The Mental Health of Children and Young People

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Children's Alliance
Better starts, brighter futures

THE MENTAL HEALTH OF CHILDREN AND YOUNG PEOPLE

This is the third of four reports setting out a practical plan for action by Government to reverse the serious decline in health and wellbeing of our children and young people

'We can't turn back time but we can start early with the legal protection provided by a fully-funded National Strategy for Mental Health."

BARONESS FRANCES D'SOUZA
Honorary President

Children's Alliance
Better starts, brighter futures
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'THE MENTAL HEALTH OF CHILDREN AND YOUNG PEOPLE'

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PREFACE

It gives me great pleasure to write the preface to this important report. The pandemic has caused so much suffering and this is witnessed in the mental health of our children and young people. The demand for child and adolescent mental health services prior to the pandemic was extremely high.

The level of need has increased further due to the pandemic. The provision of mental health services was inadequate prior to the pandemic and the lack of provision has been exasperated by Covid-19.

This valuable report highlights some of the key issues and puts forwards solutions which will have positive impact on the mental health and wellbeing of our children and young people.

This series of reports sets out clear actions that Government can adopt to make real changes to the lives and futures of our children and young people. I urge you all to join the campaign for a Cabinet Minister for health and wellbeing of children and young people.

I would also like to take this opportunity to thank all the contributors for their valued research and contributions. I would also like to thank the Lead Author, Helen Clark, Co-Author, Kate Day, and Administrative Consultant, Paul Wright, for their incredible work.

Finally, thanks must go to Water Babies. Without their support this crucial report would not have been possible

Jyles Robillard Day: CEO The National Counselling Society

INTRODUCTION

Children and young people were not a priority in the early stages of the pandemic. Whilst children and young people were considered to be at 'low health risk' but this did not account for the seriousness of mental health issues.

Evidence of the psychological impact of Covid-19 on children and young people is fast emerging. A concerning number of studies and systemic reviews suggest the overwhelming negative impact on child and adolescent mental health. The Buttle UK survey (June 22 – 15 July 2021) revealed that the Covid-19 pandemic had exacerbated an 'under the radar' mental health crisis leaving a generation of children traumatised and unable to benefit from the Government's educational recovery programmes.

> '*We must listen to frontline professionals and prioritise mental health support*': https://buttleuk.org/news/news-list/state-of-child-poverty-2021/

Our report shows that the primary need for 'Generation Covid' is not educational attainment, but emotional recovery and the fostering of resilience; supported by a National UK Strategy for Play, encompassing play provision and facilities in all schools and early years settings.

There are currently too many children and young people across England being denied vital mental health support in schools or access to mental health services. The pandemic and subsequent lockdowns have impacted children's mental health in many different ways. This report highlights the increased levels of anxiety, behavioural issues and increased conflicts at home. It asks for immediate measures to 'level up' service provision for children and young people with SEND *and* those with existing mental health conditions whose needs have been forgotten during the pandemic with our most vulnerable children frequently left unsupported. Prioritising the maintenance of grades and statistics since the pandemic cannot and must not be at the expense of child and adolescent mental wellbeing.

Here, we urge the Government to support fully-funded *early intervention* hubs in schools and communities that address the inequalities that contribute to poor mental health. The hubs should provide an easy access self-referral service for children and young people who fall below the CAMHS threshold. We recommend statutory national in-school counselling and play and creative arts therapy services staffed only by those who are professionally accredited and registered through an independent Government-approved agency such as the Professional Standards Authority (PSA) Accredited Register Programme or the Health and Care Professions Council.

On World Mental Health Day (10 October 2021) the Children's Commissioner, Dame Rachel de Souza observed that the numbers of children with a mental health problem had risen from 1 in 9 before Covid to 1 in 6 now.

Outcomes from her Big Ask survey showed that 1 in 5 children were unhappy about the state of their mental health with girls and older children in the most deprived areas the worst affected. A 17-year-old girl who had participated said:

'*The lack of help with mental health has been the biggest thing that has stopped me and my friends from achieving what we want.*'

Just over half of the children surveyed (52%) considered good mental health to be one of their key aspirations. But the problem is in no way circumscribed by calendar age. The adverse impact on the very youngest children has been profound; to include toddlers and even younger children in lockdown:

'*You just can't help but have that stress filter down to children. I think they saw more than we would ever like to admit.*'
Mother of a 3-year-old and a 6-month-old:
https://www.childrenscommissioner.gov.uk/wp-content/uploads/2021/09/the_big_ask_the_big_answer_09_2021.pdf

The pressure on CAMHS (Child and Adolescent Mental Health Services) with inordinate waiting times and a litany of cancelled appointments pre-dates the pandemic but since the onset of Covid-19, the latest NHS data shows a record number of children referred for urgent mental health treatment (2,260 in June 2021 alone), an increase of 90% on 2020 figures. However, the number of financially cheaper remote appointments has also increased and the steady reduction in face-to-face services has come at a high health cost.

'*We owe it to our children and young people to stop defaulting to giving them the cheap alternative to face-to-face treatment and instead offer them the treatment choice they need...It is simply unacceptable that some of the most vulnerable people in our society ...are not being seen in person. This not only fails to help people get better, it puts them at risk.*'
Paul Farmer: Chief Executive of Mind:

The Government has allocated £79m to boost previous plans to improve children's mental healthcare provision and wellbeing in health and education settings as well as initiatives intended to address the wider determinants of mental health. However, many professionals consider this sum to be a drop in the ocean. What is required is sustained investment in research and mental health service provision and the reassurance stemming from a joined-up, system-wide approach to mental health services. A holistic approach to child mental health would addresses the key indicators of risk and vulnerability such as the effects of abuse, environmental and socioeconomic factors and the corrosive effects of poverty.

This report recommends a fully-funded National Strategy for Mental Health from the point of pre-conception; a strategy to make early intervention and support for parents and new families a matter of priority. The earlier the intervention the less likely a child will experience the life-long devastation of present and continuing severe mental ill health.

Here we examine what is needed from Government, professionals and the family in order for all children to enjoy their birthright of a life founded upon strong mental health and the stability of wellbeing. The Covid 19 pandemic has been a horrific conclusion for so many people of all ages and walks of life. Although we cannot turn

back time, we can ensure that there is a brighter future for our children and young people – the adult society of tomorrow.

Lead Author: Helen Clark   **Co-Author: Kate Day**

Helen Clark is a Policy Consultant specialising in issues concerning the health and wellbeing of children and young people.

Kate Day is a Fellow of the National Counselling Society and Managing Director of KRD Training; specialising in the training of therapeutic, educational and caring professionals in Child and Adolescent Mental Health.

SUMMARY OF RECOMMENDATIONS:

CHAPTER 1: MATERNAL MENTAL HEALTH. THE FIRST 1,000 DAYS AND EARLY YEARS PROVISION:

1.1   Universal screening for maternal mental health to identify women at risk; at a time when early interventions could be offered

1.2   Support to focus not just on improving maternal mental health but also on the infant and enhancing their attachment relationships

1.3   Government to commit publicly to the World Health Organisation (WHO) recommendation of an urgent need for '*evidence-based, cost effective and human rights oriented mental health and social care services in community-based settings for early identification and management of maternal mental disorders*' '*Maternal mental health*' *www.who.int*

1.4   A National Perinatal Mental Health Strategy (including the preconception period) to operate in tandem with a National Strategy for the First 1001 Days of Life

1.5   National review of staffing requirements across the paediatric and health visiting workforce with a government commitment to provide secure funding streams

1.6   The introduction of a Parent-Infant Premium to provide local areas with additional money to help pay for services to support families during pregnancy and until their child reaches the age of three, (2020) 'Babies in Lockdown', as above.

CHAPTER 2: THE IMPACT OF THE PANDEMIC:

2.1   The provision of a centrally funded, national network of play spaces to be secured for present and future generations

2.2   Education and Government funding should be immediately focused upon improving child/adolescent wellbeing *above academic pressures*

2.3   Immediate measures should be taken to 'level up' service provision for children and young people with SEND whose needs have been 'forgotten' during the pandemic

2.4   A National Plan for Dentistry to improve equitable access to a full range of dental services for children and young people to tackle the low esteem that can accompany poor dental health

2.5   A targeted and sustained fully-funded National Mental Health Recovery Plan encompassing a national network of fully-funded mental health support teams and a long-term workforce plan.

CHAPTER 3: MENTAL HEALTH PROVISION IN SCHOOL AND IN HEALTH SETTINGS:

3.1   UK-wide co-operation between education, health and voluntary sectors in the interests of the mental health and wellbeing of children and young people

3.2   Statutory national in-school counselling/play therapy services staffed only by those who are professionally accredited and registered through

an independent government-approved agency such as the Professional Standard Authority's Accredited Register Programme or the Health and Care Professions Council

3.3   Counselling/play therapy to be available in all primary care settings to facilitate access for children and their families; to include children not in school due to mental health issues, exclusion and SEND

3.4   All settings to be equipped to move services online when required due to lockdown or school closure. Systems must be in place for those children and young people unable to access online services due to the lack of technical devices, safety or privacy

3.5   A new mental health strategic approach; placing early intervention as well as prevention at the forefront and the emphasis on 'catch up' planning for schools to prioritise the mental health of children and young people over academic pressure and performance

3.6   A network to be set up of fully-funded intervention hubs in schools and communities that address the inequalities that contribute to poor mental health; comprising an 'easy to access' self-referral service for children and young people who fall below the CAMHS threshold.

CHAPTER 4: ADVERSE CHILDHOOD EXPERIENCES (ACEs) TRAUMA, SUBSTANCE ABUSE, AUTISTIC SPECTRUM AND OTHER CONDITIONS:

4.1   All UK Governments to fund further research into ACEs with the objective of producing clear National Strategies

4.2   Education, Health and Social Care sectors to coordinate their response to ACEs, trauma, AS, ID and other conditions

4.3   Government support for, and recognition of, the lifelong importance and significance of nurturing touch from the earliest days of life in social brain development

4.4   Mandatory autism/neurodiversity training for all education and healthcare workers combined with standardised basic neurodiversity evaluation for all Year 1 pupils and a review of academic and employment pathways to address skills shortage in secondary care

4.5   A National Strategy to address the value and role of sleep in the mental health and wellbeing of children and young people

4.6   Review and revise of school budget calculation to accommodate adequate funding for individual child-specific strategies to help those who have been assessed as having additional needs and to offer support to their families and carers.

CHAPTER 5: POVERTY, DISPARITY AND INEQUALITY:

5.1   Nationalised early childhood education and care to alleviate the childcare burden of those who are working/job-seeking/in education and act as a protective factor for the development and wellbeing of children living in poverty

5.2   Whole scale urgent review of the benefits system to include increasing child benefit by £10 per child per week; increasing the child element in Universal Credit and increasing child tax credits

5.3   Address the effects of the pandemic in the areas with a high Income

Deprivation Affecting Children Index via rapid and focused investment in early years services such as the Health Improvement Fund. This should include health visiting, family hubs and children's centres with investment proportional to need and specific area deprivation factored in

5.4 NHS England and the Office for Health Improvement and Disparities to adopt a public mental health approach encompassing a focus on mental ill health prevention early in the life course; recognising the importance of early detection and prompt access to professional treatment

5.5 Redevelop the National Curriculum from an inclusive perspective to ensure that it properly reflects the diverse, multi-cultural nature of both modern-day Britain and its history. This promotes community cohesion and enables all pupils to feel the sense of belonging necessary for optimum mental health

5.6 Central and ring-fenced funding to enable every child in the UK to have somewhere that is safe and stimulating in which to play and enjoy the mental health benefits of outdoor society.

CHAPTER 6: THE NATURE AND NEEDS OF THE WORKFORCE:

6.1 Training in children's mental health and wellbeing to be a compulsory component of Initial Training (IT) and Continuous Professional Development (CPD) for all professionals and practitioners in health education and Early Childhood Education and Care (ECEC)

6.2 Funding for, and access to, CAMHS must be universal nationwide with support accessed in accordance with need instead of service availability

6.3 England must match the commitment of the devolved nations by funding a counsellor in every secondary school and professional support such as a play/creative therapies practitioner in every primary school

6.4 Education professionals providing any level of mental health care, along with safeguarding leads, should have access to regular supervisory and support services to protect their own wellbeing and mental health

6.5 Teachers and *all related health and education professionals to include GPs* must be equipped with a strong focus on how to support the mental health of children and young people as part of Initial Training (IT) and Continuous Professional Development (CPD)

6.6 Fully-funded Mental Health Support Teams to be rolled out nationwide.

CHAPTER 7: PROVISION IN THE DEVOLVED UK:

7.1 A 'child rights' approach; ensuring that children's rights under the United Nations Convention on the Rights of the Child are central to all government policies

7.2 Policy and practice across the devolved UK should adopt a consistently 'joined-up' system-wide approach to mental health services

7.3 Prevention should be implemented in educational settings; focusing on a whole school cultural change approach to educating young people about mental health

7.4 Mental health support for children and young people should be person-centred; encompassing the varying needs of the individual

7.5 Accurate tracking and monitoring of mental health disorders and service-

users should be maintained across the four nations
7.6	Investment into research that examines the impact of the Covid-19 pandemic on children and young people in the long term as they make the transition into adulthood.

