found a really good way to calm down my panic attacks because of something my online friend said she was like “I know you get this type of panic attack here’s something that may help you”*

*“You can get support groups on Facebook, it can be quite a respectful place. When I did my CBT we had a support group and it’s like completely private and no one else can see what anyone posts on it, and we can write messages”*



### **Young people needed to be better educated on how to keep themselves safe online**

Many agreed that parents needed more understanding about social media and what children and young people could do to keep themselves safe, while still accessing the excellent support networks highlighted above. Some suggested that workshops on social media and how to be safe should be compulsory in schools.

*“You can block people, young people need to be educated on learning how to do that, you need to learn about it at school to spot when things are going wrong, when it’s a red flag and you need to block them or report them”*

*“On tumbler, block lists were put out – “if you see these people block them” but that comes from the users, it’s more important for users to do it than the actual website”*

### **Key points from children and young people...**

- There should be workshops in schools on social media given to children and parents.
- Social media should be used to raise awareness of the effects of it on mental health.
- The Government should work with larger internet and social media companies to encourage them to offer free advertising for NHS support groups and awareness. raising campaigns on mental health. This could help to offset the negative impact these companies and their sites are having on young people’s mental health.

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