BRITISH YOUTH COUNCIL
Youth Select Committee 2015

Young People's Mental Health

British Youth Council

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Introduction from Mr Speaker

I am delighted to introduce the fourth Youth Select Committee report on young people's mental health, produced by the British Youth Council with support from the House of Commons.

I believe that it is extremely important for young people to have the opportunity to participate directly in the consideration of issues that affect them.

I am most impressed with the dedication of the committee to ensuring a fair and full examination of the topic of young people's mental health and mental health services.

It is fantastic to see the progress and development of the Youth Select Committee each year and I am looking forward to seeing the outcome of this report and recommendations.

Mr Speaker, Rt Hon John Bercow MP

The Youth Select Committee

Current membership

Rhys Hart, Member of Youth Parliament Seat (Chair)

Pegah Moulana, Youth Council Seat (Vice Chair)

Rowan Munson, Reserved Seat, South East England Representative on the NHS Youth Forum

Ewan McCall, Scottish Seat, Member of Scottish Youth Parliament for Kilmarnock and Irvine Valley

Saskia Edwards, Youth Council Seat, Oldham Youth Council

Terence Dobson, Reserved Seat, Member of Barnet Youth Board

Francesca Reed, Member of Youth Parliament Seat, Member of Youth Parliament for Poole

Laura Sheldon, Reserved Seat, Shropshire Young Health Champion

Liam Islam, Young Mayor's Seat, Young Mayor of Lewisham

Ryan Simpson, Northern Ireland Seat, Member of Youth Parliament for Lagan Valley

Sophie Jones, Welsh Seat, Caerphilly Youth Forum, Wales

Committee staff

The current staff of the Committee are **Margaret McKinnon (Clerk)**, **Shane Murray (Senior Committee Assistant)** and **Anna Sterckx (National Projects Co-ordinator British Youth Council)**. **Grace Rowley** and **Charlotte Sipi (Project Management)** and **Pippa Lansdell (Media Officer)**

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Summary

The 2015 Youth Select Committee has undertaken an inquiry into mental health services for young people. More than 90,540 young people voted specifically for mental health services as their number one issue of concern in the 2014 UK-wide 'Make Your Mark' ballot. Following debate, the Youth Parliament voted mental health services as its priority campaign.

More than half of all mental ill-health starts before the age of 14. The tag "Cinderella of Cinderella services" has been frequently applied to mental health provision for young people and in March 2015 the Children and Young People's Mental Health and Wellbeing Taskforce published its report *Future in Mind*, which recognised the urgent need for change.

We consider mental health to be as important as physical health, a view widely shared by the Government and health professionals. However, until young people's mental health services receive funding proportionate to that of physical health, we do not believe parity of esteem can be achieved.

When almost 340,000 children aged 5-10 years have a mental disorder, there is clearly a need to help children understand wellbeing as early as possible. Young people should leave school with a good level of understanding of mental health. We also believe that those working with young people, chiefly GPs and teachers, need to have the appropriate level of training and guidance to support young people and signpost them to the right services.

Young people are a generation of 'digital natives' who differ from previous generations in the way they communicate. Charities, technology companies, and the Government should work together to find creative solutions that are needed to help young people stay safe online. We think that the introduction of an endorsement system for online resources would help young people to access those resources which are safe and reliable.

When we asked witnesses what one change they would like the Committee to recommend, Professor Peter Fonagy, Clinical Director for Mental Health, NHS said this:

"What I would like you to do is to try to concentrate not only on the immediate things that people need to do, but on what we are trying to achieve here: a future where children and young people receive the mental health service that they deserve. That goal has to focus all our minds. There is a tremendous opportunity to improve the world."

We could not agree more. This report is our contribution to that goal.

Introduction

1. More than half of all mental ill-health starts before the age of 14.[1] The Children and Young People's Mental Health and Wellbeing Taskforce noted this statistic in their 2015 report (Taskforce report) and the Chief Medical Officer highlighted this fact in her 2013 Annual report: Public Mental Health Priorities. Since 2011, NHS expenditure on adult mental health has increased whilst funding for young people's mental health services has gone down. The purpose of this inquiry is to consider potential improvements to the mental wellbeing of young people, particularly through education, awareness and the services provided.