CHAPTER 8: FUNDING A FAIRER FUTURE:

8.1	A fully-funded National Strategy for the pre-conception – age two band; prioritising early intervention and sourcing support for potential parents and new families via parent-infant teams at accessible community and health centres
8.2	Mental health assessment to be part of routine practice for potential parents as well as initial pregnancy assessment procedure
8.3	All schools throughout the UK to have a fully-funded professionally trained and accredited Counsellor as part of the staff team
8.4	Mental Health Teams in all primary schools to have a fully-funded professionally qualified and accredited Play Therapist/Creative Arts Therapist as an integral part of the staff team
8.5	The Government to fund a national network of outdoor public play spaces
8.6	A National UK Strategy for Play; encompassing play provision and facilities in all schools and early years settings as well as public play space provision as above.

CHAPTER 1: MATERNAL MENTAL HEALTH.
THE FIRST 1,000 DAYS AND EARLY YEARS PROVISION

Promoting maternal mental health and sources of support for it during the first five years of life (instead of one critical time span) may assist in reducing the burden of chronic disease in the next generation, Farewell, C et al (2021) *'Maternal mental health and early childhood development: exploring clinical periods and unique sources of support'* Infant Mental Health Journal, 42(4) 603-615.

However, alongside an established consensus that the time *after* delivery is pivotal for the onset of mental ill health in mothers, comes the growing perception that maternal mental health disorders are prevalent in the preconception and pregnancy periods. They contribute significantly to adverse maternal, neonatal, infant, child and later life outcomes.

Maternal preconception mental health is linked with the brain development and mental health of offspring; therefore doing more to facilitate access to treatment for women with psychosocial difficulties, to begin support procedures before and during pregnancy and to demonstrate the effectiveness of different service delivery approaches is essential, Howard LM, Khalifeh H (2020) *'Perinatal mental health; a review of progress and challenges'* World Psychiatry, 2020; 19(3):313-327.doi:10.1002/wps.20769.

'Executive functions' are mental processes that help an individual to plan, focus attention, remember instructions and juggle multiple tasks successfully.

Recent research, Low F, Gluckman P, Poulton R, (2021) *'Intergenerational disadvantage: Why maternal mental health matters'* Auckland: Koi Tu: The Centre for Informed Futures, shows that mental wellbeing during pregnancy is an important determinant of the development of a child's executive functions.

Children of women who experienced mental ill health at this time (including depression and anxiety) tend to show differences in brain structure and connectivity at birth and their impaired executive functions are reflected in poorer school readiness and subsequent literacy skills, Law EC, Aishworiya R et al (2021) *'Income disparity in school readiness and the mediating role of perinatal maternal mental health: a longitudinal birth cohort study'* Epidemiology and Psychiatric Sciences. 2021; 30:e6.

Economic analysis demonstrates that 72% of healthcare costs associated with poor maternal mental health are linked to consequences for the offspring, Bauer A, Parsonage M, Knapp M et al (2014) *'The costs of perinatal mental health'* London and a lifetime of disadvantage can transfer from generation to generation: *http://eprints.lse.ac.uk/id/eprint/59885*

Good maternal mental health and wellbeing are therefore vital to children's futures and it is essential that mothers are supported in preconception, the antenatal period, during labour and birth and the postnatal period: *https://www.rcpch.ac.uk/sites/default/files/2018-09/first_1000_days_-_rcpch_response_-_final.pdf*

Childbirth may be one of the most positive experiences in a woman's life but in some situations become a disconnected event with mistrust and helplessness impacting upon on a high risk and traumatic experience supervised by health care professionals who are often 'unaware' of the woman's needs at this time, Elmir R et al (2010) *'Women's perceptions and experiences of a traumatic birth: A meta-ethnography'.*

The Royal College of Paediatrics and Child Health (RCPCH) advocates that services are funded and staffed appropriately in order to deliver high quality care from conception through to the postnatal period, but workforce shortages in paediatrics and health visiting persist, despite the existence of evidence indicating some significant medium and long-term reductions in NHS spending if early intervention strategies are pursued, Marmot Review (2010), as above.

Perinatal mental health problems can occur in pregnancy or during the first year after childbirth. They span a wide gamut of conditions and affect between 10-20% of women during pregnancy and the first year after giving birth, Public Health England (2019) *'Perinatal Mental Health'.* Identifiable risk factors include:

- History of mental health problems
- Abuse and neglect in the mother's own early life
- Domestic violence
- Interpersonal conflict
- Inadequate social support
- Alcohol/drug abuse
- Unplanned/unwanted pregnancy
- Migration status.

Social determinants of mental health such as poverty, racism, gender disadvantage and other structural inequalities, food insecurity, gender-based violence, poor housing, limited education and social networks are also of critical importance, Howard et al, as above.

Implementation of effective interventions prioritising social supports during the postpartum and early stages of parenting periods are crucial in the promotion of healthy childhood development, but studies have shown that women with poor mental health are less likely to seek support from others; often because they think that assistance is not available; though it may be, Meadows SO, (2011) *'The association between perceptions of social support and maternal mental health: A cumulative perspective'* Journal of Family Issues 32(2) 181-208.

Mothers who are chronically depressed may not alert their social support networks to provide emotional and tangible supports.

The way in which a woman responds to her child in the period immediately after birth activates the synergy which scaffolds the child's social-emotional development as well as a broad range of competencies, Morris et al (2007) *'The role of the family context in the development of emotion regulation'* Social Development, 16(2) 361-388.

From the first days of life, a baby is intrinsically aligned to their mother's emotional signals and attuned to respond to her voice, gestures, movements and facial expressions. However, when interactions are short-circuited by maternal depression and illness, the child can develop negative emotional states and repetition (or over an extended time-span) can induce a corresponding negative reaction in turn reflected throughout their developmental process.

Clinically-defined maternal depressive disorder (MMD) in pregnancy, postpartum and subsequent months can manifest as a variety of symptoms inhibiting a mother's attachment to her child; distorting her thinking and judgemental capabilities and reducing sensitivity to the child's needs, or the ability to perceive and respond to them appropriately, Bansil P et al (2010) *'Maternal and fetal outcomes among women with depression'* Journal of Women's Health 19(2) 329-334*. This can result in:

- Withdrawn parenting (decreased positive behaviours)
- Hostile parenting (increased negative behaviours)
- Poor care-giving practice including feeding (especially breastfeeding) and sleeping routines
- Social withdrawal such as missing calls from the health visitor and vaccination appointments.

Children are innately dependent and those of mothers affected like this can be vulnerable, Lefkovics E et al (2014) *'Impact of Maternal Depression on Pregnancies and on Early Attachment'* Infant Mental Health Journal, 35:354-365: *https://doi.org/10.1002/imhj.21450*
so that insecure attachment patterns that are visible soon after birth, persistent at 6-8 months and embedded at 18 months may manifest in a child's social-emotional and behavioural problems at 5 years.

Learning that their behaviour has only a minimal effect, a child may either withdraw from interaction, or learn to respond with equally coercive interaction patterns, Field T (1992) *'Infants of depressed mothers. Development and psychopathology'* 4, 49-66*. This may lead to them internalising problems of their own in early childhood; later to manifest as depressive traits, Hayes et al (2012) *'Maternal antenatal depression and infant disorganised attachment at 12 months'* Attachment and Human Development, 15(2) 133-153.

The reduction in sensitivity on the part of the mother, and the resulting response from the child are typical characteristics and they affect all cultures and socioeconomic interest groups, Parsons et al (2012) *'Postnatal depression and its effects on child development: A review of evidence from low and middle-income countries'* British Medical Bulletin, 101, 57-79. doi: 10 1093/bmb/ldr047.

These are longstanding challenges but the pandemic (and beyond) has thrown into sharp relief the complex tensions involved in becoming a parent and the ideology of women as 'natural' mothers; instantly able to protect their babies in the best way and ultimately fulfilled in the role of selfless carer and nurturer is a far cry from historical or present-day experience. The 21st century has been labelled 'The Age of Anxiety': *https://www.mentalhealth.org.uk/sites/default/files/living-with-anxiety-report.pdf*

and
https://www.theguardian.com/society/2014/jan/05/scott-stossel-my-age-anxiety-extract
but persistent and extreme levels of anxiety and its debilitating physical and mental consequences have impacted new families in unforeseen ways because of Covid-19.

The Mothership Writers Group: 'Born in Lockdown' Report (2021):
https://www.mothershipwriters.com/borninlockdown
is a project in which 277 authors shared the experience of becoming a mother in 2020. Born from the founder's own experiences, the report shows its authors navigating motherhood in 2020 revealing the anxiety and depressive circumstances women felt with their baby within their private space.

'Teams stream down my face as I shakily cradle my precious baby on the sofa, feeling trapped and guilty. I finally plucked up the courage to go for a walk. A local boy deliberately came too close and responded to my noisy protest by questioning why I took her outside.

Five days old and I need to get to the shops. I'm scared to go out. I stand in the aisle; the shelves are bare. I feel warm tears on my cheek. How will I feed my family? The world was so selfish and now we are left with nothing.

On the more difficult days I forget about the easy ones. She cried all morning. Big, salty tears rolling down her cheeks as she looked at me in desperation, trying to communicate where it hurts. I pretend we have a telepathic connection, but in truth I have no idea.'

<u>Self Identity</u>

'Sitting on the edge of my bed I catch my reflection, wet hair, at least I managed a shower. Baby in arms. Figuring it all out. No-one to pop by to celebrate, to hold or even meet this tiny bundle.'

In supporting the mental wellbeing of new fathers, the Fatherhood Institute and Mental Health Foundation published 'Becoming a Dad' in November 2021:
http://www.fatherhoodinstitute.org/2021/dads-shut-out-fathers-and-maternity-services-during-the-pandemic/
The information contains self-care advice but also ways in which to support the mother with the recognition that men have had little or no access to maternity services during the pandemic and may anyway find it difficult to engage with the baby in utero.

In 2022, mental health issues relating to the preconception, antenatal, childbirth and postnatal periods and the immediate and long-term consequences of these for children are to some extent recognised.

In order to reduce the anxiety and stress that can develop into long-term mental health issues, awareness must be complemented by action because good quality evidence-based perinatal mental health care pathways are shown to:

- Reduce costs per birth to the NHS caused by mental health problems during the perinatal period
- Improve access to evidence-based treatment with greater detection and improved recovery rates, improving outcomes for women and their children
- Reduce pre-term birth, infant death, special educational need and poor school attainment and depression, anxiety or conduct problems in children
- Reduce costs to society of failure to address perinatal mental health problems (estimated to be £8.1bn) three-quarters of which relate to the health and social outcomes of the child.

More investment, support and legislation to sustain women in their role as new mothers is essential but this is necessarily reliant upon an urgent commitment from policymakers.

Going Forward:

1.1   Universal screening for maternal mental health to identify women at risk; at a time when early interventions could be offered

1.2   Support to focus not just on improving maternal mental health but also on the infant and enhancing their attachment relationships

1.3   Government to commit publicly to the World Health Organisation (WHO) recommendation of an urgent need for '*evidence-based, cost effective and human rights oriented mental health and social care services in community-based settings for early identification and management of maternal mental disorders' 'Maternal mental health'* www.who.int

1.4   A National Perinatal Mental Health Strategy (including the preconception period) to operate in tandem with a National Strategy for the First 1001 Days of Life

1.5   National review of staffing requirements across the paediatric and health visiting workforce with a government commitment to provide secure funding streams

1.6   The introduction of a Parent-Infant Premium to provide local areas with additional money to help pay for services to support families during pregnancy and until their child reaches the age of three, (2020) *'Babies in Lockdown'*, as above*.*

CHAPTER 2: THE IMPACT OF THE PANDEMIC

The Covid-19 pandemic continues to have a devastating impact upon the lives of children and young people. Emotional Health Practitioner, Jo Morton-Brown has said:

> *'Since March 2020, the coronavirus pandemic has brought nothing but constant change causing children and young people to live in fear of the unknown… I never imagined that we'd still be living in fear (on a subconscious level) so far down the line, not knowing when children will experience pre-pandemic normality again.'*
> *https://www.weareflourish.co.uk*

A Young Minds survey:
https://www.youngminds.org.uk/media/esifqn3z/youngminds-coronavirus-report-jan-2021.pdf
found that 67% of those who participated, expected that the pandemic would have a long-term negative effect on their mental health and the Children's Commissioner for England, Baroness Rachel de Souza has stated that although:

> *'Spending by the NHS on children's mental health has increased by 4.4% since 2019/2020 in real terms, and has increased in each of the last four years.'*

NHS surveys reveal that in 2022, 1 in 6 children has a 'probable' mental health disorder:
https://www.childrenscommissioner.gov.uk/report/briefing-on-childrens-mental-health-services-2020-2021/?fbclid=IwAR1hlU1lbGJJOVSq5qJTyzC

The escalating crisis is enveloping a generation of children and young people as soaring health service waiting times and the effect of the pandemic on their mental health combine, pincer-like, to devastating effect, Jessica Morris, the Nuffield Trust, 18th February 2022:
https:doi.org/10.1136/bmj.o430

> *'In many ways, the wider effects of the pandemic and nationwide lockdowns on children and young people have been greater than the Covid-19 infection itself. Despite being much less at risk of hospital admission from the virus, the youngest members of our society have not escaped unscathed and we can see a heavy toll on their mental wellbeing and access to health services.'*

Children and young people are the most powerful exponents of their own feelings as shown below, quotations provided by Kate Day, Fellow of the National Counselling Society:
https://nationalcounsellingsociety.org

> *'I look after my mum at home who is disabled. School was the only place I got to talk to people and take my mind off things. When the lockdown happened, I felt alone and scared. I am worried if I get the virus who would care for my Mum and me then?'*
> Student, aged 15

'Before the pandemic my OCD (obsessive-compulsive disorder) used to affect me every day but now it affects me every moment of my life. I fear the virus is in everything I touch, eat or wear. I often think the virus is caught in the fibres of my school jumper and I am worried I will bring Covid home. I even have nightmares about the virus spreading and being separated from my parents.'
Female student in counselling, anonymous.

