Transforming Children and Young People Mental Health Provision: a green paper – a response from BACP

We would like to submit the comments below to the joint Department of Health and Social Care and Department for Education consultation on the *Transforming Children and Young People's Mental Health Provision green* paper.

We are responding in this format as we believe the scope of the proforma is too narrow and limits the opportunity for stakeholders to provide true scrutiny and comment on the proposals within the green paper.

Background on BACP

As way of background the British Association for Counselling and Psychotherapy (BACP) is the leading professional body for counselling and psychotherapy in the UK, with over 46,000 members, half have an interest in working with children and young people.

Our members work across the professional disciplines in the fields of counselling and psychotherapy and are based in a range of settings, including schools and colleges, the NHS and the third sector.

They provide talking therapies to clients with a range of mental health conditions, including the most commonly presenting issues amongst children and young people, which are family troubles, anger, stress, bullying and self-worth.

We maintain a register of therapists, which has been independently assessed and approved by the Professional Standards Authority for Health and Social Care (PSA) as meeting their standards for public protection. In addition all of our members are bound by the *Ethical Framework for the Counselling Professions* and within this, the Professional Conduct Procedure, which places clients, integrity and ethical practice at the heart of everything they do.

Our History on Children and Young People's Mental Health

The issue of improving children and young people's mental health is one which we have been campaigning on for many years and we therefore welcome the renewed focus on this area.

However, we are extremely concerned that the recommendations set out in the green paper lack ambition and present a missed opportunity to deliver the most effective mental health support in our schools and colleges.

We are disappointed that the Government has not included a commitment to universal provision of school-based counselling, despite these services being available to all children and young people in Wales and Northern Ireland and importantly despite the Department for Education's own expectation, set out in the *'Counselling in Schools: a blueprint for the future'*, that all schools should provide access to counselling services.

Evidence shows that school-based humanistic counselling is an effective intervention for children and young people who have emotional, social or behavioural difficulties (*Cooper, 2013*) and can help reduce the psychological distress that they may experience because of a range of life difficulties, such as bullying or bereavement, and can support those who are having difficulties within relationships and those who are having difficulties in managing their emotions.

We have set out our views on each of the proposals below.

Designated Senior Leads for Mental Health

We are broadly supportive of the introduction of *Designated Senior Leads for Mental Health* within schools and colleges and we agree that it is essential that an institution takes a whole school/ college approach to mental health and wellbeing.

However, we retain some concerns with the proposals, namely that:

- Whilst we agree that five of the six core roles assigned to *Designated Senior Leads* are appropriate for a member of school staff to undertake, we state in the strongest terms that it is not appropriate for an untrained non-clinician to be responsible for *'overseeing the outcomes of interventions on children and young people's education and wellbeing'*.
- We believe it is vital that the role of the *Designated Senior Lead* role is viewed as an important function within a school/ college hierarchy and therefore the responsibility should not just be a *'bolt on'* to an existing SENCO's responsibilities.

  Research shows that up to 20 per cent of children and young people could have a mental health problem in any given year, and about 10 per cent at any one time. Simply put, the potential need within an institution requires this to be a single role in its own right.
- Whilst we support the principles of *Designated Senior Leads* being introduced to coordinate the whole school/ college approach to mental health, this shouldn't remove responsibility from all staff within an institution to understand mental health problems and how to appropriately signpost children and young people to further appropriate support.
- Particular attention should be given to the roll out of *Designated Senior Lead* posts to colleges. The proposals within the green paper suggest that one *Designated Senior Lead* will be trained per institution, however for large colleges, which may have more than 10,000 enrolled students, or for colleges that have a satellite campus structure there will be a requirement for additional resources to ensure an appropriate level of cover.
- We are concerned by the suggestion that non-clinical teaching staff will be expected to deliver psychological interventions. Whilst research does recognise that non-clinical staff can deliver effective psychological interventions for adult clients, it is acknowledged that this is often achieved through significantly longer support sessions than those provided by clinically-trained staff (*Farrand et al, 2008*). We are also not aware of evidence supporting the effectiveness of this approach with children and young people.

Additionally, when considering the fact that the non-clinical staff who will deliver these interventions will be teachers, it is clear that this wouldn't represent a cost-effective solution for delivering interventions. We don't believe there is any value in using highly skilled teaching staff who have been trained and primarily want to teach, when there already exists a psychological therapy workforce available, who are trained to deliver interventions, and who can achieve positive outcomes in fewer number of sessions.

Similarly, research has suggested that clinical training may lead to greater client retention and better overall client well-being, when compared with interventions delivered by non-clinical staff (*Atkins & Christensen, 2001*).

- In order for a *Designated Senior Lead* to be effective, we believe they would need to be:
    - Skilled in undertaking assessments, including risk assessment and collaborative assessments (i.e. assessing alongside other professionals working with the CYP), and have the necessary knowledge, experience and understanding of a range of therapeutic approaches and interventions as well as their appropriateness for a variety of presenting issues so that suitable referrals can be made. This would also be required to ensure that accurate service evaluation on the efficacy of different interventions can be conducted.
    - Part of a multi-disciplinary approach, with the central aim of widening access to a range of mental health support systems and interventions, including counselling services.