2. The British Youth Council and United Kingdom Youth Parliament (UKYP) referred this inquiry to the Youth Select Committee, after the annual House of Commons Debate in November 2014, where the UKYP voted it as a priority. Each year, the UKYP holds a UK-wide ballot called 'Make Your Mark', in which young people vote for one of their top priorities. This ballot gives a mandate for the Members of the UKYP to debate the top five topics in the House of Commons and two issues then become national campaigns in the year ahead. In 2014 over 875,000 young people voted in the ballot. More than 90,540 young people voted specifically for mental health services as their number one issue of concern. Following debate, the Youth Parliament voted mental health services as its priority campaign.

3. The 2015 Youth Select Committee consists of eleven young people, aged 13–18 and includes both elected and reserved seats to ensure a broad representation of interests and experience from all parts of the UK. The Committee approached this inquiry with open minds and the recommendations in this report are based on the evidence it has seen.

4. There are have been other, recent reports into young people's mental health services, including:

- Children and Young People's Mental Health and Wellbeing Taskforce—Taskforce, 2015 (Future in Mind)

- Annual report: Public Mental Health priorities—Chief Medical Officer, 2013

[1] Children and Young People's Mental Health and Wellbeing Taskforce report, 2015, p .21

- Children and Adolescent Mental Health and CAMHS—Health Select Committee, 2014

5. These reports have been wide-ranging but not exhaustive; the Committee has not sought to replicate their work but to build on it and bring a new perspective to the subject. Where we think a concern has been sufficiently aired we have not duplicated that work. These areas include; the quality and availability of national data; the shortage of tier 4 beds; increased use of evidenced-based treatments; and problems with a tiered service. Whilst our report may touch upon these areas, others have covered them extensively and the Government has already made related commitments.

6. We have focused on aspects of mental health provision that we believe are most important to young people: their experience of services, the quality and lack of education, and how young people can be involved in shaping services and digital engagement. Where we think the Government needs more direction from young people, or where a problem has not been fully investigated, we have made recommendations.

7. Chapter 1 of the report deals with the current state of services, levels of funding and changes to service provision. In Chapter 2, we look at the quality of education, training for teachers and the role of schools. Finally, in Chapter 3, we explore awareness of mental health and digital culture.

8. We have based our recommendations on the broad range evidence we have seen. The Committee received an unprecedented amount of written evidence relating to this inquiry; 148 responses were sent by young people, professionals, charities and service providers—to name but a few. We also heard oral evidence from ten panels of witnesses, including Government Ministers, mental health practitioners, teachers, service users and providers. In addition, we held a private session with young service users who spoke openly and honestly about their experiences. In addition we visited a CAMHS (Children and Adolescent Mental Health Services) Centre in central London to gain a better understanding of front line services.

9. We would like to thank all of those who gave written or oral evidence to the Committee, or who gave up their time to speak to us informally. We know that doing so involved a great deal of time, thought and, in some cases, courage. Witnesses, including Government Ministers, approached this inquiry with the same professionalism shown to a parliamentary select committee and this report owes much to the quality of their evidence.