Year 3 and 4 pupils at Seascape Primary School in Peterlee, County Durham participated in a mental health workshop and 7-year-old Isaac spoke about drawing himself:

'Feeling sad because I feel like I'm trapped in the telly next to a burning bin surrounded by buzzing flies':
'Covid is trash':
https://www.bbc.co.uk/news/education-60197150

Grace, aged 8, portrayed herself *'curled in the corner'* of a prison cell *'because I felt trapped in lockdown'.*

A Lancet report, *'COVID-19; The intersection of education and health'* 23 January 2021:
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00142-2/fulltext
revealed that since March 2020, over 1.5 billion students worldwide have been affected by school and university closures; thereby severed from the social and emotional interactions that are crucial for their personal developmental, mental health and wellbeing.

There has been an increase in reported anxiety and stress both in primary and secondary aged children and a recent study of those with obsessive-compulsive disorder (OCD) compared the condition's presentation before and during the pandemic, showing an:

'Increased number of children and adolescents with cleaning thoughts and contamination rituals during the COVID-19 pandemic.'

Tanir et al *'Exacerbation of obsessive-compulsive disorder symptoms in children and adolescents during COVID-19 pandemic'* Psychiatry Res. 2020; 293:113363:
https://pubmed.ncbi.nlm.nih.gov/32798931/

Many children and young people have suffered with anxiety due to fears that they have slipped behind in their learning or faced struggles with concentration because of pandemic-occasioned worry and stress. The National Counselling Society are concerned that counsellors are reporting an increase in suicidal ideation since the restrictions began:

'The resilience of youth is often overestimated. Counsellors and mental health practitioners alike witness daily how young people are suffering from a great sense of loss and uncertainty at such a pivotal time in their lives.'
Kate Day (2021), as above 2021.

Jo Morton-Brown (as above) has cited some further ways in which the pandemic has adversely affected the mental health and wellbeing of children and young people including:

- Increased loss (of loved ones, family income, routine, independence and freedom)
- The 'downside' of safety measures in school such as restrictive social and teaching 'bubbles' inhibiting group interaction and the opportunity to build social skills and resilience; also curtailing a teacher's ability to mix in the classroom and provide praise and reassurance
- Online study impeding the learning processes of some pupils, de-motivating others and making it all but impossible for teachers to monitor pupil wellbeing and implement preventive/early intervention measures
- Removing a sense of expected 'closure' when leaving school; bidding goodbye to teachers, surroundings and friends and not taking the examinations for which they had prepared
- Experiencing feelings of panic both personal and perceived in their close adult and family members due to exposure to the daily extensive traditional and social media coverage.

Disruption of support and deterioration in mental health among the younger generation during the Covid-19 pandemic risks leaving lasting scars, with major implications for current and future health, wellbeing and resilience of both the young people themselves and for their future families.

The Covid-19 generation is growing up on a planet in crisis; inheriting the unknown and unpredictable consequences of the pandemic. If appropriate action is not taken to protect the most vulnerable, the health burden of COvid-19 will likely far exceed the burden directly attributable to the virus itself *Roseboom T et al 'Unheard, unseen and unprotected: DOHaD cOVID_19' J Devel Origins of Health and Disease, 2021;12:3-5* https://pubmed.ncbi.nlm.nih.gov/32962780/

The Covid-19 pandemic has disproportionately affected the lives of those children and young people with special educational needs and disabilities (SEND).

There has been a huge adverse impact on their emotional wellbeing and learning and development and a report by the National Children's Bureau (NCB) in Northern Ireland showed that their families considered themselves to have been simply *'forgotten'* in the overall response to the pandemic: https://www.learningdisabilitytoday.co.uk/ncb-report-reveals-impact-of-covid-19-on-children-and-young-people-with-send

96% of families reported the negative effect of Covid-19 on their children's overall health and wellbeing and claimed that the abrupt and unprecedented absence of trusted support systems had influenced their children's behaviours and emotions (91%) and mental health (87%): www.familyfund.org.uk?handlersDownload.ashx?LDMF=c7e2f959-c183-49e8-bef8-1a7ae8e12e6e

Unless essential support services for these children and young people are fully reinstated, the damage is likely to become persistent, entrenched and on-going.

In addition, organised crime groups adapted their practices to lockdown restrictions by targeting children online and glamorising illegality for the purposes of exploitation on social media.

Popular platforms used by perpetrators to groom and exploit children include Snapchat, Tiktok and Instagram and children and young people (some as young as 12) have been targeted by county lines drugs gangs. All children have experienced some disorientation and a lack of structure during the pandemic but those already feeling socially isolated or experiencing mental health problems have been particularly at risk from this type of exploitation.

The 'pushes' and 'pulls' towards gang cultures and drug misuse carry inevitable dangers for a child's mental health; detachment from family and school, homelessness, crime and risk of violence. Substance use disorders also occur at high prevalence with mental health conditions such as depression, self-harm, anxiety, psychosis or mood fluctuation. There is a continued and growing concern both nationally and within communities that the age of children taking drugs and being exploited by drug gangs is significantly lowering.

A key finding from research conducted by the University of Nottingham Right's Lab into the way in which lockdowns have increased the risks of harm and abuse incurred by the activities of county lines gangs was of:

'Emerging evidence that due to the identity of the stereotypical victim profile now being more widely recognised, there is an increasing risk to young people from more affluent backgrounds, and girls, who are less likely to be picked up by police. It is important to highlight that anyone can be at risk of grooming and exploitation': *https://www.anncrafttrust.org/the-pandemic-organised-crime-safeguarding-young-people-at-risk/*

Lockdowns and whole school closures left many children unsupported by their regular face-to-face counselling.

The transition to online provision involved huge adjustments by all the parties concerned and delays were inevitable due to schools needing to familiarise themselves with the new safeguarding implications. For many children and young people, counselling is a critical support service to enable them to manage a variety of social, economic, home and mental health issues.

An added concern for school-based counsellors and pastoral leads was that those children who were on waiting lists prior to the outbreak of Covid-19 might be at further risk of experiencing mental health problems. The increased demand for school-based counselling has soared during the pandemic in part due to Children and Adolescent Mental Health Services (CAMHS) being frequently overstretched, over-burdened and unavailable.

The link between physical activity and mental health is well established and the World Health Organisation (WHO) states that *WHO (2018) 'Global Strategy on Diet, Physical Activity and Health'*:

'Strong evidence demonstrates that individuals who are more active have lower rates of ….depression.'
https://www.who.int/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf

For children, the physical activity exemplified by outdoor play is directly linked to their social, emotional and mental health. Public playgrounds are the most common places for children to play and when playgrounds were closed in 2020, children were effectively placed under house arrest for months on end; in particular those from the 1 in 8 UK households and 1 in 5 London households, Office for National Statistics (May 2020), with no access to outside space.

In June 2020, a paper commissioned by the Play Safety Forum and the Children's Play Policy Forum:
https://childrensplaypolicyforum.files.wordpress.com/2020/06/covid-and-childrens-play-psf-1.pdf
supported a campaign by the Association of Play industries (API) to bring playgrounds back into use in order to alleviate the impact of lockdown on children. The paper supplied statistical evidence and expert opinion relating to the impact of Covid-19 on children's health and concluded:

- The benefits to children of outdoor play bring their wake, a host of social, emotional and physical rewards
- The evidence is that the risk posed by Covid-19 to children playing in outdoor spaces is very low.

On 23 June 2020 the decision to re-open playgrounds in England (following the example of Scotland and other European nations) signified recognition on behalf of the Government that they are an essential component of children's everyday lives. Playgrounds remained open during subsequent lockdowns and the Association of Play Industries collated comments from Mumsnet, the UK's largest parenting network.

One comment encapsulates a shared understanding by parents and children – that playgrounds really should be 'non-negotiable' givens in the life of a child:

'I hope they stay open. Sometimes you need something like the playgrounds to help get through the awfulness. My daughter got really down last time. She needs some physical release.'

The pandemic has also shown that play retains its traditional key role as a 'safety valve'; enabling children to assimilate, 'understand' and cope with difficult and challenging aspects of life.

'The Pandemic Play Project' is one of a number of research initiatives worldwide into the ways in which Covid-19 pandemic may have influenced children's play. Children in many parts of the world were per force isolated; when they returned to school they

were often banned from touching; some school playgrounds were segregated according to year group and some equipment removed or 'out-of-bounds'. Would play still enable children to make sense of their world?

> *'At school, I've invented a game with my friends' says Griffin, a nine-year-old Australian boy. The rules of Corona Tip are simple. One child chases the others, touching as many as he can. Anyone caught is 'in corona'. They join the chaser in pursuit of those remaining as do all the children they tag in turn – a neat demonstration of exponential growth. The game ends when everyone has been caught'…..One characteristic of children's lore, which the Opies noticed, is that its practitioners often claim to have just invented things that are very old':*
> https://www.economist.com/culture/2022/02/04/covid-19-has-given-children-new-words-and-ideas-to-play-with

The answer to the question would appear to be a resounding 'yes.'

One of the lesser-known consequences of the pandemic has been its catastrophic consequences for children's dental health; with an impact beyond the immediate physical discomfort.

In 2019, over 6 in 10 children under 16 saw a dentist: in 2020, it was less than 3 in 10. These figures demonstrate the detrimental effect that the pandemic has had on children's oral health, *'NHS Dental Statistics for England 2019-20, Biannual Report'*: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/2019-20-biannual-report

All routine dental appointments ceased and children and young people who would have previously been referred by primary care into specialist/consultant-led dental services within a secondary/tertiary setting were not seen. In addition, specialist and consultant-led care also ceased.

The familiar physical detrimental effects of the absence of children's dental provision such as gum disease and tooth decay have been well documented.

However, children and young people are referred for the management of more complex matters including those with *multiple* teeth with dental decay, dental trauma and acquired or congenital problems with dental or facial development. Patients referred into or on treatment waiting lists within specialist services were not seen as a result of the pandemic.

Physical appearance and self-esteem are closely linked and being the recipient of negative comments can dent confidence, triggering feelings of worry, depression and anxiety.

Visible variance from what is considered to be a 'normal' dental appearance may have a negative impact on the individual's self worth and social interactions. For example, a study into the psychosocial impact of amelogenesis imperfecta (a congenital enamel defect) found high levels of social avoidance and distress; particularly amongst adolescents, Coffield et al *'The psychosocial impact of developmental defects in people with hereditary amelogenesis imperfecta'* J Am Dent Assoc 2005; 136: 620-630.

There is now an abundance of evidence to support the association between a child's perception of their own attractiveness and global self-esteem. A number of studies have shown that people with disturbances to tooth colour may be judged more negatively by their peers that those with a 'normal' dentition: *Seeking children's perspectives in the management of visible enamel defects - Rodd - 2011 - International Journal of Paediatric Dentistry - Wiley Online Library*

Children and young people with visible differences in appearance are vulnerable to bullying and this in turn impacts mental health.

In addition, indirectly, children and young people with mental illnesses experience poor oral health due to anxiety issues which may cause delaying activities in accessing treatment and those with particular mental health issues such as anorexia can suffer from poor oral health. *'No mental health without oral health'* Can J Psychiatry, 2016 May; 61(5):277-282. Steve Kisely MD PHD. Delays due to waiting lists and backlogs as a result of the pandemic have compounded both of the above.

Effectively, addressing measures to protect children and young people's mental health requires a strategic, integrated approach as so many agencies are involved, Duggan S (2021) *'A Perfect Storm: supporting children & young people's mental health'* NHS Confederation.

Integrated care systems (ICS) are by nature, well-situated to help to drive this but to do so requires that it is prioritised and that they are given the financial resources necessary to invest. Early intervention is essential to reduce the number of children and young people requiring specialist mental health services but this type of provision has been traditionally under-funded.

Additional resources have been allocated via the NHS Long Term Plan, but no specific money for mental health was announced in the recent Spending Review. The pandemic has placed enormous pressure upon services already overstretched and overburdened.

The development and roll out of Mental Health Support Teams (MHSTs) a key Government initiative, is intended to provide extra workforce capacity and operate in schools to help children and young people who have mild to moderate mental health needs.

However, while there is a commitment to expand access to MHSTs to 400 by April 2023 (and ultimately to roll them out nationally) funding beyond 2023/24 is still to be confirmed. In effect, by the end of 2023, the majority of schools will not have mental health support teams. Whilst this report welcomes any and all initiatives to support children and young people, there is still no recognition of the workforce of professional counsellors and play/creative arts therapists either currently working in schools or professionally qualified and ready to do so.

