Poor mental health and wellbeing can have a devastating and lifelong impact on the lives of children and their families so it's crucial that children receive the right support, in the right place and at the earliest opportunity to prevent mental health problems from becoming entrenched and reaching crisis point.

The Green Paper Transforming children and young people's mental health provision was published at the end of 2017, and a subsequent consultation paper outlines how the government intends to achieve this.

The core proposals for consultation include the following.
● All schools and colleges will be incentivised and supported to identify and train a designated senior lead for mental health who will oversee the approach to mental health and wellbeing.
● Mental health support teams will be set up to locally address the needs of children and young people with mild to moderate mental health issues; they will work with schools and colleges to link with more specialist NHS services.
● Piloting reduced waiting times for NHS services for those children and young people who need specialist help.

The consultation focuses on whether the balance between schools, colleges and secondary mental health services is right and seeks views on the best approaches to support implementation and the identification of good practice and evidence to support delivery.
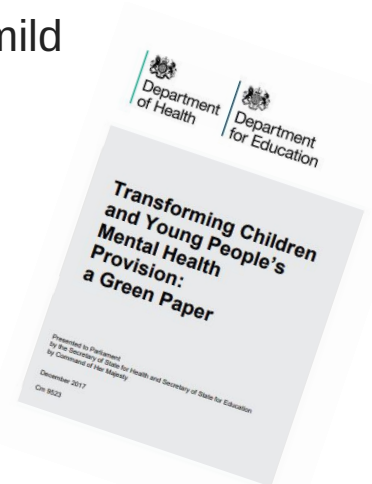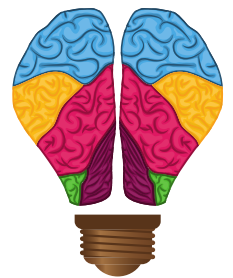
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Is the balance right?

There is widespread agreement among health, public health and social care bodies that prevention and early intervention should be prioritised in addressing the health and wellbeing of the children and young people. This is particularly important in mental health; more than half of all mental health conditions in adulthood are established before the age of 14.

Currently and rather shockingly mental health services are only able to provide support 25 per cent of children and young people who need it.

Plans laid out in the Five year forward view for mental health seek to expand that provision to 33 per cent by 2020/21, but this still falls far short of meeting demand. NHS mental health trusts are experiencing considerable workforce pressures which in turn act as a major barrier to transforming children and young people's mental health. According to the Mental health workforce plan for England, approximately 11 per cent of clinical posts in children and young people's services are vacant. The plan accounts for expansion of therapists and supervisors within children and young people's services but does not include growth in psychiatrists and mental health nurses. Child and adolescent psychiatrists are in short supply; Health Education England data from August 2017 showed that 52 per cent of specialist trainee posts for child and adolescent psychiatry were unfilled and efforts to recruit overseas are being negatively impacted by immigration rules.

The lot of a high proportion of young people seems further exacerbated by a lack of affordable accommodation and a precarious rental sector. According to a recent Guardian article, one in three millennials will never own their own home and renters can be evicted with just two months notice. Such a situation only seems likely to compound the negative cycle of mental health problems as children are born into inherently stressful circumstances. As well as thinking about what we can do as educators we need to think about our wider approach to "place" and think about the effect this instability is having on young people's wellbeing.

Your school is likely to have well established links with the Health and Wellbeing Board and Local Safeguarding Board. Links with wider children's services including Educational Pyschology and Wellbeing Services, CAMHS, the NHS, police and charitable organisations are likely to need further strengthening and transforming in order to reconfigure and reimagine the supply of mental health services to better meet the high demand. The mental health support teams will form part of this restructuring.

If you haven't already designated a Mental Health Lead for your school you probably looking at this now and thinking how this role links into the wider wellbeing ecosystem. In wider discussions there seems considerable room for the creation of a single point of contact (SPOC) in those services that can be accessed for help and advice. Having one consistent, named contact in services such as CAMHS, to refer to for advice, is highly beneficial as it means that school staff do not have to repeat the same information to different contacts.

A final question, are schools meant to prepare students for the tests of life rather than just a life of tests?

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Resources

https://www.samaritans.org/

https://www.childline.org.uk/

https://youngminds.org.uk/

https://www.kingsfund.org.uk/blog/2018/03/transforming-children-young-people-mental-health-provision

https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper

https://mhfaengland.org/

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/705083/Supporting_Mental-Health_pen_portraits.pdf

https://moodgym.com.au/

https://www.nspcc.org.uk/

https://www.mind.org.uk/

https://www.papyrus-uk.org/

https://www.relate.org.uk/

http://www.thriveprogramme.org/

https://kooth.com/

http://www.eduserve.co.uk/additional-needs/sharp-self-harm-awareness-and-resource-project/about-sharp/

https://kidsinspire.org.uk/

Ian Morris's book, Teaching Happiness and Wellbeing in Schools, Learning to Ride Elephants (Clearly, I love the elephant reference!)

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