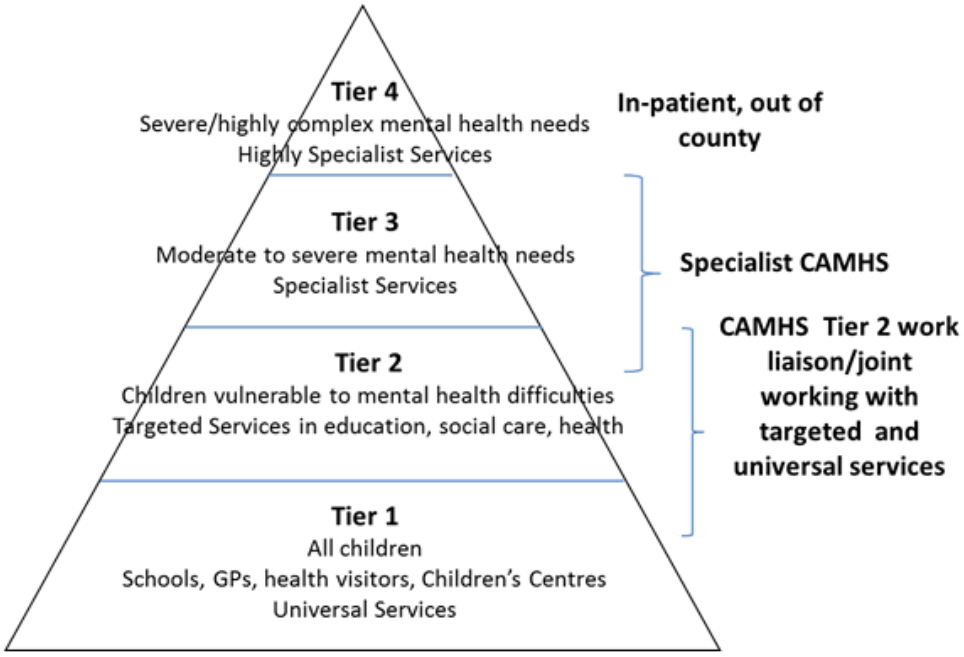
1 Funding and the state of services

Introduction

10. In this chapter, we look at the state of mental health services before focusing on three specific areas: funding, transition and GPs. First, we describe the current state of mental health services for young people in the UK. We then consider funding for young people's mental health provision and discuss whether it is sufficient. Next, we examine transition from child to adult services and consider improvements. Finally, we focus on GPs as a first point of contact for young people with mental health needs.

Services: An urgent need for change

11. Children and adolescent mental health services (CAMHS) have historically been



provided through a network of services, organised across four tiers[2]:

[2] Source—YoungMinds

This model has been criticised as rigid and outdated. The 2015 Taskforce report said that, whilst the tired system used to be appropriate,

> In practice, this means that children and young people have to fit the services, rather than the services fitting the changing needs of the child or young person.[3]

12. The arrangements for commissioning[4] of young people's mental health services are complex. Schools, local authorities, clinical commissioning groups (CCGs) and NHS England are all responsible for the commissioning of different types of service. These commissioning arrangements have contributed the problem of silo budgeting:

> Silo budgeting – where budget-holders are so determined to keep their own spending in check that they engage in cost-shifting and problem-dumping onto other budgets – is a substantial barrier to better overall efficiency.[5]

13. In November 2014, the Health Select Committee published a report on Children and Adolescent's mental health and CAMHS. The report found that there were "serious and deeply ingrained problems with the commissioning and provision of Children's and adolescent's mental health services."[6] Their report echoed the findings of the Chief Medical Officer who described CAMHS as:

> underfunded, with few services meeting the minimum staffing level recommended per head of population and most services lacking IT or electronic care records that are fit for purpose.[7]

The CMO also referred to the fragmentation of services[8] and the "desperate"[9] need for high-quality data.

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[3] 2015 Taskforce report, p. 41

[4] Commissioning is the process of planning, agreeing and monitoring services. Commissioners need to make decisions about what kinds of service people in their area need. Once they know this they then decide what those services should look like and how patients will access them. They then procure the service and monitor it to make sure the providers are delivering it to the right level of quality.

[5] Annual report: Public Mental Health priorities, Chief Medical Officer, 2013,p.152

[6] Children and Adolescent Mental Health and CAMHS—Health Select Committee, 2014, p. 3

[7] Annual report: Public Mental Health priorities, Chief Medical Officer, 2013, p.104

[8] Ibid, p. 107

14. The Government response to the 2014 Health Select Committee report agreed that more needed to be done to improve mental health services for young people and said that a Taskforce was looking into many of the problems raised by the Committee. In March 2015, the Taskforce set out the case for attention and transformation, with suggested recommendations. The report said, "We want to make clear from the outset that there is an urgent need for change."[10]

15. In his evidence to the Committee, Dr Martin McShane said that there should be a lead commissioner in local areas.[11] They would be responsible for developing an integrated plan for young people's mental health services and have the authority to hold providers to account. This was a key recommendation in the Taskforce report and lead commissioners would be well placed to tackle problems of silo-budgeting and fragmentation of services.

16. **We support the Taskforce recommendation that lead commissioners be appointed for local areas.**

17. **The Committee were pleased to see Ministers and officials from both the Department of Health and the Department for Education appearing together to give evidence. We hope this spirit of co-operation will continue and that departments across Government will work collaboratively to make improvements to young people's mental health services.**

Funding: the Cinderella of Cinderella services

18. In a House of Lords Debate, Baroness Tyler of Enfield noted that mental health services for young people are often referred to as "the Cinderella of Cinderella services[12]. Whilst recent investment has been announced, the Government acknowledges that there is still a long way to go. Giving evidence to the Committee, Sam Gymiah, Parliamentary Under-Secretary of State for Childcare and Education, said

> To give you a brutally honest answer, I would say there is a lot to do in order to have a fully functioning mental health service that meets the needs of young people.[13]

Community and Social Minister Alistair Burt agreed, saying, "We recognise the need to do more […] our sense is that these services need to be improved".[14]

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[9] Ibid, p. 104

[10] 2015 Taskforce report

[11] 03/07 Q87

[12] House of Lords debate 30th June 2015 - "Mental Health: Young People"