'There is no doubt many hundreds of teenagers around the country are suffering due to a deficiency in mental health services tailored to their needs and, sadly, some will die. This situation could be turned around quickly with a rapid investment of cash and resources. As we have seen during the Covid pandemic, when there is a

political will and money we are capable of providing top-class healthcare in this country. We now need to do this for our young people.'
Dr David Turner: Hertfordshire GP**:**
https://www.theguardian.com/society/2022/feb/21/gp-teenagers-at-risk-lack-tailored-mental-health-services

Going Forward:

2.1   The provision of a centrally funded, national network of play spaces to be secured for present and future generations

2.2   Education and Government funding should be immediately focused upon improving child/adolescent wellbeing *above academic pressures*

2.3   Immediate measures should be taken to 'level up' service provision for children and young people with SEND whose needs have been 'forgotten' during the pandemic

2.4   A National Plan for Dentistry to improve equitable access to a full range of dental services for children and young people to tackle the low esteem that can accompany poor dental health

2.5   A targeted and sustained fully-funded National Mental Health Recovery Plan encompassing a national network of fully-funded mental health support teams and a long-term workforce plan.

CHAPTER 3: MENTAL HEALTH PROVISION IN SCHOOL AND IN HEALTH SETTINGS

In 2015, the Government's 'Future in Mind' report argued persuasively for investing in mental health support for children and young people:

'The economic case for investment is strong. 75% of mental health problems in adult life (excluding dementia) start by the age of 18. Failure to support children and young people with mental health needs costs lives and money. Early intervention avoids young people falling into crisis and avoids expensive and longer-term interventions in adulthood. There is a compelling moral, social and economic case for change':
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

'Interventions' might be as straightforward as addressing and re-modelling aspects of the school day for all pupils - such as playtimes where common and recurrent problems typically arise in the vast majority of primary schools; some of which will have a direct impact on the self-reported mental health and wellbeing of many children. These often include:

- Poor quality playtime provision
- The presence of conflict, aggression and bullying
- Exclusion and inequality (potentially by age, gender, space or accessibility)
- Supervision issues.

The Outdoor Play and Learning organisation (OPAL) makes an articulate, well-documented case for the beneficial outcomes of improved playtimes:
http://outdoorplayandlearning.org.uk/wp-content/uploads/2016/07/supporting-school-improvement-through-play-1.pdf
Where positive, long-term interventions (eg the OPAL programme) are made in schools, children show more pro-social and less antisocial behaviour and staff in the improved settings testify to a variety of beneficial outcomes including reduced self-reported stress, boredom and injury, more creativity, resilience and self-confidence and better social and problem-solving skills.

Following the Inspection in 2019 of an 'OPAL programme' school in Lewisham, the UK Government's PE and School Sport Premium funding guidance now includes *'encouraging active play during break times and lunchtimes'* as a key indicator for use of the funding.

However, in the context of a wider strategy for the mental health and wellbeing of children and young people, the benefits of play are unacknowledged by the Government.

In 2017, the Green Paper 'Transforming children and young people's mental health provision':
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf announced a goal of *'the right help in the right setting',* advocating the

adoption of a whole school approach that would incorporate a flexible range of mental health support.

One such therapeutic support, pioneered by complementary therapist Caroline Purvey and validated by Canterbury Christchurch University:
https://treuk.com
could be delivered as part of building resilience within a Physical Education component:

> *'I see the approach as the missing piece of the jigsaw in supporting the pupil wellbeing in school…..addressing the psychological dimension of trauma, which is often talked about, but without practical solution.'*
> Leila Berkely, former Essex Head Teacher

There are of course other examples nationwide of innovative work within school, but the *'compelling case for change'* made by the 'Future in Mind' report of 2015 (as above) has continued to resonate. The NHS Digital Survey published in October 2020 found that in 2017, 1 in 9 (10.8%) of children aged 5-16 years identified as having a probable mental health disorder. In 2020, this was 1 in 6 (16%):
https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up

Access to mental health services was deemed inadequate and desperately under-funded before the pandemic. As it progresses, the mental health of children and young people has reached epidemic and dangerous levels.

In a survey of school children conducted by Young Minds and published in September 2020, nearly a quarter of respondents (23%) had seen less mental health support in their school than before the outbreak of Covid-19:
https://www.youngminds.org.uk/media/0h1pizqs/youngminds-coronavirus-report-autumn-2020.pdf

However, the Written Answer to Bell Ribeiro-Addy MP (Labour-Streatham) from the Parliamentary Under-Secretary in the Department of Education, Will Quince MP on 10 February 2022 does not convey a sense of urgency:

> '***Question to the Department for Education:***
>
> *"To ask the Secretary of State for Education, what recent assessments his Department has made on the impact of Covid-19 lockdowns and school closures on children's mental health?"*
>
> Answered by Will Quince – Parliamentary Under Secretary (Department for Education)
>
> *"The department knows that the Covid-19 outbreak and the associated measures and restrictions, such as social distancing and school closures, has been impacting the mental wellbeing of some children and young people. The Department published its third annual state of the nation report on 8 February, identifying trends in children and young people's mental health and wellbeing recovery over the course of the*

2020/21 academic year, as well as their views about society and the future. Details of the report can be found here:
https://www.gov.uk/government/publications/state-of-the-nation-2021-children-and-young-peoples-wellbeing

The findings show that overall, children's wellbeing has remained largely stable across previous years although increasing virus prevalence rate and changing restrictions have coincided with fluctuation in levels of wellbeing throughout the period covered by the report".'

The Government's introduction of Mental Health Support Teams and Child Wellbeing Practitioners has received a cautious welcome from health and education professionals and from the National Counselling Society:
https://nationalcounsellingsociety.org

Yet there is still no recognition of the workforce of professional counsellors either currently working in schools or ready to do so. The Government's plan to roll out NHS-led counselling in schools is to train and use Child Wellbeing Practitioners who follow a specific Cognitive Behaviour Therapy (CBT) based modality.

That decision in effect excludes and ignores the highly-skilled workforce of play therapists who are currently continuing to support children and young people's mental health. In particular, by excluding play therapists, the needs of the very youngest children in preschool and primary settings are not being met.

Counselling is widely accepted to be extremely effective as an early intervention tool but may not be appropriate for the very youngest cohort for whom play therapy (shown as highly effective in data collated as a result of practice-based evidence) delivered by a highly skilled professional workforce may be a better fit:
https://www.playtherapy.org.uk/

Counsellors and play therapists outside the favoured Cognitive Behaviour Therapy model are already trained and available to provide support to children and young people. One of the most significant unrecognised facts (to which policymakers appear impervious) is that a network of counsellors and therapists nationwide is supporting children's mental health both pre and post pandemic – right now.

The Government response to the 2017 Green Paper estimated that:

'At full roll-out, the new Mental Health Support Teams could comprise up to 80,000 new staff. This is comparable in size to the entire current children and young people's mental health services workforce in the NHS, which is around 7,000 full time equivalent staff.'
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf

Professional Standards Authority (PSA) Registers across the UK hold the names of approximately 90,000 highly trained and skilled counsellors and psychotherapists. The Government response stated that:

'It is essential that the teams build on and increase the support already in place, for example high quality counselling services in schools and colleges.'

'The Blue Print for Counselling in Schools', 2016 sets out:

'The Government's expectation" that *"over time, we would expect to see all schooling providing access to counselling services."* This is because *"Counselling is viewed as an accessible service, increasing the range of options available to children and young people who need to talk to a professional about issues in their lives'*: *https://www.gov.uk/government/publications/counselling-in-schools*

Currently, only 60% of secondary schools in England provide some level of counselling and the Ministerial Answer of 11 February 2022 to a Written Question from Charlotte Nichols MP (Labour - Warrington North) is indicative of an overly relaxed attitude currently underpinning decisions about the provision of mental health support to children and young people:

'Question to the Department of Health and Social Care

"To ask the Secretary of State for Health and Social Care, what proportion of children aged 5-16 have a clinically diagnosable mental problem; and what estimate he has made of the proportion of those children who are receiving appropriate interventions at a sufficiently early age."

Answered by Gillian Keegan – Minister of State (Department of Health and Social Care).

"This information is not held in the format requested. However, NHS Digital's data shows that approximately one in six children or 17.4% aged between six and 16-years-old had a probable mental health disorder in 2021. No specific estimate".'

Child and Adolescent Mental Health Services (CAMHS)

The 2017 Green Paper stated that:

'Waits for treatment can vary considerably in different areas, with the shortest around four weeks and the longest in one provider up to 100 weeks from referral to treatment. Latest data shows that in 2016/17 the average wait for treatment in a children and young people's mental health service was 12 weeks.'

Schools' counsellors (or play therapists) should be available in all school settings to support children and young people prior to CAMHS assessment, when their mental health issues are deemed below the threshold needed for treatment via CAMHS and for support after CAMHS interventions.

There has been an increase in suicidal ideation amongst children and young people but this does not invariably meet the threshold required to access support from CAMHS. Similarly, it does not align with the low-intensity interventions offered by Child Wellbeing and Protection services (CWPs). The support is offered by counsellors who are now the 'holding space' for the many vulnerable children who

fall into the middle area between the low intensity intervention category and the CAMHS threshold.

<u>Health Settings</u>

Mental health continues to be surrounded by the taint of stigma; therefore a lack of trust (in particular concerning confidentiality) causes some children and young people to be extremely wary of seeking support from within school.

The number of children who are 'missing' from education has also risen. Approximately 8,000 children and young people are permanently excluded from school each year with many more being removed from school rolls. It is important that these children also have access to mental health support.

According to a survey conducted by MIND:

'Almost one in four school staff (25%) we surveyed said that they were aware of a student being excluded from school because of their mental health.'
https://www.mind.org.uk/media/8852/not-making-the-grade.pdf

All GP practices and primary care settings should offer a range of mental health support services (including counselling and play therapy) depending on the needs of the individual.

There should also be a nationwide network of community-based mental health support hubs, offering help to children, young people and their families and carers. A large workforce of skilled professionally trained counsellors and play therapists *already exists*, ready and willing to support those in need of their services. If as a society, we wish to safeguard the mental health and wellbeing of children and young people, this invaluable and ready resource should not be squandered due to a lack of recognition and guaranteed funding on behalf of the Government.

Going Forward:

**3.1	UK-wide co-operation between education, health and voluntary sectors in the interests of the mental health and wellbeing of children and young people**
**3.2	Statutory national in-school counselling/play therapy services staffed *only* by those who are professionally accredited and registered through an independent government-approved agency such as the Professional Standards Authority (PSA) Accredited Register Programme or the Health and Care Professions Council**
**3.3	Counselling/play therapy to be available in all primary care settings to facilitate access for children and their families; to include children not in school due to mental health issues, exclusion and SEND**
**3.4	All settings to be equipped to move services online when required due to lockdown or school closure. Systems must be in place for those children and young people unable to access online services due to the lack of technical devices, safety or privacy**
**3.5	A new mental health strategic approach; placing early intervention as**

well as prevention at the forefront and the emphasis on 'catch up' planning for schools to prioritise the mental health of children and young people over academic pressure and performance

3.6   A network to be set up of fully-funded intervention hubs in schools and communities that address the inequalities that contribute to poor mental health; comprising an 'easy to access' self-referral service for children and young people who fall below the CAMHS threshold.

CHAPTER 4: ADVERSE CHILDHOOD EXPERIENCES (ACEs) TRAUMA, SUBSTANCE ABUSE, AUTISTIC SPECTRUM AND OTHER CONDITIONS

Adverse Childhood Experiences (ACEs) are:

'Highly stressful, and potentially traumatic, events or situations that can occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person's safety, security, trust or bodily integrity.'
Young Minds (2018):
https://www.youngminds.org.uk/media/cmtffcce/ym-addressing-adversity-book-web-2.pdf

Occurring at a time when a person is especially susceptible to the effects of trauma (before they reach the age of 18) examples of ACEs can include:

- Abuse: physical, emotional or sexual
- Neglect: physical or emotional
- Domestic violence to include witnessing this
- Substance/alcohol misuse by a household or family member
- Divorce/separation of parents or caregivers
- Mental illness of a household member
- Having a household member go to prison.

Some known risk factors are:

- Living in under-resourced or racially segregated neighbourhoods
- Food insecurity
- Frequently moving to new homes or areas:
  https://www.medicalnewstoday.com/articles/adverse-childhood-experiences#summary

A variety of other trauma-triggering events such as natural disasters and community violence may have a significant impact:
https://www.resilientchildfund.org/top-10-aces
and historic research, Champagne DL et al (2008) *'Maternal care and hippocampal plasticity: evidence for experience-dependent structural plasticity, altered synaptic functioning and differential responsiveness to glucocorticodis and stress'* J. Neurosci, 28,6037-6045. doi:10.1523/JNEUROSCI.0526-08.2008, has heralded a growing consensus around the importance of nurturing touch in very early life.

Champagne's study assessed levels of nurturing care by measuring the amount of touch from mother to infant and found that a chemical alteration (affecting the way in which certain genes in the brain expressed their normal responses to stress) was directly linked to the amount of nurturing touch received by the infants.

Those experiencing a high-level from the earliest moments of life, matured into calm and sociable adults, whereas those who lacked sustained early life nurturing touch were by contrast, more aggressive and demonstrated a hyperactive response to

stress. This suggests the presence of a direct link between early life experience of touch and subsequent social brain development.

