

Senedd Cymru
Y Pwyllgor Plant, Pobl Ifanc ac Addysg

Welsh Parliament
Children, Young People and Education Committee

Ymchwiliad i effaith argyfwng Covid-19 ar
blant a phobl ifanc yng Nghymru

Inquiry into the impact of the Covid-19 outbreak on
children and young people in Wales

COV 92
Ymateb gan: Mind Cymru

COV 92
Response from: Mind Cymru

We're Mind Cymru, the mental health charity.

We work nationally and locally.

Nationally, we campaign to raise awareness, promote understanding and drive change.

We're also the first point of call for information and advice, providing mental health information to people in Wales over a million times every year.

Locally, in communities across Wales, independent local Minds provide life-changing face-to-face support to more than 25,000 people each year.

Together, we won't give up until everyone experiencing a mental health problem gets support and respect.

Introduction

During the lockdown, children and young people have been separated from their peer groups, their education and their daily lives. These are highly unusual circumstances which will have affected all children and young people, albeit in different ways and to a different extent.

Knowing exactly what has been going on behind closed doors has been a challenging exercise for both adult and young people's mental health. We have identified that there have been increased feelings of anxiety and low mood from across the population and this will manifest itself in different ways depending on the individual.

There is a common belief that following the pandemic there will be a range of issues for professionals and communities to tackle. However, it will only be once lockdown eases, and we start to see people being prepared and confident to seek support again, that we will know the full extent of support needed.

This uncertainty should not be an excuse for not making preparations for an increase in need. Mind Cymru believes that mental health and emotional wellbeing should be at the forefront of planning for the next phase of the pandemic, with support for children and young people, including any return to school, being clearly planned and delivered with the needs and views of pupils in mind.

Recommendations

Mind Cymru make the following key recommendations:

- We believe that the Welsh Government consultation on the Whole School Approach framework on emotional wellbeing and mental health should be opened as soon as possible, so that it can be approved in the Summer, and implemented at the beginning of the new school year.
- We suggest that best practice in emotional wellbeing and mental health, as being developed for the new curriculum, be introduced as soon as possible, without the wait for the formal commencement of the Curriculum for Wales 2022.
- Preparation for a return to school should include Inservice Training/Hyfforddiant Mewn Swydd for all school staff so that they are best placed to deal with any emotional distress experienced by their pupils, and also how best to support their colleagues.
- The issues with Children and Adolescent Mental Health Services (CAMHS) identified in the 2018 Mind over Matter Report by the CYPE Committee have not been resolved, and we believe that there should now be an urgent timetable for implementation of the Mind over Matter recommendations so that CAMHS can better meet the future needs of children and young people, particularly with regards to the anticipated increase in need following the pandemic.
- Whilst there has been nothing to suggest a reduction in service quality it would be welcome to have an update from Healthcare Inspectorate Wales on how young people's inpatient mental health units have coped during the pandemic.

What has happened to Children and Young People

- Following the outbreak of the Coronavirus in Wales, ordinary school education ended on 20 March 2020. However, schools remained open to ensure safety for vulnerable children and to allow key workers to attend their place of employment.
- Information on how children and young people are experiencing the lockdown period is incomplete. However, there have been concerns regarding isolation from friends, confusion about the impact of the virus upon family and friends, the abrupt conclusion to examination preparation and, for some, concerns about spending greater time in difficult family situations at home.
- Mind is conducting an ongoing survey of young people aged 13-17, across England and Wales. 63% of young people responding say that their mental health has 'got a bit worse' or 'much worse' during recent weeks. Nearly 70% say that feeling lonely has made it worse and almost 76% say that not being able to see friends or their boyfriend/girlfriend has made their mental health and wellbeing worse. Not being able to go outside was another high-ranking factor, with 72% saying this had made their mental health worse or much worse in recent weeks.
- When experiencing a mental health problem for the first time, young people and their families may not understand what is happening and need medical support to provide some advice, guidance and offer support. It has been well documented that, for a range of medical conditions, people are not approaching the health service, so referral to the appropriate place for support have potentially not been as effective during the lockdown.
- It is important to recognise that the impact of the pandemic and lockdown period will vary and that it is a natural, human reaction to be slightly more anxious or experience a feeling of dislocation due to the nature of the measures taken.
- There will be a number of young people who will have experienced emotional trauma and grief during the pandemic. This may include not just death but also physical and emotional loss while close family members are isolated, incubated or separated from them while carrying out essential roles.
- The nature of lockdown means that the economic impacts of increased poverty, job losses and issues within the family and household all have the potential to have greater impact upon children and young people's mental health, even more than these might do under normal circumstances.
- In particular, this includes families who were already in poverty before lockdown, BAME communities, families of key workers who have been away at work and those who have experienced bereavement during this period, or where family members have been unwell.
- It is important that appropriate support is provided to children and young people to deal with the emotional impact of the pandemic and lockdown, to recognise the widespread impact of these experiences and that they will surface in a range of manners and contexts which we do not yet understand. It is also important not to medicalise these problems or to ignore them.

