Keeping young people in mind – findings from a survey of schools across England

Introduction

In recent years, a series of reports from various organisations have highlighted increasing concerns over the mental health and well-being of young people and reductions in the availability of Child and Adolescent Mental Health Services (CAMHS). In a report published in November 2014, the House of Commons Health Select Committee noted the crucial role that schools can play in promoting children and young people's mental health, alongside early intervention services for those experiencing difficulties and NHS mental health services for those that become ill. However, it found that in many areas early intervention services were being cut and heard from service users and schools about unreasonably high thresholds for accessing NHS support. Members of the Association of School and College Leaders (ASCL) have also reported serious concerns about the difficulty in accessing local mental health services and the increasing onus this places on schools and colleges meeting needs they are not equipped to address.

In September 2014, the Children and Young People's Mental Health and Wellbeing Taskforce was established to consider ways to make it easier for children, young people, parents and carers to access help and support and to improve the provision of children and young people's mental health services. Its report *Future in Mind* was published in March 2015. The recommendations included improved information and peer support for children and young people and better links between schools and NHS services. Local NHS Commissioners are starting to implement their own transformation plans based on the report, supported by £1.25bn of funding and national projects such as the piloting of a joint training programme for named contacts in schools and CAMHS.

Against this background, ASCL and the National Children's Bureau (NCB) carried out a survey of schools to gain a greater understanding of the mental health issues they are facing, whether the prevalence of these problems is increasing, how students are being supported and the availability of local mental health services. A questionnaire was sent out by ASCL to members in February 2016 and 338[1] responses were received. The majority came from secondary school leaders (including mostly heads and deputy heads) across England. The survey responses highlighted a range of important findings, set out in this briefing, relating to the prevalence of mental health and well-being problems, access to services, referrals and the new local transformation plans.

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[1] Where appropriate, percentages have been calculated based on the total number of respondents who provided an answer to each question (excluding those who said they did not know or did not provide an answer. Unless stated otherwise, this was applicable to a small number of respondents). Where question options allowed respondents to tick all that applied, percentages have been calculated based on the total number of school leaders who completed the survey (338).

Prevalence

In order to further understand prevalence of mental health and well-being issues, school and college leaders were asked to select the proportion of students who had shown mental health and well-being issues in the last 12 months. Figure 1[2] shows the proportion of schools who reported that each issue occurred in 40% or more of students and shows that those most commonly reported related to anxiety or stress (18%), peer relationship issues (16%), family relationship issues (12%) and low mood or depression (11%). However other issues were less common, in particular eating disorders or body image anxieties (1%).