Experiencing 4 or more ACEs increases the likelihood that an adult will go to prison, develop heart disease; visit the GP frequently; develop type 2 diabetes; have committed acts of violence in the last year; have abusive health-harming behaviours. It therefore makes sound economic and social sense to address the impact of ACEs much earlier, and a House of Commons Science and Technology Select Committee Inquiry concluded that there was a:

'Clear correlation between suffering adversity in childhood and experiencing further negative outcomes in later life':
https://publications.parliament.uk/pa/cm201719/cmselect/cmsctech/506/50605.htm

The Scottish and Welsh Governments have encouraged and supported research into the impacts of ACEs, leading to the development of National Strategies in order to better inform professionals and communities about them. However, there has been no parallel, co-ordinated initiative in England bringing together therapeutic practitioners, education, health and social care staff and the abundance of conflicting online information about 'trauma-informed practice' is counter-productive to the attainment of optimum long-term solutions in the interests of the child.

Autism Spectrum (AS) is a life-long developmental condition affecting the ways in which people communicate and interact with the world:
https://www.autism.org.uk/advice-and-guidance/what-is-autism

It is not covered under the definition of ACEs and according to a study (March 2021) conducted by researchers at Newcastle University in collaboration with the University of Cambridge Department of Psychiatry and Maastricht University, around one in 57 (1.76%) of UK children is on the autism spectrum:
https://www.ncl.ac.uk/press/articles/archive/2021/03/autismratesincrease/

The burden of evidence confirms the value of early diagnosis and post-diagnostic support, but recent studies show that almost half of parents whose children have been referred for autism assessment have an 18-month upwards wait for a formal diagnosis and many still endure delays of several years:
https://www.ambitiousaboutautism.org.uk/about-us/media-centre/news/thousands-parents-facing-nightmare-waits-diagnosis-and-support

Compounding the problem of diagnostic delay is a protracted systemic absence of post diagnostic support with some parents reporting that they had subsequently been left *'completely alone'* without follow-up to signpost sources of help such as speech and language therapy, as above. However, *with* support, the lives of individuals with AS and their parents, carers and families can be improved significantly:
https://www.ncbi.nlm.nig.gov/pmc/articles/PMC5576710/

A new strategy to support people with autism is not just desirable but *necessary* because:

- Autistic people die on average, 16 years earlier than the general population: *https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/premature-mortality-in-autism-spectrum-disorder/4C9260DB64DFC29AF945D32D1C15E8F2*
- Autistic adults without a learning disability are 9 times likelier to die from suicide, as above
- The aggregate national costs of supporting children with AS were estimated to be £2.7 billion per year*: https://eprints.lse.ac.uk/3462/1/Economic_consequences_of_autism.pdf*
- The economic impact of autism on the UK economy is £28 billion per year; 21% of the total health and social care budget for the UK: *https://www.kingsfund.org.uk/audio-video/key-facts-figures-nhs*
- Just 21.7% of autistic people are in employment: *https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/outcomesfordisabledpeopleintheuk/2020#employment*
- The failure to diagnose, prepare and equip autistic children for their transition into adulthood combined with society's lack of understanding and acceptance of autism, leads ultimately to an increase in the number of autistic children with poor mental health and disproportionate rates of suicide, as above.

Autism Spectrum is an 'invisible' disability amidst others not outwardly discerned including cognitive impairment and brain injury, chronic illnesses such as multiple sclerosis, chronic fatigue, chronic pain and fibromyalgia; deaf and/or hard of hearing; blindness and/or low vision; anxiety, depression and many more: *https://www.invisibledisabilityproject.org*

Many people with hidden disabilities feel excluded and isolated and legislative changes making environments accessible to people with physical disabilities have not been amended to encompass those with invisible disabilities.

Prompt diagnosis leads to early support intervention and improved potential outcomes but delayed diagnosis can be devastating, affecting an autistic child's opportunity to access their best educational path via an Educational and Health Care Plan (EHCP) or specific autism intervention services. Delayed diagnosis denies a child or young person the opportunity to understand the factors that are causing them to respond in specific ways and exposes them to the risk of others deeming them culpable for poor behaviour: *https://www.bma.org.uk/media/2056/autism-briefing.pdf*

Delayed diagnosis can also lead to adverse mental health conditions (possibly unrelated to autism) being similarly undiagnosed. For example, 42% of children with autism also have an anxiety disorder, compared to 3% of children without autism. A failure to recognise and understand related conditions will delay access to early intervention or prevention services, as above.

The Caudwell Children Autism Service have a primary focus of evidencing a more efficient and an effective family-centred assessment and intervention pathway.: *https://www.caudwellchildren.com*

They are calling for further evidence to identify the scale of the population left as 'ghosts in the system' forced to endure an undefined waiting time until their child's diagnosis is established.

'Melissa' who was referred to Caudwell Children in 2019 after spending 10 years attempting to get an NHS autism assessment for her son Levi describes the difficulties she has encountered as a parent:

> *'It is a fight. It's so difficult juggling the day-to-day aspects and everything of meeting the needs of a child with complex or additional needs. It is draining on its own. But then to have to fight the system that is already out there via the NHS or whatever… to have to fight and the waiting …. it's a massive, massive detrimental impact on your parenting because you question yourself constantly. The ongoing support I have had from Caudwell Children has been life-changing.'*

'The Economist', *'Schooling for children with extra needs is under more strain than ever'*:
https://www.economist.com/britain/2022/03/05/englands-special-education-system-is-on-its-knees
describes the situation of Hayley Harding, whose son (born in 2014) was diagnosed at age four with an autism:

> *'Of a sort doctors and teachers said could not be managed in a normal classroom.'*

Ms Harding encountered insurmountable difficulties in accessing appropriate help for her child who now, aged seven, attends a school for autistic children attached to a mainstream primary.

However:

> *'It was only arranged after she started to take her council to a tribunal – a time-consuming and tricky task she was unusually well-placed to handle, since she is a solicitor.*
>
> **Only parents who are educated, know their children's rights and can afford lawyers, she says, are able to navigate the system.'**

Intellectual disability (ID) is defined by the World Health Organisation (WHO) as the:

> *'Condition of arrested or incomplete development of mind, which is characterised by impairment of skills manifested during the developmental period which contribute to an overall lack of intelligence, ie cognitive, language, motor and social skills.'*

These children will have a '*reduced ability to understand new or complex information*' and *'too few opportunities to participate in sport'*, Department of Health (2001) *'Valuing People: A new Strategy for Learning Disability for the 21st Century'* London: Crown Copyright.

There is a marked lack of opportunity (and funding) to enable children with ID to participate in a full range of physical activity and sport. People with ID are considered

at high risk of an overly sedentary lifestyle and the pandemic has meant increased time at home and difficulty in taking exercise; especially for children with ID who need regular structure and routine, WHO (2020) *#HealthyAtHome campaign, connecting the world to combat coronavirus*:
https://www.who.int/campaigns/connecting-the-world-to-combat-coronavirus/healthyathome

More research is required into the importance of sport and physical activity for those with ID; however, one recent study is the Sport Physical Education and Activity Research Centre 2020 evaluation of MENCAP'S Round the World Challenge:
https://www.canterbury.ac.uk/science-engineering-and-social-sciences/spear/research-projects/round-the-world-challenge.aspx
The results demonstrated that participation in physical activity translated into skills used in daily life including social skills and work; emphasising the importance of sport, recreation and physical activity for all. Sport England has invested into evaluating phase 2 of the study.

The developmental disorder dyspraxia causes poor physical co-ordination and an accompanying lack of focus and organisational capability.

A 2019 study, Power L and Howells K, *'A case study of how daily physical activity initiatives of occupational therapy were used to help physical movements for a child with dyspraxia'*:
https://repository.canterbury.ac.uk/item/8909y/a-case-study-of-how-daily-physical-activity-initiatives-of-occupational-therapy-were-used-to-help-physical-movements-for-a-child-with-dyspraxia
demonstrated how the physical activity initiative of occupational therapy based within a primary school setting could help a child with this condition.

A positive connection with the parents enabled 'Sue' to continue her therapy during weekends and school holidays, but children who did not have the therapeutic activity within the school-setting supported by complementary activity at home did not show the same level of benefit.

Good quality, adequate sleep is fundamental to the mental health of children and young people, yet the small amount of sleep support that is available in the UK is akin to provision via postcode lottery.

Poor sleep has been associated with an increased risk of self-harm and suicidal ideation, Singareddy R et al (2013) *'Subjective and objective sleep and self-harm behaviours in young children: a general population study'* Psychiatry Research. 209(3), 549-553) and is predictive of anxiety disorders and depression in adulthood, Reynolds et al (2020) *'Do sleep disturbances in depressed adolescents improve following psychological treatment for depression?'* Journal of Affective Disorders, 262, 205-210.

The relationship between mental health and SEND is complex, but disturbed sleep may be a contributory factor in the higher occurrence of adverse mental health conditions in this population. During the pandemic, parents of SEND children reported that shortened sleep periods exacerbated sadness, tearfulness, anxiety and

stress while increased anxiety was likely to contribute to poorer sleep, effecting a vicious cycle, Housley P et al (2020) *'The Impact of the COVID-19 Pandemic on Children's Sleep in the UK- a case study'*.

Children experiencing sleep difficulties are often prescribed melatonin (a hormone influential in the sleep/wake cycle) despite an absence of strong evidence supporting the usage. The cost of prescribing melatonin and other hypnotics for children rose from £339k in 2016 to £487k in 2019, *NHS Business Authority, accessed January 2021,* and the costs are likely to have burgeoned during the pandemic.

By contrast, despite evidence from sleep clinics (in particular The Sleep Charity operating across five regions in England) showing that behavioural sleep intervention can improve the mental health of both the child, young person and parent/carer, there is no secure funding for these services because there is no government recognition that sleep is a vital component of mental health.

A National Strategy prioritising early intervention is therefore needed to address the health inequalities that sleep issues present combined with training for a range of professionals so that they can offer support to children and young people and their families at the earliest stage possible.

The term 'additional needs' is applied to a child who has noticeable behavioural differences which differentiate them from their school peers. It spans a wide spectrum of need that requires identification, understanding and strategic intervention to minimise the child's exclusion from access to the curriculum. All the differences, most of which are manageable, require careful assessment, observation and monitoring (some of a specialist nature) and legal documentation to ensure the continuation of support throughout the child's educational career.

A child requiring specific types of support will be given an Education, Health and Social Care Plan subject to annual review and modification as necessary: https://www.gov.uk/topic/schools-colleges-childrens-services/special-educational-needs-disabilities
The family is supposed to be involved and to be given appropriate support. However, the process is lengthy, time-consuming and involves financial commitment from the school and Local Authority.

Children living in poverty are more likely to have additional needs, become more vulnerable as they mature and may be susceptible to involvement in gangs, substance abuse or other anti-social behaviour:
https://www.gov.uk/government/organisations/child-safeguarding-practice-review-panel/about
Schools are obliged to finance 'additional costs', but there is an equivalent pressure to meet the needs of *all* the children. Individual school budgets are fixed and calculated on a basis of numbers of children on roll plus legal and statutory responsibilities to children with additional needs as specified in their Education, Health and Social Care Plans.

A school is required to implement strategies to attempt to address the behavioural issues that the children exhibit before they may apply for additional funding for resources that SENDco feel will meet the need.

If parents attempt to access help via GP referral to the Child and Adolescent Mental Health Team, waiting time can be in excess of a year for the first appointment; during which time a child incurs potential school exclusion; re-direction to a different school by the Local Authority or being sent to a pupil referral unit. Provided by the Local Authority, pupil referral units are required to admit those who have overt problems that are not investigated by educational psychologists or other specialists. *These resources are limited and not always available or suitable for children in crisis.*

The seemingly insurmountable nature of these obstacles cannot be quantified and the situation for *any* child with additional needs is as random as a postcode lottery.

However, inconsistencies created and compounded by schools having insufficient funding per annum to address the myriad increased and complex needs since the pandemic, have contributed to the confusion and fear of parents from all types of economic, social and geographical background - who simply want to access timely and appropriate help for their child.

Going Forward:

4.1 All UK Governments to fund further research into ACEs with the objective of producing clear National Strategies

4.2 Education, Health and Social Care sectors to coordinate their response to ACEs, trauma, AS, ID and other conditions

4.3 Government support for, and recognition of, the lifelong importance and significance of nurturing touch from the earliest days of life in social brain development

4.4 Mandatory autism/neurodiversity training for all education and healthcare workers combined with standardised basic neurodiversity evaluation for all Year 1 pupils and a review of academic and employment pathways to address skills shortage in secondary care

4.5 A National Strategy to address the value and role of sleep in the mental health and wellbeing of children and young people

4.6 Review and revise of school budget calculation to accommodate adequate funding for individual child-specific strategies to help those who have been assessed as having additional needs and to offer support to their families and carers.

CHAPTER 5: POVERTY, DISPARITY AND INEQUALITY

A briefing from the Commission for Equality in Mental Health:
https://www.centreformentalhealth.org.uk/publications/commission-equality-mental-health-briefing-1
shows that children from the most deprived households are four times likelier to develop serious mental health problems by the age of 11 than their more affluent peers. The Department for Education highlights the negative impact of poverty on mental health and wellbeing:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/747709/Mental_health_and_wellbeing_provision_in_schools.pdf
as does Buttle UK's survey of 1,200 support workers; the latter recording that 65% of participants saw poverty as highly detrimental to children and young people's mental health.