Mental Health Support Teams

We are gravely concerned by the proposed introduction of *Mental Health Support Teams*, particularly given the lack of information on how the teams will operate and the failure to include counselling or to even recognise the important role it currently plays, within the green paper proposals.

We believe that until the Departments make significantly more information available to stakeholders about how the teams will be staffed, what training staff will have, the structure of teams, how the teams will be managed and led, how they will work with institutions, what level of support they will provide to children and young people, what the thresholds for accessing support will be and how they will work with existing services, then it is difficult to be able to provide constructive answers.

Despite assurances that these new teams are intended to complement, rather than replace existing services, we believe that these proposals as presented, without a clear commitment to the value and importance of counselling in schools and colleges **will inevitably lead to a reduction in counsellors in schools, to the detriment of pupil wellbeing.**

The Government can easily secure counselling within schools by ensuring that they are considered and funded as part of these Mental Health Support Teams.

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Role of counsellors in supporting mental health in schools

We are disappointed to see that there is no commitment to the universal provision of counselling being made available in all schools and colleges. Particularly since the Department for Education's own report, Counselling in schools: a blueprint for the future (DfE, 2016), sets out an expectation that all schools should provide access to counselling services and that these services should fit within a whole school approach to mental health.

Moreover, the Department for Education's recent report, Mental Health Support in Schools and Colleges (DfE, 2017), found that 61% of all schools already offer counselling support services to their students. Instead of expanding a proven intervention to the remaining 39% of schools, the Government have committed to the creation and implementation of new mental health structures, namely Mental Health Support Teams.

Based on data from Wales's national school-based counselling programme, we have produced a cost-estimate for delivering school-based counselling across all of England's state-funded secondary schools and academies of £90m a year.

The need for the Government to take a lead in rolling out universal counselling provision was further highlighted through the recent joint survey of counsellors and psychotherapists who work with children and young people.

Undertaken by Place2Be, BACP, UKCP and NAHT, the survey found that the most common challenge facing counsellors and psychotherapists in delivering services to schools was schools not having funds to pay for the service (61% of respondents currently working in schools and 75% of respondents who have previously worked in schools) (*Place2Be, BACP, UKCP and NAHT, 2018*).

There is already a highly trained and professional workforce waiting to take up counselling roles in schools, which would reduce the costs and time of implementation and require minimal top-up training, rather than training a whole new workforce.

To support the roll out of universal school counselling provision, we have developed competences for working with children and young people that demonstrates a practitioner's ability to work with children and young people in a safe and effective manner and we are also working to develop counselling modules for the Children and Young People's IAPT programme based on our curricula for working with this age group.

Ultimately, implementing counselling in schools universally contribute to the delivery of the ambitions of the Green Paper by:

- Complementing and supporting other services
- Offering a preventative approach and early intervention
- Assessment of needs
- Ongoing parallel support alongside CAMHS
- A tapering or step-down intervention when a case is closed by specialist mental health services

Therefore, we believe that the proposals to train upwards of 8,000 new *Child Wellbeing Practitioners* to deliver interventions for mild to moderate mental health conditions is poorly considered when there is the opportunity to simply expand the workforce by recruiting from the existing underused counselling workforce, a workforce who are trained to work with children and young people and who are already delivering services in schools, in a much quicker timescale and at a much lower cost.

How is counselling viewed in schools and colleges?

Research indicates that school-based humanistic counselling is perceived by children and pastoral care staff as a highly accessible, non-stigmatising, and effective form of early intervention for reducing psychological distress (Cooper, 2009).

Secondary school students have also reported that attending school-based humanistic counselling services has positively impacted on their capacity to study and learn (Rupani et al., 2014). Similarly, McElearney and colleagues (2013) reported that school-based counselling interventions in Northern Ireland were effective for pupils who had been bullied.

School-based humanistic counselling (SBHC) is a standardised form of school based counselling (Cooper et al., 2010). A competency framework for those delivering humanistic counselling to 11-18 year olds has been developed (Hill, Roth & Cooper, 2014). Four pilot trials of this manualised form of SBHC have been undertaken in the UK to date (Cooper et al., 2010; McArthur et al., 2013; Pybis et al., 2014; Pearce et al., 2017) and pooled analyses of these data suggests that SBHC brings about medium to large reductions in psychological distress compared to a pastoral care as usual wait list.

We do not believe the existing evidence for counselling has been properly considered when developing these proposals.

Diagnosis and interventions

The Government's emphasis on depression and anxiety amongst children and young people is misplaced. Whilst they are undoubtedly important, and prevalent amongst some children and young people, research suggests that they are not the most common conditions children and young people present with.