Figure 1. Percentage of schools reporting that 40% or more of students showed mental health / well-being issues in the last 12 months
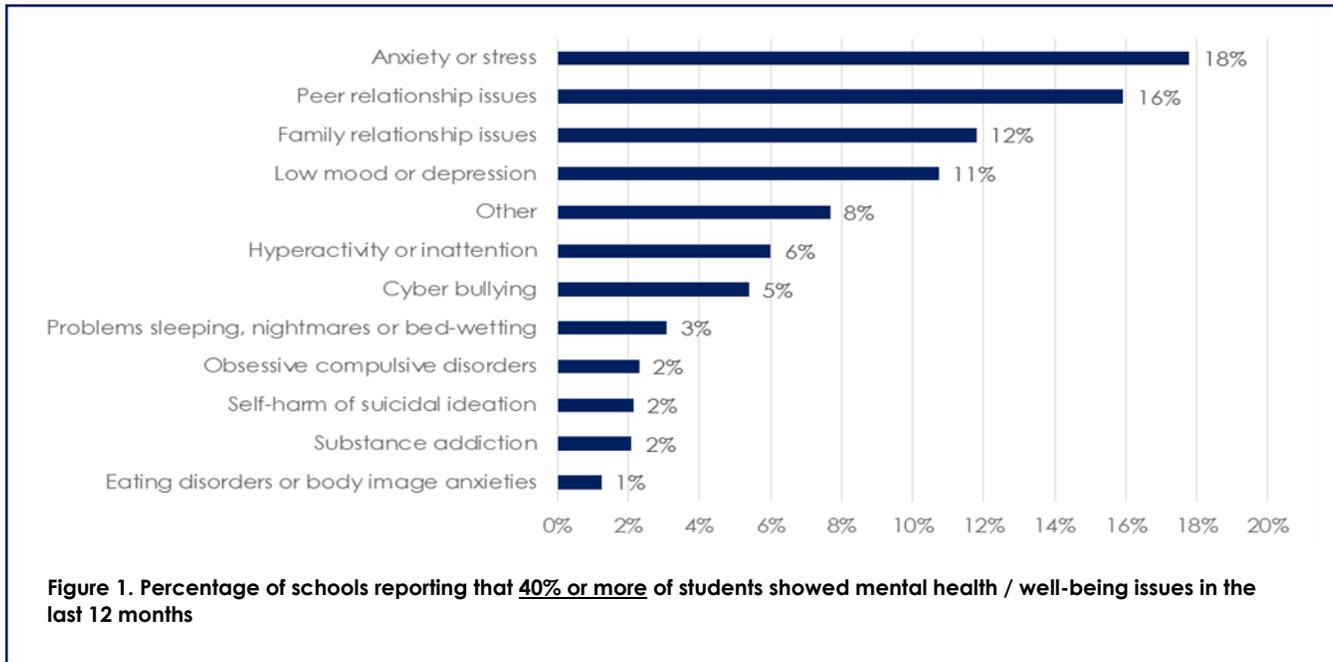
The survey also asked about the change in prevalence of mental health issues in the last five years. Figure 2[3] presents responses where schools reported a 'slight' or 'large' increase in mental health and well-being issues. Some issues reported as amongst the most common (see above) were also seen to be increasing. Specifically, the largest reported increase was in the number of students experiencing anxiety or stress (90% reported an increase) and low mood or depression (84% reported an increase). However, high increases were also reported in cyberbullying (81% reported an increase) and self-harm or suicidal ideation (79% reported an increase), suggesting that these prevalence levels may continue to rise. The lowest reported increase occurred for substance addiction (35% reporting an increase).

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[2] With the exception of responses relating to problems sleeping, nightmares or bedwetting (22% said they did not know the prevalence of this) substance addiction (14% said they did not know the prevalence of this) and 'other' which was only selected where respondents mentioned 'other' mental health and well-being issues, at least 90% of respondents answered these questions. Percentages are based on the number of respondents who answered each question.

[3] With the exception of responses relating to problems sleeping, nightmares of bedwetting (15% said they did not know how this had changed in the last five years) and 'other' which was only selected where respondents mentioned 'other' mental health and well-being issues, at least 90% of respondents answered these questions. Percentages are based on the number of respondents who answered each question.
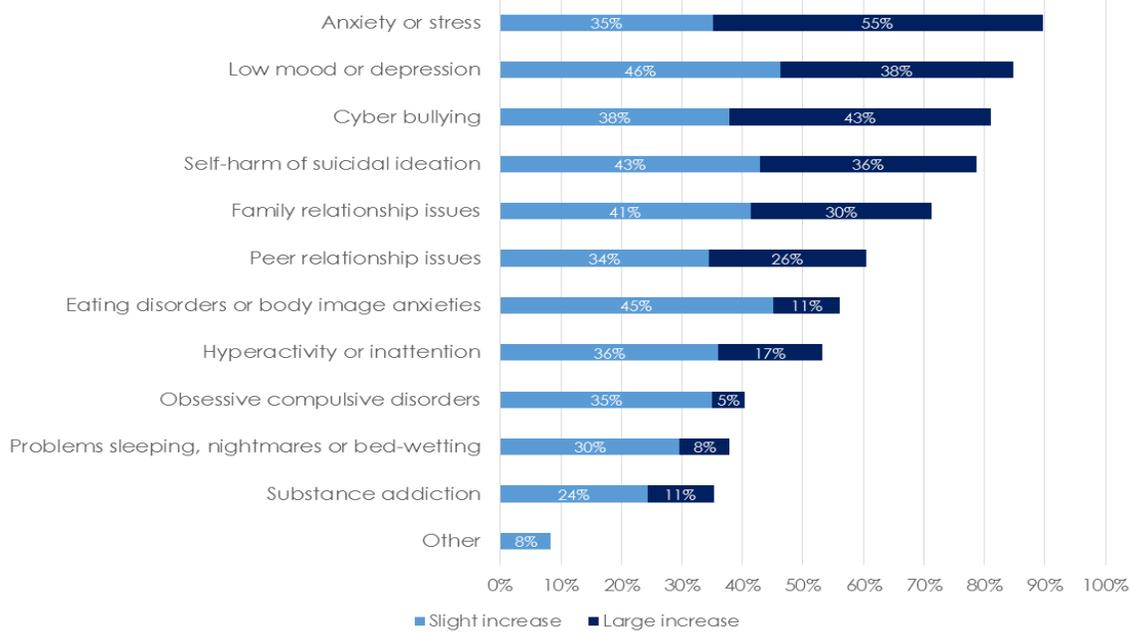
Figure 2. Percentage of respondents reporting a slight or large increase in the number of students experiencing mental health and well-being issues over the last five years