The UK was the first European country to legislate on child poverty, and when this was a core governmental aim (1998-2003) the number of children living in poverty dropped by 600,000*:*
https://cpag.org.uk/child-poverty/child-poverty-facts-and-figures
Significantly, the prevalence of children and young people with mental health disorders remained stable during this period:
https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2021-follow-up-to-the-2017-survey

The juxtaposition of legislation and 15 hours' free early years childcare for all 3 and-4-year-olds, aimed to support child development and close the attainment divide between disadvantaged children and their peers.

The Child Poverty Strategy (2014-17) further outlined government aims to combat child poverty via breaking generational cycles and supporting parents into employment. However, the Social Mobility Council criticised the strategy; as replacing an opportunity to recommit to the 2020 child poverty goals:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/318062/2b_Poverty_Response_-_Final.pdf

In addition, The Institute for Fiscal Studies reported that despite a decrease in poverty levels between the late 1990s and mid 2000s, levels, a rise was likely by 2020:
www.ifs.org.uk/uploads/publications/wps/WP201507.pdf

However, the Government scrapped its obligation to attain the 2020 targets and switched focus to unemployment as a cause of child poverty via the Welfare Reform and Work Act (2016).

In 2017, an NHS survey found that the prevalence of children and young people with a diagnosable mental health disorder had increased from 1 in 10 in 2004 to 1 in 8 in 2017:
https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2021-follow-up-to-the-2017-survey

yet the Government continued to pursue employment goals as the 'catch-all' solution to child poverty by increasing the free childcare offer to 30 hours.

Effective childcare is held by consensus to be a vital tool in combating poverty through its twin outcomes of addressing the developmental inequalities of the poorest children and supporting parents into education/training, but the Joseph Rowntree Foundation identified that the 30 hours offer failed job-seeking parents or those already in education and training:
www.familyandchildcaretrust.org/creating-anti-poverty-childcare-system

Other studies revealed that the offer failed to support unemployed parents, those on zero hours contracts or very low pay and the poorest families were exempt because of the statutory requirement to earn the equivalent of the national minimum wage for a 16-hour week:
www.researchgate.net/publication/322990212_Tackling_the_problem_of_childcare

The Covid-19 pandemic has worsened the situation:

'Every critical measure of low social mobility – child poverty, income inequality, access to stable housing, unemployment for young people and gaps in school attainment – was poor in 2019. The impact of COVID-19 is threatening to make each of these factors worse':
https://www.gov.uk/government/publications/state-of-the-nation-2021-social-mobility-and-the-pandemic

The study *'Child of the North: Building a fairer future after COVID-19'* has shown that nearly one third of children in the North live in poverty; impacted disproportionately by the 2010-2018 austerity measures and deeper cuts to children's services than elsewhere in England:
https://www.leeds.ac.uk/news-health/news/article/4981/inequalities-blighting-children-s-lives-in-the-north
The authors estimated that the adverse mental health conditions developed by children in the North during the pandemic could cost £13.2 billion in lost wages during their working lives; recommending that:

- NHS England and the Office for Health Improvement and Disparities adopt a public mental health approach that includes a focus on mental ill-health prevention early in the life-course; recognising the importance of early detection and prompt access to professional treatment
- Governments should invest in developing a place-based monitoring system for understanding the longer-term mental health impacts of the COVID-19 pandemic.

In addition to the North-South divide, evidence indicates that children in rural and coastal communities also experience challenges conducive to poor mental health combined with inadequate mental health care provision. These include inferior transport infrastructure, isolation, fewer local opportunities and inadequate internet access:
https://www.centreformentalhealth.org.uk/sites/default/files/publication/download/CentreforMH_TheSpaceBetweenUs_Rurality.pdf

Provision of CAMHS and school counsellors is severely depleted nationwide but children who live in these difficult-to-reach areas are at an added disadvantage. The only option is therefore for families to pay for private mental healthcare or SEND Assessments, which marginalised groups are unable to afford.

UK children living in poverty are likelier to have mental health problems than those from higher income families and Black and minority ethnic children are more likely to be living in poverty than white British children, Pople L, Rees G *'Good Childhood Report 2017'* The Children's Society, August 2017:
https://www.childrenssociety.org.uk/good-childhood

However, the most recent comprehensive statistical study on child and adolescent mental health by ethnicity in the UK, *'Mental health of children and young people in Great Britain'*:
https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england
was in 2005, although persuasive later evidence demonstrates that children experiencing racial discrimination are likely to experience low self-esteem and high levels of depression:
https://www.runnymedetrust.org/blog/the-link-between-racism-and-childrens-poor-health

'Exclusion, discrimination. Violence and insecurity all increase our risk of poor mental health and explain why some groups of people face markedly higher rates of mental ill health than others':
https://www.centreformentalhealth.org.uk/commission-equality-mental-health

Children witnessing such behaviour, living in such environments, or directly experiencing discrimination themselves will be particularly affected.

A sense of belonging is an essential component of children and young people's self esteem and University College London has found that students from minority ethnic backgrounds feel a lower sense of belonging than their white peers:
https://www.ucl.ac.uk/teaching-learning/publications/2020/apr/creating-sense-belonging-your-students

However, this inequality has a much earlier origin because research shows that very young children who are exposed directly or indirectly to racism and discrimination suffer lasting implications into adolescence and adulthood. Recent literature indicates that:

'Racism is a social determinant of health that adversely impacts infant and early childhood socio-emotional and behavioural development.'
'Social Determinants of Health: the impact of Racism on Early Childhood Mental Health':
https://www.researchgate.net/publication/350028762_Social_Determinants_of_Health_the_Impact_of_Racism_on_Early_Childhood_Mental_Health

It is noteworthy that schools with higher proportions of white-British students were associated with higher referral rates to CAMHS, indicating an *under-referral issue for*

young people from ethnic minority backgrounds, '*Impact of counselling provision in primary schools on child and adolescent mental health service referral rates; a longitudinal observational cohort study'*:
https://acamh.onlinelibrary.wiley.com/doi/full/10.1111/camh.12519

In school, the promotion of pupil's spiritual, moral, social and cultural (SMSC) development is one mode through which diversity and belonging can be encouraged: https://dera.ioe.ac.uk/4959/1/Promoting_and_evaluating_pupils%27_spiritual%2C_moral%2C_social_and_cultural_development_%28PDF_format%29.pdf
but the only guidance available to school leaders on SMSC development focuses on utilising SMSC to promote the fundamental British values of law, democracy, individual liberty and tolerance of different faiths and beliefs: www.gov.uk/government/news/guidance-on-promoting-british-values-in-schools-published

However, the inclusion in the standards and regulatory framework highlights an assumption by the Government that teachers *already* possess the knowledge base to teach pupils about British values and to deliver this in an appropriate way. The lack of guidance or framework leaves teachers struggling in isolation to 'translate' policy into practice and the use of the word 'tolerance' has drawn criticism for having negative connotations and implying to pupils that diversity should be *suffered rather than celebrated*:
www.tes.com/magazine/article/why-tolerance-shouldn't-be-tolerated-schools

Similarly, it has been argued that current approaches to teaching British values have a negative impact on the sense of belonging experienced by Black and ethnic minority pupils; causing them to feel that they *are not British enough*:
https://www.leedsbeckett.ac.uk/-/media/files/schools/school-of-education/britishness-identity-belonging.pdf
In addition, the curriculum has been criticised for marginalising the history of ethnic minorities in Britain, rather than utilising historical material to promote cohesion, cultural development and a sense of belonging:
http://theguardian.com/teacher-network/2018/jan/20/secret-teacher-uk-history-of-race-bloody-racism

The Welsh Government has taken a decisive step to foster a sense of belonging for all pupils by making black and ethnic minority history a mandatory subject in school. This initiative; in line with the duty in The Equality Act (2010) for schools to:

'Include a full range of issues, ideas and materials in their syllabus, and to expose pupils to thoughts and ideas of all kinds':
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/315587/Equality_Act_Advice_Final.pdf
has yet to be replicated elsewhere in the UK.

Children who may also face pressures on their mental health because of marginalisation and inequality in service provision include young carers, disabled children, those from Gypsy, Roma and Traveller communities and LGBTQ+ children. There is a clear need for early intervention especially for hard-to-reach groups, supported by finding from the UK Millennium Cohort Study:

https://jech.bmj.com/content/jech/73/11/1049.full.pdf
demonstrating that about two-thirds of the social inequality in adolescent mental health was explained by early risk factors measured by age 3.

There is an acknowledged link between physical activity and mental health and the inactivity imposed on UK children as a consequence of lockdowns has contributed to unprecedented levels of poor mental health:

'Children need time playing in the countryside, in parks and in gardens where they can explore, dig up the ground and build dens.'
Dr William Bird:
https://www.standard.co.uk/hp/front/how-children-lost-the-right-to-roam-in-four-generations-7264441.html

Environmental inequalities continue to burgeon and black and ethnic minority groups not only reside in disproportionately substandard, overcrowded housing, but also have reduced access to outdoor recreational opportunities including poorer access to urban parks and poorer quality parks, '*Urban green nation; building the evidence base'* Commission for Architecture and the Built Environment, London (2010). This is a health inequity because access to urban green space is linked to mental health benefits, *'Urban green spaces and health – a review of evidence'* Regional Office for Europe, Copenhagen (2016).

More than two-thirds of anti-depressants prescribed for teenagers are for girls *(NHS Digital Data. 13-17-year-olds, 2017)* and the inequalities experienced by girls in accessing shared outdoor spaces mean that many cannot enjoy the mental health benefits of outdoor play.

Girls consider parks to be unsafe and unappealing; girls of all ages say that they would go outdoors in their local areas more often if parks were cleaner and well maintained and younger girls want more play areas, as well as safer road crossings surrounding those spaces:
https://www.girlguiding.org.uk/globalassets/docs-and-resources/research-and-campaigns/girls-attitudes-survey-2019.pdf

Good quality outdoor play should be seen as a preventative public health measure.

Outdoor play can be transformative; helping children experiencing mental health problems but also preventing some of the problems from occurring in the first place. However, equity in outdoor play and inclusiveness in facilities both at school and in other spaces including playgrounds is imperative so that all children (including those with special needs and disabilities) can play alongside each other. Every child in the UK should have somewhere close, safe and stimulating in which to play and to enjoy the mental health benefits of outdoor activity - with the necessary funding to facilitate it.

For example:

'Greening school grounds can help reduce inequalities of access to green space and the benefits they bring, particularly in terms of socio-economic disadvantage, gender, disability.'
Bell and Dyment (2006) and Ethnicity (Robison, 2020), p37:
https://outdoorplayandlearning.org.uk/wp-content/uploads/2021/10/The-Case-For-Play-In-Schools-web-1-1.pdf

Treating symptoms of mental ill health via a 'clinical approach', without acknowledging the life challenges that are often the context of a child's distress, risks failing our children and young people.

By continuing to neglect the specific needs of those who are cannot access help due to social, cultural or economic barriers, inequality will continue to thrive and those affected will have less opportunity to flourish and attain their full potential. Mental health equality for children and young people will become a reality if the Government decides to invest in early years support, inclusive education and policies to reduce economic disparity and achieve sustained racial justice.

Going Forward:

5.1   Nationalised early childhood education and care to alleviate the childcare burden of those who are working/job-seeking/in education and act as a protective factor for the development and wellbeing of children living in poverty

5.2   Whole scale urgent review of the benefits system to include increasing child benefit by £10 per child per week; increasing the child element in Universal Credit and increasing child tax credits

5.3   Address the effects of the pandemic in areas with a high Income Deprivation Affecting Children Index via rapid and focused investment in early years services such as the Health Improvement Fund. This should include health visiting, family hubs and children's centres with investment proportional to need and specific area deprivation factored in

5.4   NHS England and the Office for Health Improvement and Disparities to adopt a public mental health approach encompassing a focus on mental ill health prevention early in the life course; recognising the importance of early detection and prompt access to professional treatment

5.5   Redevelop the National Curriculum from an inclusive perspective to ensure that it properly reflects the diverse, multi-cultural nature of both modern-day Britain and its history. This promotes community cohesion and enables all pupils to feel the sense of belonging necessary for optimum mental health

5.6   Central and ring-fenced funding to enable every child in the UK to have somewhere that is safe and stimulating in which to play and enjoy the mental health benefits of outdoor society.

CHAPTER 6: THE NATURE AND NEEDS OF THE WORKFORCE

In her final report, the Children's Commissioner for England, Anne Longfield stated that:

'Mental health remains the biggest issue raised by children with the Children's Commissioner. Children are concerned about their own mental health, the mental health of their friends and problems accessing treatment.'
Children's Commissioner (2021) 'The State of Children's Mental Health Services 2020/2':
https://www.childrenscommissioner.gov.uk/wp-content/uploads/2021/01/cco-the-state-of-childrens-mental-health-services-2020-21.pdf

Yet despite a 21% increase in referrals to mental health services between 2016-19, the British Medical Association (BMA) in its report *'Measuring progress: Commitment to support and expand the mental health workforce in England'*:
https://www.bma.org.uk/media/2405/bma-measuring-progress-of-commitments-for-mental-health-workforce-jan-2020.pdf
observed that demand for services is *'outpacing both the available resources and the workforce needed to care for people with mental health needs'.*

The findings reflect the current state of mental health service provision for children and young people.

The 2017 NHS mental health workforce plan *'Stepping forward to 2020/21: 'The mental health workforce plan for England'*:
https://www.hee.nhs.uk/sites/default/files/documents/Stepping%20forward%20to%20202021%20-%20The%20mental%20health%20workforce%20plan%20for%20england.pdf
included a committing to improved service access by 2020/21. For children and young people, the objective was to increase access to psychological therapies to achieve a goal of:

'70,000 more children and young people gaining access to evidence-based interventions and with a greater focus on prevention and mental wellbeing.'