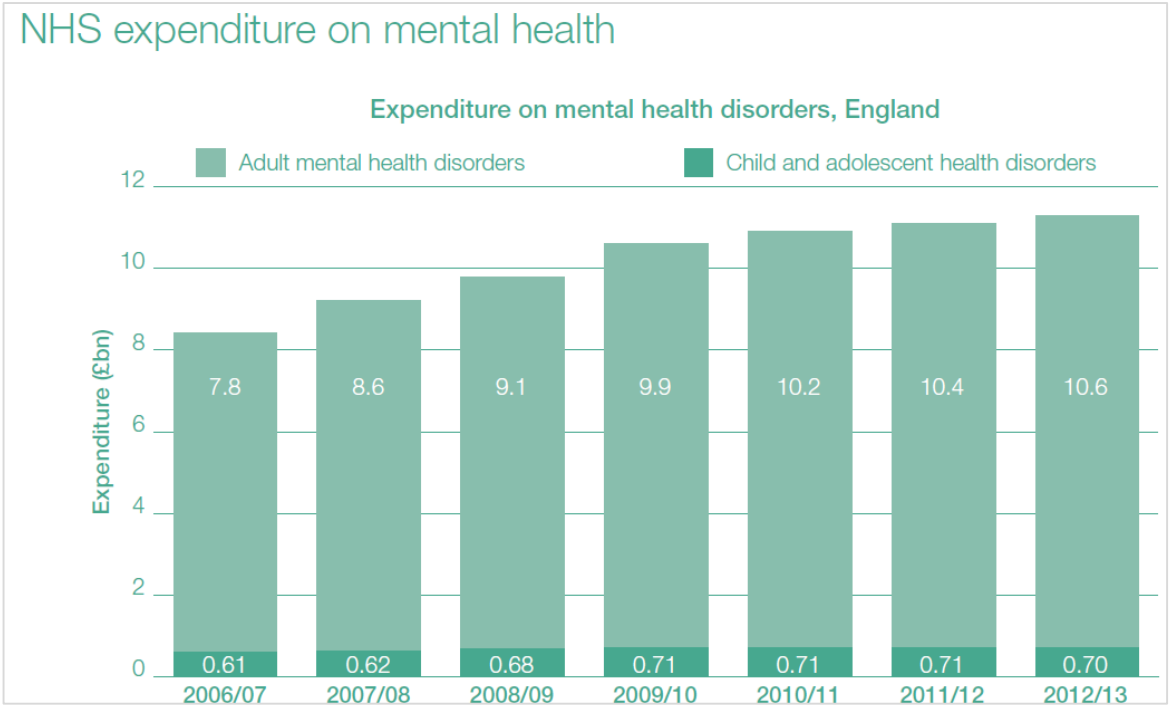
[13] 03/07 Q96

[14] Ibid Q96

19. Debating the 2015 Taskforce report in the House of Lords, Parliamentary Under-Secretary of State for the Department of Health, Lord Prior of Brampton said:

> Even after this new investment, if one today compares the kind of treatment that young children receive if they have cancer with the kind of treatment they get for severe psychosis or eating disorders, even though it may no longer be a Cinderella service I am afraid that the tag "Cinderella" would still be there until we have proven otherwise.[15]

The tag "Cinderella service" has been applied to young people's mental health provision because of the disproportionate lack of funding it receives, in relation to both adult mental health services and physical health services for all ages. The table below shows that, since 2011, expenditure on young people's mental health services has decreased whilst funding for adult mental health services has increased.[16]



A 2011 Government report stated a clear expectation that there should be a parity of esteem between mental health and physical health services.[17] Whilst there have been steps

[15] House of Lords Official Report, 30 June 2015, column 2013.

[16] Source—2015 Taskforce report, p. 30

[17] HM Gov., No Health Without Mental Health: A cross-government mental health outcome strategy for people of all ages, 2011, p.64

in the right direction, it is clear that parity of esteem has not been achieved and that there is a long way to go.