Education

This section of our submission focuses on emotional wellbeing and mental health within the school community

School Counselling Services

- Approximately 11,500 young people receive school counselling each year.
- School counselling services across Wales quickly moved from face-to-face to digital delivery. We do not know the numbers of pupils accessing this service at present. Challenges included appropriate equipment, loss of privacy and limited experience of delivering online counselling.
- Mind Cymru welcome the £5m announced by the Education Minister for school counselling services and supporting teachers' mental health. However, this is the same amount of funding as previously allocated for the whole school approach in 2020/21, so it is currently unclear whether this is additional funding. If this funding was considered important prior to the coronavirus outbreak, then further funding will be necessary to meet need caused by the outbreak.
- In welcoming this investment, it is also important to remember that not every child will need to access school counselling in order to be or feel supported.
- Nevertheless, a consistent annual number of participants, around 11,500, implies that there has been a capacity ceiling in place, rationing resources to meet demand. Additional training of counsellors, or paying for more, should increase the capacity.
- It remains unclear how the referral system for school counselling services is operating, and how new referrals take place. According to reports of the 2018-19 year, around 50% of referrals were made by school staff, and a little over a third by pupils themselves. In the absence of regular contact between staff and pupils, this pathway will irrevocably change.
- We note Welsh Government guidance listing the webpages to register for school counselling services, and the Health and Social Care Minister's comments to committee on 5th May that young people will expect online services. However, there is still limited information on what is actually taking place on the ground across Wales.
- Following the pandemic, it will be important to review the use of online and non-face to face support based on the views of young people and the outcomes delivered. This should provide clear learning for the future development of service provision, including any period where face to face support has to again be suspended.

A return to school

- The return to school will be an emotionally challenging time for pupils and school staff, and their emotional wellbeing and mental health should be prioritised by schools and Welsh Government.
- Whilst recognising that everybody's experience of the 'lockdown' period will have been unique, we anticipate that there will be a new cohort of children and young people facing emotional distress as a result of the pandemic; having experienced abuse, neglect, grief or anxiety amongst other negative emotions, and it is still unknown what negative coping mechanisms will have been adopted during this time.
- There must be recognition that some pupils may have had more intense experiences during the lockdown due to being from communities that are more vulnerable to the virus, having family members working on the frontline or being in unsafe family situations.
- We welcome the inclusion of mental health within the first of the Education Minister's key principles for a return to school, and her recognition in Committee (19 March and 28 April) that a long-term approach must be adopted to help young people deal with these challenges.
- In that context, Mind Cymru believe that supporting the mental health and emotional wellbeing is an integral part of the wider Welsh Government response to the pandemic, and that resources should be allocated to support mental health and emotional wellbeing in line with the allocation of resources to prevent and treat coronavirus.

We believe that the following considerations need to be made in preparing for a return to school:

- Preparation for a return to school should include Inservice Training/Hyfforddiant Mewn Swydd for all school staff so that they are best placed to deal, on a universal and individual level, with any emotional distress experienced by their pupils, and also how best to support their colleagues, who may be experiencing similar.
- All schools should participate in this, with support provided by Regional Educational Consortia, delivered at a local level. Estyn should use their Wales-wide knowledge to ensure that best practices are identified and spread widely.
- It is likely that re-opening schools will place children and young people in new circumstances for which they are not well prepared. This could include new teachers, smaller class sizes and a different peer group from the ones which they knew before the lockdown, as well as the behavioural changes associated with any social distancing in place at that time. When school re-opens, children should be part of peer re-integration or team-building to help them normalise their new situation.
- Summer holiday months should be used to assist children and young people who may have particular difficulties in re-adjusting to a school environment. Any experience that schools may have of 'transitioning', e.g. from nursery to

foundation phase, or from primary to secondary school, should be used at this time.