Referrals

School leaders reported making referrals to a range of services (see Figure 3[4]) with over 90% reporting referrals to: CAMHS or other psychiatric treatment, GPs, family orientated support, voluntary organisations and counsellors (both in house and outside of the school or college). Amongst the lowest referrals were those to Dieticians / Nutritionists, which corresponds with the low reported prevalence rate of eating disorders. However, despite this range of referrals, nearly two-thirds (65%) of schools reported that they had experienced challenges when referring on to other services due to limited capacity within existing services; as well as a shortage of services to which students could be referred (60%).
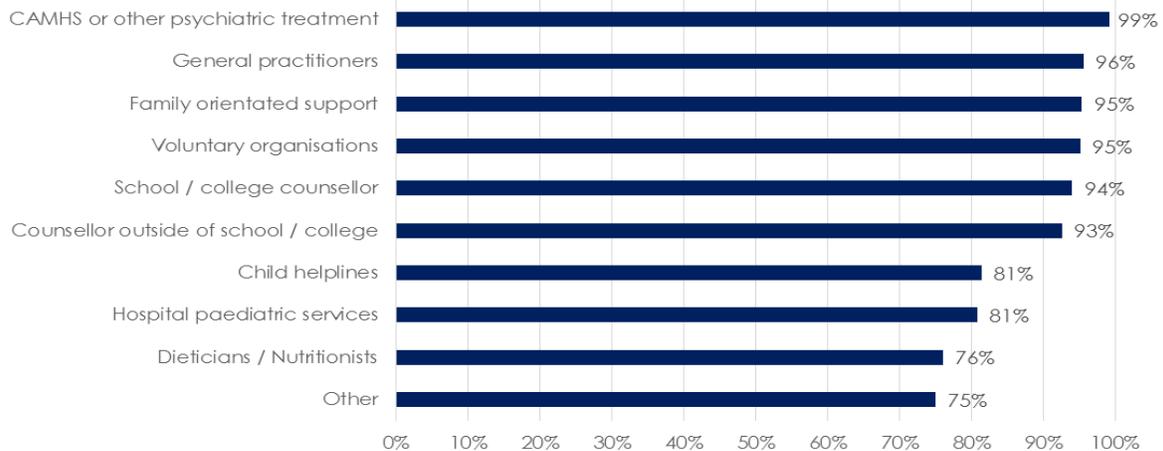

Figure 3. Frequency of referrals to mental health / well-being services

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[4] Percentages calculated based on all survey respondents.