The strategy aimed to realise a total of 1,700 therapists and supervisors, train a minimum of 3,400 current staff and enhance perinatal mental health services; the latter aspiration of particular importance because a focus on mothers with perinatal mental health problems would mean increased professional attention for their babies.

The Covid-19 pandemic highlighted the issue of infant mental health; the importance of ensuring the *visibility* of their needs and the necessity of sustained professional development for the workforce, Parent Infant Foundation (2021) *'Working for Babies'*:
https://parentinfantfoundation.org.uk/1001-days/resources/working-for-babies/

The Association of Infant Mental Health (AIHM) are expanding their competency framework by piloting a new register, '*UK Infant Mental Health Framework'* (2021):

https://aimh.uk/professional-development-infant-mental-health/uk-imh-competency-framework

The Infant Mental Health Recognition Register (IMHRR) will be launched nationally in 2022 with a core aim of ensuring that the breadth of professionals and practitioners in health education and Early Childhood Education and Care (ECEC) are equipped with appropriate knowledge and skills (which they are then enabled to maintain) in order to meet the needs of the youngest children through Continuing Professional Development (CPD).

Recent Government guidelines state that:

'School staff are not expected to, and should not, diagnose mental health conditions or perform mental health interventions':
https://www.gov.uk/guidance/mental-health-and-wellbeing-support-in-schools-and-colleges

However, in practice, education and care professionals are seen as being well-placed to identify children experiencing poor mental health, offer early intervention which could prevent escalation and direct families towards support services:
https://www.eif.org.uk/blog/three-reasons-why-schools-should-offer-mental-health-interventions

As acknowledged by the Department for Education (DfE) early intervention and support is imperative because a failure to act can impact negatively on a child's behaviour and academic outcomes:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/755135/Mental_health_and_behaviour_in_schools__.pdf
Teachers and other educators are therefore 'on the frontline' of the current child and adolescent mental health crisis.

Previous Government policy, *'Mental health and behaviour in schools'*, as above, has acknowledged that:

'Clear systems and processes should be in place to help staff who identify possible mental health problems, providing routes to escalate issues with clear referral and accountability systems.'

In reality, there are huge regional discrepancies in access to, and waiting times for, Child and Adolescent Mental Health Services (CAMHS):
https://epi.org.uk/publications-and-research/access-to-child-and-adolescent-mental-health-services-in-2019

According to the 2019 Special Educational Needs and Disabilities (SEND) Census, 16.3% of pupils with SEND in primary schools and 19.6% of pupils with SEND in secondary schools had Social, Emotional and Mental Health (SEMH) difficulties identified as their primary area of SEND.

The SEND Code of Practice:
https://www.gov.uk/government/publications/send-code-of-practice-0-to-25

records that children and young people with SEMH may:

> *'Experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder.'*

SEMH is the third most populated category of SEND, yet the pathway to support is ill-defined and specialist provision is limited, variable in quality and reliant upon geographical location.

For example, in Devon, the CAMHS spend of £29 per child is the lowest in the country, *NHS Clinical Commissioning Group maps*: *https://www.childrenscommissioner.gov.uk/report/mental-health-services-2020-21* yet referrals to CAMHS in Devon are amongst the highest (5.48% of all children referred to CAMHS). When the numbers of children supported at school and in the private sector who never reach the CAMHS referral threshold are added to the mix, the tally represents a huge number of children in crisis.

SEMH needs are predominantly identified by school staff, but these professional people are trained in *pedagogy* (the methods and practice of teaching).

Having lived the experience of distressing mental health of their children ***with* their children,** parents and carers then have the additional challenge of seeking CAMHS intervention.

Tessa Reardon, lead author of the research from the Anxiety and Depression in Young People (AnDY) Research Clinic at the University of Reading said:

> *'Growing numbers of children and young people experience mental health problems, but only a small number of these young people receive professional help'*: *https://www.reading.ac.uk/news-archive/press-releases/pr714517.html*

Waiting times appear to be entirely arbitrary:

> *"Vulnerable children wait almost three years to access mental health care while others seen in just a week"*: *https://www.independent.co.uk/news/health/child-mental-health-waiting-times-b1972830.html*

A further factor; frequently under the radar in terms of public scrutiny, concern and perception also emerges from the University of Reading research, which shows parents feeling both shamed and blamed:

'A concerning finding highlights how frequently parents feel blamed for their children's difficulties and how important it is to remove this stigma to enable parents to access support for their children with mental health problems.'
Blame Culture Preventing Parents Accessing Mental Health Support for Children
https://www.reading.ac.uk/news-archive/press-releases/pr714517.html

Elsewhere in the devolved UK, targeted funding has been allocated to secondary schools to employ professional school counsellors to support children's mental health:
https://www.gov.scot/news/mental-health-in-schools/
and access to trained counsellors for younger children has also been prioritised along with mental health training for all school staff:
https://www.mentallyhealthyschools.org.uk/whole-school-approach/scotland/mental-health-services-for-schools-in-scotland

Elsewhere, we contend that play and creative therapies may be more accessible and appropriate for younger children than counselling, but England alone in a devolved UK, hands the responsibility of dealing with children in crisis to class teachers who themselves lack the appropriate training or support. Initial Teacher Training (ITT) has recently evolved to include the identification of SEMH, but training amongst the existing workforce is sporadic and inconsistent.

In some cases, programmes such as the Canterbury Christchurch-validated Tre UK:
https://treuk.com/the-tre-uk-programme/
have achieved very successful outcomes in improving the emotional and mental wellbeing of children in stress and trauma, but funding is needed both for further research and training for teaching staff, parents and carers in a variety of settings.

Studies suggest that teachers experience higher rates of sleep disorders, panic attacks, anxiety, depression and other signs of poor mental health than employees in many other professions:
https://www.gov.uk/government/publications/factors-affecting-teacher-retention-qualitative-investigation
The impact of the lack of training and support offered to teachers to enable them to meet the needs of their pupils is evident in the rising retention crisis within the profession.

Education Welfare Officers, Inclusion Officers and School Nurses are amongst the professionals responding to cases of anxiety-based school avoidance. Like teaching staff, their own therapeutic training is inadequate and they are reliant upon health services (namely CAMHS) to provide medical evidence to support the young person's needs. In the absence of medical diagnosis, absences must be recorded as 'unauthorised'; placing the young person, their family, the school and associated professionals under additional unsupported pressure.

The Government's new Mental Health Support Teams (MHSTs) are intended to unite health and educational services to support the mental health and wellbeing of children and young people. However, these are not subject to national funding and roll–out and all other current funded initiatives to include Psychological First Aid Training, Wellbeing for Education Recovery, RSHE (Relationships, Social and Health

Education) delivery and Senior Mental Health Leads training cede authority to schools in responding to the myriad mental health issues besetting many children and young people.

A national, fully-funded strategy is required in order to safeguard the mental health and wellbeing of children and young people and that of the school workforce and associated professionals involved in their care. Existing mental health concerns have been hugely exacerbated by the pandemic and the plans made for mental health support pre-pandemic are in urgent need of revision.

Educational and academic recovery will only be achieved if the mental health and wellness of children, young people and the adults who care for them professionally, is both acknowledged and supported.

Going Forward:

6.1 **Training in children's mental health and wellbeing to be a compulsory component of Initial Training (IT) and Continuous Professional Development (CPD) for all professionals and practitioners in health education and Early Childhood Education and Care (ECEC)**
6.2 **Funding for, and access to, CAMHS must be universal nationwide with support accessed in accordance with need instead of service availability**
6.3 **England must match the commitment of the devolved nations by funding a counsellor in every secondary school and professional support such as a play/creative therapies practitioner in every primary school**
6.4 **Education professionals providing any level of mental health care, along with safeguarding leads, should have access to regular supervisory and support services to protect their own wellbeing and mental health**
6.5 **Teachers and *all related health and education professionals to include GPs* must be equipped with a strong focus on how to support the mental health of children and young people as part of Initial Training (IT) and Continuous Professional Development (CPD)**
6.6 **Fully-funded Mental Health Support Teams to be rolled out nationwide.**

CHAPTER 7: PROVISION IN THE DEVOLVED UK

The Royal College of Psychiatrists has identified record numbers of children and young people referred to mental health services; establishing that:

- 190,2710 18-year-olds were referred to children and young people's mental health services between April and June 2021; **up 134%** on the same period in 2020 (81,170) and 96% on 2019 (97,342)
- 8,552 children and young people were referred for urgent or emergency crisis care between April and June 2021, **up 80%** on the same period in 2020 (4741) and up 64% on 2019 (5,219)
- 340,694 children in contact with children and young people's mental health services at the end of June 2021, **up 25%** on the same month in 2020 (272,529) and up 51% on June 2019 (225,480), *NHS Digital Data:* *https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2021/09/23/record-number-of-children-and-young-people-referred-to-mental-health-services-as-pandemic-takes-its-toll*

Dr Elaine Lockhart, Chair of the Faculty of Child and Adolescent Psychiatry at the Royal College of Psychiatrists said:

'These alarming figures reflect what I and many other frontline psychiatrists are seeing in our clinics on a daily basis. The pandemic has had a devastating effect on the nation's mental health, but it's becoming increasingly clear that children and young people are suffering terribly':
https://www.rcpsych.ac.uk/members/your-faculties/child-adolescent-psychiatry

Comparisons of child health across the UK have been captured in a series of reports since 2017 by the Royal College of Paediatrics and Child Health (RCPCH) and the most recent report, published in 2020 highlighted a snapshot of children's mental health across the four nations. Mental health is recognised under nine key areas of public health to be addressed and the report states:

'Early intervention in mental health and wellbeing is key; prevalence of mental health conditions and suicide rates are increasing, and mental health services must be equipped to meet growing demand.'
RCPH (2020) 'The State of Childhood':
https://stateofchildhealth.rcpch.ac.uk/

The report made three overarching priorities for all four nations across the UK and these were to:

- Reduce child inequalities
- Prioritise public health, prevention and early intervention
- Build and strengthen local cross sector services.

The devolved nations of the UK have markedly different approaches to children's mental health.

<u>Northern Ireland</u>

The '*Still Waiting*' report, a culmination of a Rights-Based review into mental health services and support for children in Northern Ireland, Northern Ireland Commissioner for Children and Young People (2018) *'Still Waiting: A Rights Based Review of Mental Health Services and Support for Children and Young People in Northern Ireland'*:
https://www.niccy.org/media/3129/niccy-still-waiting-summary-report-final-sept-18.pdf
indicates that Northern Ireland is believed to have the highest prevalence of mental health problems in the UK with a 25% higher overall prevalence of mental health disorders than England.

The trend has persisted for many years, Bamford Review of Mental Health and Learning Disability (June 2006):
https://nihrc.org/uploads/documents/advice-to-government/2006/human-rights-equality-of-opportunity-bamford-review-june-2006.pdf
although there have been some significant positive changes to the CAMHS system; particularly in the past 10 years.

The '*Still Waiting*' report pinpointed an overwhelming need for a 'system-wide' approach to children and young people's mental health, including well-funded services and a regional infrastructure of 'children first' support across multiple systems of provision. '*Still Waiting*' states that:

'To drive real, positive and sustainable change in the availability, accessibility and quality of mental health services and support available to young people, child and adolescent mental health must become a regional priority, with sufficient investment to reflect this.'

Progress made in response to the comprehensive recommendations has been compromised by the advent of the pandemic; placing Northern Ireland's mental health services back under unprecedented pressure with almost 2,000 children now waiting to access support, Madden A *'Nearly 2,000 children on waiting list seeking mental health help'* Belfast Telegraph, 18 November 2021:
https://www.belfasttelegraph.co.uk/news/northern-ireland/nearly-2000-children-on-waiting-list-seeking-mental-health-help-41063779.html
Northern Ireland's 10-year mental health strategy, Department of Health (June 2021) *'Mental Health Strategy 2021-2031'*:
https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-mhs-strategy-2021-2031.pdf
coincides with the widespread recognition that Covid-19 has had both immediate and long-term unknown impact on people's mental health.

Children and young people are embedded throughout the thematic structure of the report and significant issues highlighted include eating disorders, depression and anxiety; particularly for children and young people living in areas of socioeconomic hardship. However, with mental health spending at 27% less than in England and 20% less than in Ireland, considerable investment is needed in order to close the geographical disadvantage gap of mental health provision.

Wales was the first nation in the UK to legislate on play. The Welsh Government formally adopted the United Nations Convention on the Rights of the Child and is committed to making its principles a reality for all children and young people.

Mental health policy in Wales has revolved in recent years around the 2012 publication *'Together for Mental Health; A Strategy for Mental Health and Wellbeing in Wales'*:
https://gov.wales/sites/default/files/publications/2019-03/together-for-mental-health-a-strategy-for-mental-health-and-wellbeing-in-wales.pdf

Subsequent strategy pathways advocated making wellbeing an educational priority for children, *'Mind over Matter: Two years on'*:
https://senedd.wales/laid%20documents/cr-ld13568/cr-ld13568-e.pdf
recognising that the pandemic has slowed the progress of implementing necessary changes in Wales; compounded by increased need at service level.