- During 'lockdown', many parents will have spent more time than usual with their children and recognise their educational and behavioural states. A means of liaising with parents to transfer this knowledge to teachers will be necessary.
- There may be some pupils who may, for whatever reason, have fallen through the cracks and are receiving limited support. Local authorities should maintain robust records of children and young people in their area, and ensure that everybody is receiving support. This particularly includes those in receipt of Education Other Than At School (EOTAS).
- Within this context, we note the right to an education under the UN Convention on the Rights of the Child. It is important that schools recognise the development of behavioural problems amongst pupils, and there is not a de facto movement towards suspension or expulsion of pupils from the classroom as a result. Policies and practices on suspension and expulsion need to be developed rapidly so that traumatised children are not further disadvantaged if they are unable to adapt to the classroom situation.
- We have made further suggestions (see Appendix One) of actions that schools should take to prepare themselves for the return to school of children and young people.

A Whole School Approach to Mental Health and Emotional Wellbeing

- Even before the outbreak, there was an increased focus upon mental health and emotional wellbeing as part of a Whole School Approach and the direction of travel for the new curriculum. Mental health and emotional wellbeing of both pupils and staff must now be central to education policy going forward as we consider the return to school.
- The importance of the Whole School Approach is its acceptance that feelings and concerns are an ordinary part of growing up and not part of a medical diagnosis. The Whole School Approach helps young people to process and understand these emotions, with additional support, such as counselling, available to those with greater or more enduring struggles.
- Welsh Government officials have developed a Whole School Approach framework to emotional wellbeing and mental health, and discussed this with their reference stakeholder group. Consultation on this document has been delayed as a result of the coronavirus outbreak. The principles which underpin this approach should be applied to the school re-opening process.
- We believe that the Welsh Government consultation on the Whole School Approach framework on emotional wellbeing and mental health should be opened as soon as possible, so that it can be approved in the Summer, and implemented at the beginning of the new school year.
- We suggest that best practice in emotional wellbeing and mental health, as being developed for the new curriculum, be introduced as soon as possible, without the wait for the formal commencement of the Curriculum for Wales 2022.

- More now than at any point during the development of the Curriculum for Wales 2022, pupils' mental health and emotional wellbeing are clearly a central and cross-cutting part of the new school curriculum, providing an opportunity for young people to discuss and process their feelings, and normalise help-seeking when its needed.
- Mind Cymru has experience of delivering Whole School Approach interventions in schools, having piloted work in schools in the Newport area. Our learning from this was recently presented to the Children's Commissioner for Wales. For the committee's information, a brief explanation of our Whole School Approach is included in Appendix Two.

School Staff Welfare

- Within all of this, we recognise that school staff are not mental health practitioners and they should not be expected to fulfil that role. However, it is implicit that, within their pastoral role and regular contact with pupils, they are well placed to identify young people with challenges, and to support and signpost appropriately.
- We also recognise that many school staff will also have struggled with their mental health and wellbeing during this difficult period, and will continue to face those challenges upon a return to school.
- School staff, like all other frontline support such as those working in the NHS and in care settings, should get high quality and sector-specific mental health support and advice. This could be organised by Welsh Government through Regional Educational Consortia and local authorities, or by utilising the 'Our Frontline' partnership which is run by a number of charities.

A return to lockdown

- This submission has the positive view that a return to school will be possible and that services can be re-structured to deal with the emerging situation.
- However, we must also recognise the possibility of 'waves' of pandemic and that 'lockdown' occurs on more than one occasion, meaning the opening and closing of schools and services, and the emotional and physical disruption that this will cause for young people.
- Welsh Government must make plans for how schools will operate if this becomes a prolonged situation and how they will support children and young people's mental health if they are to spend much of their school career learning remotely and not in physical contact with teachers and peers.

Mental Health Services

This section focuses on Children and Young People's Mental Health Services, including those considered within the Mind over Matter report.