Where school leaders reported making referrals, they were asked about their experiences of the process (Figure 4[5]). They were happiest with the referral process to school counsellors (in house) with 43% reporting that they were 'very happy' or 'happy' with this experience. However, they were least satisfied with the referral process to CAMHS or other psychiatric treatment, where only one in five (20%) reported that they were 'very happy' or 'happy' and nearly two thirds (63%) reported that this experience had been 'poor' or 'very poor'.
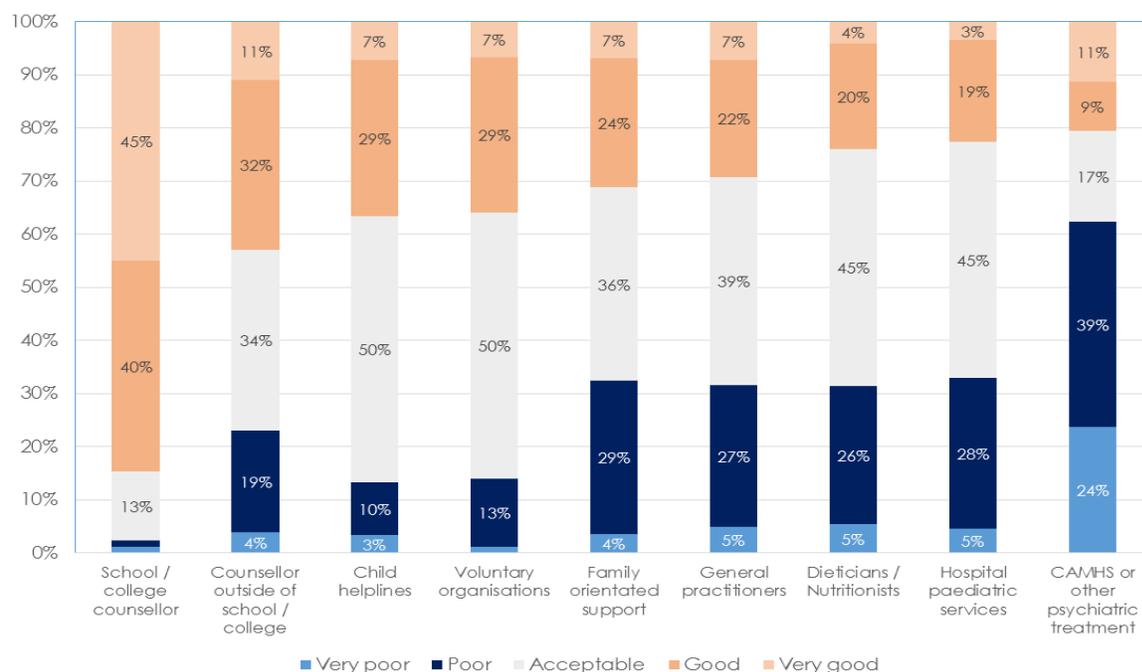

Figure 4. Experiences of referral procedure

Experiences of CAMHS

In addition to the poor referral experiences of CAMHS, there was a general dissatisfaction with the existing support offered. Over half (53%) of respondents reported that CAMHS was either 'poor' or 'very poor' in its effectiveness in supporting students. This is in stark contrasts to reports across most other services, where at least two thirds of respondents provided positive reports of their effectiveness in supporting students. The dissatisfaction with CAMHS is further evidenced in the finding that 80% reported that they would like to see CAMHS services expanded in order to better address students' mental health and well-being issues (Table 1[6]).

Table 1. Services schools would like to see expanded to better address students' mental health and well-being

Services	% of respondents
CAMHS	80%
Family orientated support	64%
General practitioners	30%
Hospital paediatric services	30%
Voluntary organisations	28%
Dietician/nutritionist	24%
Child helplines	22%

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[5] Percentages calculated by the number of school leaders who reported having used each referral process (Figure 3).
[6] Percentages based on all survey respondents.

School services

It should also be noted that schools reported offering a wide range of support to their students (see Table 2[7]) including, but not limited to, PSHE lessons dedicated to mental health and well-being awareness (83%); small group work to address mental health and well-being issues (62%); topic-specific assemblies (60%); and peer-mentoring (55%). However, nearly two thirds of school leaders (63%) reported that limited funding was a challenge to providing these services and more than half (54%) identified the limited capacity of staff (54%) as being a challenge.