The main messages of the Welsh Government were that:

1. Change is not happening quickly enough
2. Whole system change is required
3. The impact of the pandemic makes progress even more important than before.

In March 2021, the Welsh Government introduced a new framework for schools, Welsh Government (2021) *'Framework on embedding a whole-school approach to emotional and mental wellbeing'*:
https://gov.wales/sites/default/files/publications/2021-03/framework-on-embedding-a-whole-school-approach-to-emotional-and-mental-well-being.pdf

The Framework is based upon the core values of belonging, efficacy and having your voice heard. It aims to embed these principles across the whole school via active commitment from all educational stakeholders including teaching staff, the school senior leadership team, parents, carers, other professionals working with the school and the wider community surrounding the school.

The Welsh Government is providing £36.6m to fund initiatives designed to assist the recovery of children and young people from the effects of the pandemic. The funding will be used to:

- Increase capacity in childcare, play and Flying Start settings
- Help local authorities respond to the priorities in their Play Sufficiency Action Plans (allocated via local authorities)
- Support access to play, sporting, creative and expressive and cultural activities and experiences in Welsh and English for children and young people aged 0-25.

Scotland
In Scotland, an educational focus has been placed on the transition phase between primary and secondary school as a crucial stage wherein social and emotional

challenges can occur for children and positive relationship forming with peers and adults be instrumental in supporting these challenges, White J (2020) *'Supporting children's mental health and wellbeing at transition from primary to secondary school: Evidence review'*:
http://www.healthscotland.scot/media/2964/supporting-childrens-mental-health-and-wellbeing-at-transition-from-primary-to-secondary-school.pdf

Scotland has adopted a Play Strategy along with a play-based Curriculum for Excellence.

An article in The Lancet states:

'Play is sometimes dismissed as trivial. However, a review of the data regarding the role of play in mental health suggests that children's natural playfulness might have some crucially important functions for healthy physical and mental development. Professionals working in childcare, education and paediatrics need to be aware of the importance of children's play, in all its many forms, and how opportunities for playful experiences can be supported in domestic, educational and therapeutic settings.'
https://www.thelancet.com/journals/lanchi/article/PHSS2352-4642(17)30092-5/fulltext)

Play Scotland:
https://www.playscotland.org/
instigated a children and young people's consultation: '*2021 Play in a COVID-19 context*' funded by the Scottish Government. The results showed that:

'COVID-19 has had an enormous impact on children and young people's lives. After the challenges of the last year, they want a return to the play they enjoy.'

The devolved nations of the UK have identified different specific policies and strategies to address the crisis in their respective countries as below:

Northern Ireland:
The Department of Health's *'Mental Health Strategy 2021-2031'*:
https://www.health-ni.gov.uk/publications/mental-health-strategy-2021-2031

Scotland:
The Scottish Government's Healthier Scotland, *'Mental Health Strategy: 2017-2027'*:
https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2017/03/mental-health-strategy-2017-2027/documents/00516047-pdf/00516047-pdf/govscot%3Adocument/00516047.pdf?forceDownload=true

Wales:
The Welsh Government's *'Mental Health Delivery Plan for 2019-2022 (Covid 19 response)'*:
https://gov.wales/mental-health-delivery-plan-2019-to-2022

Of immediate concern is how the pandemic has impeded the implementation and progress of these policies and increased the prevalence of need; particularly in

populations of socioeconomic disadvantage or for those who have underlying health conditions.

Of prominent concern is how little we know about the ways in which the pandemic will impact children and young people's mental health in the long-term. There is increasing emphasis on consulting children in all the UK nations about their needs and how they feel about the issues that are affecting their lives. Despite the caring policy profile across the UK, a shared consensus concerning the best way forward has been expressed as:

1. A 'joined up' system-wide approach to mental health services
2. Increased investment from governments
3. Engagement with children, young people and professionals to ensure a person-centred approach to supporting mental health education, prevention and intervention.

Research has indicated that when early interventions through government policy occur, the impact upon children's health outcomes is beneficial and early interventions can prevent issues rapidly escalating, developing and passing to successive generations, Fitzimons E et al (2017) *'Poverty dynamics and parental mental health; Determinants of childhood mental health in the UK.'* Social Science and Medicine doi: 10.1016/ j.socscimed. 2016.12.040.

Going Forward:

7.1   A 'child rights' approach; ensuring that children's rights under the United Nations Convention on the Rights of the Child are central to all government policies

7.2   Policy and practice across the devolved UK should adopt a consistently 'joined-up' system-wide approach to mental health services

7.3   Prevention should be implemented in educational settings; focusing on a whole school cultural change approach to educating young people about mental health

7.4   Mental health support for children and young people should be person-centred; encompassing the varying needs of the individual

7.5   Accurate tracking and monitoring of mental health disorders and service-users should be maintained across the four nations

7.6   Investment into research that examines the impact of the Covid-19 pandemic on children and young people in the long term as they make the transition into adulthood.

CHAPTER 8: FUNDING A FAIRER FUTURE

'The Children and Young People Mental Health Coalition Members Report 2021':
https://cypmhc.org.uk/publications/cypmhc-members-report-2021/
recommends a cross-departmental strategy to place the mental health and wellbeing of children and young people at the heart of decision-making.

This report also states that further investment is required into the mental health support provided through education, community and health settings in order to ensure that early intervention and prevention is prioritised, suggesting that:

*'The Department of Health and Social Care ensure that forthcoming legislative changes and guidance linked to the Health and Care Bill, the modernisation of the Mental Health Act 1983, and the 2018 Mental Health (Use of Force) Act **effectively consider the unique needs of children and young people.'***

That help is urgently needed to address the escalating emergency in the mental health of children and young people is not new; in fact, policy-makers are at risk of being deluged by an avalanche of corroborative evidence on a daily basis; a recent example being that:

'A study published by the Office of National Statistics found that 30 per cent of younger children with long term effects of the coronavirus had at least one probable mental illness, compared with 7.7 per cent of those without long Covid.'
'Children's long Covid linked to mental illness' The Times, Tuesday March 1 2022

Members of Parliament are now aligning with service providers, head teachers and health and educational professionals in calling for fully qualified therapeutic practitioners to be **funded** members of staff in all schools across the UK:
https://hansard.parliament.uk/Commons/2021-11-09/debates/829A71F8-C2BF-4333-A5AC-066C9DBDF98A/School-BasedCounsellingServices?highlight=counselling#contribution-D04067880CDD-4B9E-840502B99EAA4831B

The overwhelming professional consensus now is that piecemeal, quick-fire intervention at the top end of the teenage years and into early adulthood is neither a short nor long-term solution to the problem. Instead, what is required is early intervention by highly trained and independently regulated therapists, utilising practice-based evidenced approaches. This already exists as does the training infrastructure in the case of Play Therapy and Play Therapists:
www.playtherapy.org

Talking Therapies and Counselling are well-documented as highly successful models of treatment for children and adolescents, and mixed approaches using creative arts and play therapeutic models have been shown to be highly effective, Baskin TW et al (2010) *'Efficacy of counselling and psychotherapy in schools; a meta-analytic review of treatment outcome studies'* Couns Psychol 38(7):878 903:
https://doi.org/10.1177/0011000010369497

In a comparative study by Finning et al (2021) findings demonstrated that counselling delivered to children in UK primary schools produced improvements in mental health above and beyond that observed in a matched comparator group. The improvements were maintained when measured two years later:
https://link.springer.com/article/10.1007/s00787-021-01802-w
That therapy is both beneficial in the youngest children and that its effects are ongoing for many years later, is compelling evidence for working therapeutically with younger children.

The 2016 report *'Counselling in Schools, a Blueprint for the Future'* set out the then Government's expectation that over time, *every* school would provide access to counselling services:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/497825/Counselling_in_schools.pdf

The report championed early intervention and mental health provision in all schools. To date, England alone amongst the UK nations (and even in the wake of the pandemic) does not provide a funded Counsellor in all schools and there is no sense in respect of this provision that the 2016 'over time' ambition will be fulfilled *any* time soon.

This gap in funded school provision is even more acute for the youngest children for whom talking therapies such as counselling may not be appropriate because very young children are often unable to describe their experiences purely verbally; reflect on their behaviour or understand the links between the two. For this age group, Play Therapy and other Creative Therapies such as Art and Music Therapy offer a proven way of working through past trauma towards healthy self growth and the goal of thriving in school and in society.

Unlike talking therapies, Play Therapy is a type of therapy where play and art materials are used as the main way for children to express themselves.

Play creates a three-way process between a child, a highly trained professional therapist and the piece of play, music or art. The play offers an opportunity for symbolic expression and communication through metaphor, which can be transformative for a child who finds it difficult to express their thought or feelings verbally (or may be worried about doing so).

Play Therapy UK's work over 20 years*:*
https://www.playtherapy.org.uk
has demonstrated that children's mental health must be protected by statute and that a child's right to a trained and appropriate therapist should be centrally funded and enshrined in law.

Since 2019, PTUK has sponsored the Child Mental Health Charter:
https://childmentalhealthcharter.com
and contends that while any Government investment in mental health provision in schools (to include Counselling, Mental Health Teams, Trauma-Informed Practitioners and Mental Health Leads) is welcome, it will only be effective if is applied consistently nationwide instead of via selected geographical areas or pilot

schemes of limited duration – and Play Therapists must be properly funded accredited and recognised members of the team.

A 2020 report, *'Babies in Lockdown'* (2020):
https://babiesinlockdown.info/
surveyed 5474 pregnant women and new parents during lockdown and highlighted the importance of investing in children from pre-birth. The study was supported by the Parent-Infant Foundation, *'1001 days'*:
https://parentinfantfoundation.org.uk/1001-days/
an organisation arguing that a properly supportive environment for babies and parents can lessen the risk of mental health problems as the child matures:

> *'Persistent difficulties in early relationships can have pervasive effects on many aspects of child development, with long term costs to individuals, families, communities and society.'*

The *'Babies in Lockdown'* study has recommended:

- A one-off BABY boost to enable local services to support families who have had a baby during or close to lockdown
- A new Parent-Infant Premium providing funding for local commissioners, targeted at improving outcomes for the most vulnerable children
- Significant and sustained investment in core funding to support families from conception to age two and beyond, including in statutory services, charities and community groups.

The Parent-Infant Foundation has expertise in assembling multi-skilled 'parent-infant' teams with an impressive record in helping pregnant women and new parents to develop responsive bonds with their babies. A funded national roll-out of teams based at health or community centres could be an effective lever for early intervention and sourcing early support.

The NHS *'Five Year Forward Plan'*:
https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf
contains a section on perinatal mental health and considers the potential of conducting a mental health assessment on pregnant women; but the issue of stigma would be alleviated if this were to be an automatic procedure for every potential parent at the outset; linked with fully operational parent-infant teams.

As *'Better Beginnings, Improving Health for Pregnancy'*, Uhs.nhs.uk.2021:
https://www.uhs.nhs.uk/Media/SUHTInternet/Services/Maternity/Better-Beginnings-Improving-Health-for-Pregnancy.pdf
recognises, addressing the health of pregnant women *must* include their mental health. Many of the recommendations in the review are preventative – but if *all* women and their babies are to benefit, these must be rolled out nationally and be fully-funded by the Government.

Children and young people's mental health is now widely acknowledged to be a national emergency; the incipient crisis exacerbated beyond all expectation by the

Covid-19 pandemic. Acute mental health support is in urgent need of additional funding but some preventative measures are of a public health nature - the most simple of which is ensuring the children have somewhere to play.

The efficacy of play is enshrined in the United Nations Convention on the Rights of the Child:
https://www.unicef.org.uk
as essential for children's health and development. Free, outdoor play helps to build children's self confidence and resilience, teaching them how to resolve problems and surmount difficulties alongside their peers and simply 'let off steam'.

For a relatively modest financial investment, children's mental health could be immensely boosted through the provision of a nationally coordinated outdoor play strategy, with a centrally-funded national network of public play spaces at its heart. Abundant 'doorstep' play areas should be within close walking distance of where children live, so that they become integral parts of the community and areas in which the whole community can feel confident that children are safe.

It is important to acknowledge that the present crisis in children and young people's mental health has been *years in the making*. The Covid-19 pandemic would not have had such a devastating impact on children's wellbeing if their mental health had not been historically neglected in successive government decision-making. The number and quality of public play opportunities has seen an alarming decline in recent years and the UK as a whole has no national play strategy. As a public health measure, nationally co-ordinated, sustained investment in children's play should be a key component of any 'Build Back Better' or 'Levelling Up' strategy.

The mental health benefits to children and young people now and for generations to come, far outweigh the relatively modest financial investment required both in play and the other measures outlined above.

Going Forward:

8.1   A fully-funded National Strategy for the pre-conception – age two band; prioritising early intervention and sourcing support for potential parents and new families via parent-infant teams at accessible community and health centres

8.2   Mental health assessment to be part of routine practice for potential parents as well as initial pregnancy assessment procedure

8.3   All schools throughout the UK to have a fully-funded professionally trained and accredited Counsellor as part of the staff team

8.4   Mental Health Teams in all primary schools to have a fully-funded professionally qualified and accredited Play Therapist/Creative Arts Therapist as an integral part of the staff team

8.5   The Government to fund a national network of outdoor public play spaces

8.6   A National UK Strategy for Play; encompassing play provision and facilities in all schools and early years settings as well as public play space provision as above.

Children's Alliance

Better starts, brighter futures