Children and Adolescent Mental Health Services (CAMHS)

- The issues with Children and Adolescent Mental Health Services (CAMHS) identified in the 2018 Mind over Matter Report by the CYPE Committee have not been resolved, and we believe that there should now be an urgent timetable for implementation of the Mind over Matter recommendations so that CAMHS can better meet the future needs of children and young people, particularly with regards to the anticipated increase in need following the pandemic.
- Whilst Welsh Government and NHS Wales have been monitoring CAMHS referral numbers on a weekly basis, this information hasn't been published in any format, and so it is difficult to understand the bigger picture.
- It is intuitive that more people will experience distress at a time of national concern. However, we recognise that ordinary pathway referrals may not be in place through the school system, that parents and young people may feel disinclined to access GP services because they feel it is not as important as other medical needs or that they are not able to recognise the symptoms of mental health problems so that they visit the doctor, and that individuals are less willing to visit hospitals because they fear contracting the disease.
- We believe that, although CAMHS may be able to deal with the flow of patients at present, requests will substantially increase during coming months. We know that there were gaps in service provision and that many young people experienced long waiting lists before the pandemic. It is important that resources are provided in line with need, rather than a tightening of thresholds to ration available resources.
- A better resourced Primary CAMHS would be well placed to deal with an increase in demand from young people whose problems are too challenging for schools to resolve, but whose problems may not meet the thresholds for Specialist CAMHS. This should be conducted in a way which means that referrals can be quickly assessed and signposted to the most appropriate interventions or other methods of support, so that we do not develop a culture of long waiting lists, followed by further delays in delivery. Local Health Boards should provide a plan for how this will be achieved within their area.
- The Welsh Government should also publish the 2019 NHS Delivery Unit report on Primary CAMHS, alongside a timetable for implementation of its recommendations.
- Although it would be hoped that substantial investment in emotional health in schools, in Primary CAMHS and the 'missing middle' would reduce the number of referrals to SCAMHS, an increase in demand should be anticipated here as well. Health Boards should provide clear plans as to how they will deal with this, including the recruitment and training of appropriate staffing numbers, ensuring

assessment and treatment take place in a timely manner and that outcomes and evaluation are effective.

- It is intuitive that the impacts of the coronavirus outbreak will continue to impact for a long period of time after the outbreak has concluded. That requires a vision for long-term support on an individual and community level.

Young People's Inpatient Services

- At the beginning of the outbreak, concerns were raised that staff redeployment from young people's mental health services to deal with Covid19 issues would lead to discharge of inpatients into the community without appropriate support.
- Welsh Government's evidence to the committee (5th May) was that some inpatients had been discharged, but they were satisfied 'that was only undertaken where it was clinically safe to do so and where the community support was in place.' It was also suggested that where there had previously been a reduction in available staff, due to illness and self-isolation as well as redeployment, there was capacity in both North and South Wales.
- Knowing that there were anticipated challenges with capacity, we would like reassurance that all possible cases of transfer to inpatient services were considered with the same entry threshold as before the outbreak.
- We are aware of changes in inspection and mental health review services provided by Healthcare Inspectorate Wales (HIW) due to the pandemic, and understand there was continued contact between HIW and inpatient units during this period.
- Whilst there has been nothing to suggest a reduction in service quality it would be welcome to have an update from Healthcare Inspectorate Wales on how young people's inpatient mental health units have coped during the pandemic.

Appendix One

Suggested activities that schools should undertake:

Any response to coronavirus in our schools should cover:

- School leadership
- Support for pupils (universal)
- Support for young people with a mental health problem (targeted)
- Approach to behaviour and attendance
- School engagement and academic attainment/progression
- Workplace wellbeing for staff

For pupils, a good response should include:

- Strategic approach to mental health, led by governors and SLT
- Strategic approach to behaviour and attendance, led by SLT, which responds to the experiences and needs of children and young people
- Resourced Senior Lead for Mental Health, with the right knowledge and tools
- Mental health integrated into schools' safeguarding approach and work of the Designated Safeguarding Lead
- High-quality, well-resourced pastoral support for all pupils, supported by leadership
- Curriculum re-designed to be responsive to the needs and experience of children, that supports children to 'catch up' with education in a realistic and holistic way
- High-quality universal interventions, eg school assembly, extra-curriculum, lessons and activities
- Information and resources for pupils on mental health, self-care and where to go to for support
- Resources for staff on pupil mental health, bereavement and loss
- Quiet space and trusted adult to go to for all pupils in the school, if needed
- School culture that promotes wellbeing and stamps out stigma
- Availability of school counselling for all who need
- Strong referral routes to mental health services and local support offers
- Student voice opportunities, so pupils are heard and valued