Many young people referred to school-based counselling services in the UK do not present with specific clinical disorders, such as depression and anxiety (Cooper, 2009). Rather, they are more likely to be experiencing psychological distress as a result of a range of life difficulties, such as family issues (Fox & Butler, 2009; McKenzie et al., 2011), bullying or academic problems.

Indeed, Cooper (2009), found that 27.8% of young people accessing school-based counselling services were presenting with family issues, 16% with anger issues and 15.9% with school-related issues; fewer than 10% presented with depression or anxiety, respectively.

This is backed up by data from the Welsh Government's statutory school counselling service which shows that the most common conditions are related to family, stress, anger and self-worth (*Welsh Gov, 2016*).

Research has shown that these most common presenting conditions are ones that that can be worked with effectively by counsellors in schools and colleges. Suggesting that those interventions prioritised by the Green Paper are unlikely to be the most effective for most children and young people.

Hence, there is a need for school-based interventions that can help young people address, and overcome, the distress that arises from these life challenges; and that can minimise the likelihood that this distress will deteriorate into more severe psychological problems.

The emphasis on depression and anxiety also means that access to any psychological therapy services will be based on clinical diagnoses, which can be unnecessarily stigmatising and exclude many children and young people who don't meet the *'clinical'* threshold for emotional and psychological support - preventing them from accessing services early and only when their symptoms deteriorate.

The green paper states that the *Mental Health Support Teams* will be responsible for delivering 'specific interventions' which mainly include CBT approaches for 'risk of depression' and 'signs of anxiety'.

However, it is not clear how other issues that don't fit with brief CBT interventions or within CAMHS' remit is going to be addressed. Issues such as bereavement/loss, relationship/family breakdown, low self-esteem, self-harming, drug/alcohol abuse, transitions, isolation, stress due to caring for a family member, sexual abuse, trauma, attachment issues etc. Whilst this list is not exhaustive it does offer examples of the types of issues that are currently being worked with in existing school and college counselling services. We urge that further proposals acknowledge the importance of counselling for these conditions and support schools to fund counselling in schools and colleges.

Waiting time targets

We praise the Government's ambition to implement a four-week waiting time for children and young people's NHS mental health services, however we are deeply concerned that this waiting time target will only be delivered in a small number of areas involved in the initial roll out of the Mental Health Support Teams – creating a post code lottery for children, young people and their families in getting timely access to specialist mental health services.

We are also concerned that the introduction of a four-week waiting time target for NHS services, without a similar target for those services provided in education settings, will simply shift the long waits for access from the health service to education.

We are calling for a commitment that where Mental Health Support Teams, and subsequently the waiting time target, aren't being piloted, an alternative provision should be made available to ensure that children and young people aren't being subjected to inequality in service provision and waiting times. Interventions such as counselling in schools, in line with the DfE Counselling in Schools blueprint, could be made available to the 75% of the country that won't have access to the four week waiting times by 2022/ 23. These services could also be evaluated, with outcomes being compared to those delivered by the mental health support teams.

We are also concerned that the additional responsibility of CAMHS staff to provide supervision for *Mental Health Support Teams* alongside the potential increase in referrals to CAMHS may prevent services from achieving the four-week waiting times target – will the Government consider increasing resources going into CAMHS in those areas trialling the waiting time target and supervision to support them in achieving the aims.

Funding

We are disappointed to see the funding commitment for roll out of the Green Paper proposals only lasting until 2020/21, which won't even see the proposals rolled out to 25% of the country – which in the Government's own estimates will only be achieved by 2022/ 23. We believe that funding commitments should be made beyond 2020/21 to give children and young people confidence that that their mental health matters.

Primary age school children

Whilst we commend the Government for including primary school age children within the scope of the green paper, there is a chronic lack of detail about how the proposals will be applied within those schools and what interventions will be offered to children up to the age of 11.

Counsellors categorised as non-trained therapists

In Appendix A it states that *'Evidence that appropriately trained and supported staff such as teachers, school-nurses, counsellors and teaching assistants can achieve results comparable to those achieved by "trained therapists" in delivering a number of interventions addressing mild to moderate mental health problems (such as anxiety, conduct disorders, substance misuse and PTSD)'*.

We challenge the assertion that counsellors are being categorised as non-trained therapists and grouped together with teachers, teaching assistants and school nurses. What qualifications do the 'trained therapists' referred to in this statement have?

Children and Young People IAPT counsellors will have completed the CYP IAPT Evidenced-based Counselling Practice (EBCP) training which is underpinned by BACP's competences for counselling young people (11-18 years) and BACP's Young People's Training Curriculum. Children and young people counsellors who have completed training based on BACP's YP Curriculum will have a comparable qualification.

In addition, if the pilot has not been conducted yet then how can there be sufficient evidence to show that trained staff (e.g. teachers) can deliver comparable results to trained CYP therapists, especially when they are not working in a boundaried, contracted and safe therapeutic relationship backed up by a significant, evidence-based specialist training course.

Assessment and evaluation of practice

We would recommend the use of outcome measures such as CORE for the purposes of outcome data collection and evaluation.

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