Table 2. Supported offered by schools to students

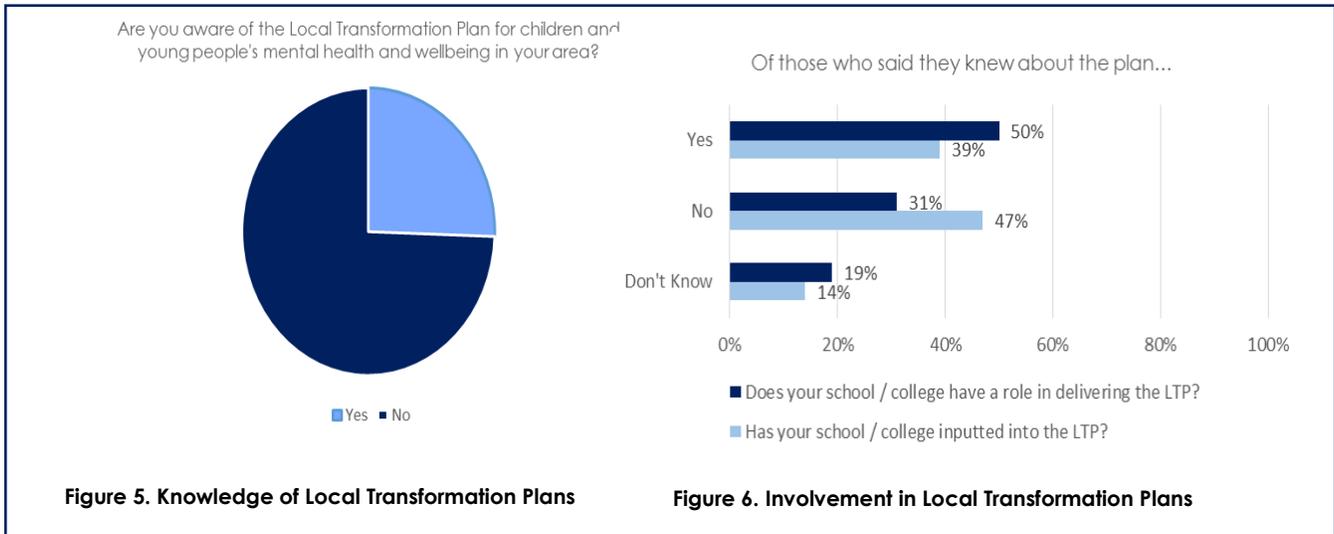| Support	Percentage of schools
PSHE lessons dedicated to mental health and well-being awareness	83%
Completing referral forms with students and/or their families	81%
Making phone calls and booking appointments with referral services on behalf of students and/or their families	78%
Promotion of external organisations offering mental health and well-being support e.g. leaflets, inviting guest speakers	75%
Promotion of mental health and well-being through advice leaflets and information to students	62%
Small group work to address mental health and well-being	62%
School assemblies dedicated to mental health and well-being awareness	60%
Advice and support for parents in terms of their children's mental health and well-being	56%
Peer mentoring	55%
Training for teachers to support students with mental health or well-being issues	50%
Additional support for teachers to support students with mental health or well-being issues	48%
Whole-school interventions to address mental health and well-being	36%
Promotion of mental health and well-being integrated into other lessons	33%
Advice and support for parents in terms of their mental health and well-being	31%

Local Transformation Plans

A key proposal of the *Future in Mind* report published in March 2015 was the development of local transformation plans to improve mental health services for children and young people. It recommended that schools should be given the opportunity to contribute to the development of these plans. However, as shown in Figure 5[8], only a quarter of respondents were aware of the local transformation plan in their area. Of those, only 39% said they have inputted into the plan and only half said they have a role in delivering it (Figure 6[9]).

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[7] Percentages based on all survey respondents.
[8] 56 respondents did not answer this question and therefore percentages are based on a total of 282.
[9] Percentages are based on the 72 school heads who said they were aware of LTPs.

Are you aware of the Local Transformation Plan for children and young people's mental health and wellbeing in your area?

■ Yes ■ No

Figure 5. Knowledge of Local Transformation Plans

Of those who said they knew about the plan...

Yes	50% / 39%
No	31% / 47%
Don't Know	19% / 14%

0%   20%   40%   60%   80%   100%

■ Does your school / college have a role in delivering the LTP?
■ Has your school / college inputted into the LTP?

Figure 6. Involvement in Local Transformation Plans

Conclusion

The results of the survey support concerns that there are worryingly high levels of mental health and well-being issues among young people and that the prevalence of these issues has increased during the past five years. The largest reported increase has been in the incidence of anxiety or stress. It is also notable that the prevalence of the relatively new phenomenon of cyberbullying has significantly increased over that time.

It is clear that there are very good and effective counselling services within many schools, but the concerns over CAMHS reflect the need for a greater level of specialist support beyond the school gates. There is a widespread desire among school leaders to see this service expanded. While schools can work to promote good mental health through the curriculum and, in many cases, provide initial counselling for those experiencing difficulties, they cannot work alone. Children and young people need access to a wider range of early intervention services beyond the school gates, and when they do get ill, the NHS needs to step in with adequately resourced and accessible treatment.

The improvements envisaged through the development of local transformation plans will take some time to come to fruition and, judging from how few schools are aware of them in their local areas, are yet to bring in all of the key stakeholders required for this to happen. Schools are bearing witness to the difficulties faced by children and young people on a day-to-day basis and hold vital intelligence about unmet mental needs in their local areas. There is a pressing need to ensure that schools are involved in work to redesign and invest in expanded mental health support.