For staff, a good response should include:

- Supportive approach to absence and sickness, including those who are unable to return to work if shielding
- Supportive line management and supervision for all staff
- Commitment to workload management and work-life balance from senior leadership
- School culture that promotes wellbeing and stamps out stigma
- Opportunities for training and to develop new skills in response to the new ways of working
- Staff voice and wellbeing activities

Appendix Two

Mind's Whole School Approach to Mental Health

The development of the Whole School Approach to Mental Health

Initially we conducted a rapid review of over 150 research articles, both published and grey literature, to understand the existing evidence base for mental health interventions in schools in English speaking countries. Building on this evidence base, across England and Wales, we carried out in-depth conversations with 130 children to find out what they want and need. We asked over 140 teachers and parents what they think is missing. We also spoke with our expert local Minds, who are already providing support to children and young people in schools.

We found that schools want to do more but find it hard to find the time or resource and say they need expert help. Teachers and parents told us they want a whole school approach to mental health. They want to understand the issues, to have the tools and resources they need, and to know where to access support for young people and themselves so they can feel more confident and have important conversations.

Children and young people told us they want help for their mental health in schools. They want help that's respectful, practical and flexible, not medical or judgmental. Young people told us they place huge value on their mental health and wellbeing and want it to be given the same importance as academic success.

We found lots of different ways to develop a whole school approach to mental health, but limited evidence that backs up what works best. What's clear is that support needs to be broad enough to reach all members of the school community, but flexible enough to give specialist support to those who need help the most.

In partnership with six local Minds across England and Wales, two in London, we took a service design approach working alongside 2,000 members of the school community to design and develop core interventions of the whole school approach to mental health.

Aim of our approach

Our aim is to help young people to cope more easily with the challenges of everyday life, help them to manage stress, and to build supportive relationships with their peers.

Every school that follows our approach will:

1. promote good mental health and wellbeing to everyone as a right
2. support everyone with a mental health problem
3. find causes of poor mental health and find ways to keep everyone well
4. respect diversity and promote equality
5. and build external partnerships to support children and young people achieve their very best.

"Everyone should get support and help."

Pupil

"School community must work together for the benefit of pupils, teachers and parents."

Parent

"Please tell me how, rather than another why. Most accept there is a need, we need support on how to implement."

Senior Leadership Team member

Mind's Model

Once schools have signed up to Mind's whole school approach to mental health, they are supported through a four step programme:

Step 1: Whole school mental health survey

All members of the school community (pupils, parents & school staff) complete a survey to understand their knowledge of their school's approach to mental health and their personal mental health experiences. Alongside which, a designated member of the senior leadership team completes a survey on behalf of their school to understand the school's current approach to mental health.

The results of the surveys are compared to understand the school's current strengths, differences in practice and perception and areas for development.

Step 2: Bespoke action plan

The school is supported to recruit a representative action planning group made up of pupil, staff and parent representatives. The group are responsible for reviewing the whole school mental health survey data and designing an action plan to enhance strengths and address areas for development.

Step 3: Implementation of action plan

Actions can be largely grouped under three categories

- 1) School owned actions e.g. review of policies & procedures, appointing lead member of SLT/governor for mental health
- 2) Mind interventions e.g. mental health awareness training for staff, 1-1 support for pupils, peer support for parents
- 3) Signposting to community assets

Step 4: Monitoring & Evaluation

To measure the impact of the whole school approach to mental health pilot two have a two level monitoring and evaluation process

- 1) Quantitative evaluation of interventions utilising validated measures – to assess impact at an intervention level
- 2) Whole school mental health survey check in – to assess impact at a school level and review area's targeted in the action plan

The school are encouraged to continuously review their action plan in relation to findings of the monitoring and evaluation and changing needs within their school.

Impact of the approach

Mind's whole school approach to mental health has been or is being delivered in 35 schools. Our evaluation of the 17 schools taking part in 2018/19 has shown

- There are some indications that culture is starting to change, for example where **conversations** about **mental health** have been **encouraged**.
- There has been **positive change** to pupil and staff **mental wellbeing** and **coping** skills.
- The programme has had a **positive impact** on pupil and staff **knowledge** about mental health.
- The programme has helped pupils and staff to feel more **confident to support others**.