20. Written evidence to the Committee agreed that, currently, there is no parity of esteem between physical and mental health services.[18] Karen Cromarty, the Lead Advisor on Children and Young People for the British Association for Counselling and Psychotherapy said

> A huge amount of money is spent on physical health […] Lots of money is spent on adult physical health, and a very small amount is spent on children and young people's mental health. We need a refocus of those funds.[19]

The Chief Medical Officer argued a clear case for early intervention citing both social and economic benefits:

> Early intervention services that provide intensive support for young people experiencing a first psychotic episode can help avoid substantial health and social care costs: over 10 years perhaps £15 in costs can be avoided for every £1 invested.[20]

21. Speaking to the Committee, Minister Burt said that, "Every [health] service that we look at would make the same plea for extra resource".[21] Professor Nisha Dogra, Professor of Psychiatry Education and Fellow of the Royal College of Psychiatrists, warned that, for some conditions, early intervention will not prevent onset. She explained that, "No matter what you pump in at the front end, you are always going to get that presentation in teenage years, and we need to be aware of that."[22] The Committee understand that, particularly in times of financial restraint, many services will make valid requests for extra funding. However Professor Dogra also said that

> If you think that children's services are the Cinderella services, child mental health is even lower than that. I don't know what's worse than Cinderella in terms of service provision, but that is the level we are at.[23]

22. Whilst early intervention is not the answer to every mental health condition, the economic case for more funding in this area is conclusive. Though more funding for young people's mental health may mean less funding for other services, in the longer

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[18] Written evidence: Shropshire Public Health Department (031), Fixers (64), School and Public Health Nurses Association (127), Institute of Psychological Medicine and Clinical Neurosciences and School of Psychology at Cardiff University (132) and YMCA England (141).

[19] 26/06 Q5

[20] Annual report: Public Mental Health priorities, Chief Medical Officer, 2013,p.148

[21] 03/07 Q98

[22] 26/06 Q4

[23] Ibid Q5

term it would be a worthwhile investment. Sarah Kenyon, a counsellor for Heads Together told the Committee

> The issue of parity of esteem for mental health and the lack of funding for both adults' and young people's mental health services is very real and has to be taken seriously […] we are storing up long-term—lifelong— problems for adults.[24]

We could prevent many of those lifelong problems if they are caught early by better mental health services for young people; in the long-run, investment in early interventions will provide savings on adult services. The Taskforce reported noted that

> 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.

23. **It is unacceptable for young people's mental health services to be deemed lower than a Cinderella service. Until young people's mental health services receive funding proportionate to that of physical health, we do not believe parity of esteem can be achieved. We find that young people do not have equality with adults. The balance is wrong and inefficient. *We recommend that the Government increase levels and proportion of funding for young people's mental services over the next parliament and encourage Local Authorities to ring fence mental health budgets for young people. We have made specific recommendations on where additional spending is most needed later in this report.***

Transition: Facing a cliff edge

24. NHS England described the transition from child to adult mental health services as, "poorly planned, poorly executed and poorly experienced".[25] During a private seminar with young mental health service users, one girl told us that, once she had left school at 18, there was no support for her or her family. Another service user told us

> There's a complete lack of communication between different departments. They work in isolation. I have had information passed to my mum because a new service didn't read my file and see that she had a mental health problem too.

Communication can be the key to a successful transition. Karen Cromarty explained to the Committee that

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[24] 03/07 Q 28

[25] 03/07 Q80

> There are examples of good practice […] It is when people from different services give themselves time to meet together, to talk with each other, to undergo joint training and to shadow each other in different roles.

We asked all witnesses to tell us what single thing most needs changing about young people's mental health services. Leanne Walker, a young advisor to GIFT, (Great Involvement Future Thinking) commissioned by NHS England, said, "I would say more funding. Alongside that, I would say increased communication and integration of services."[26]

25. Poor communication is not the only problem. The Committee also heard that adult services are often inappropriate for young people and can be "academic and lacking in empathy"[27]. In their written evidence, Sheffield Futures Youth Cabinet said

> We are aware of a number of examples where young people have been let down by services, including one young person at 16 was referred to a 6 week course at IAPT, it was all clinical and power point driven which caused him to disengage.[28]

26. This sharp change from child to adult services has been described as a 'cliff edge'[29], which can cause a young person to relapse or even stop using services. Young people progress at different rates and will not always be ready to move to adult services at 18. The Taskforce report acknowledged that, "For some young people, the nature of adult mental health services […] means that young people prematurely disappear from services altogether despite needing further support".

27. The lack of funding goes some way to explaining poor communication between services and inappropriate provision for adolescents. The Royal College of Psychiatrists said

> Transition from CAMHS to AMHS continues to be an issue of concern in many areas. The extension of CAMH services to 18 in the last decade was carried out without additional funding.[30]

Giving practitioners more time to speak to each other and to create better provision for young people moving to adult services costs money. Without additional funding, services will not be able to build successful transition models.

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[26] 03/07 Q94

[27] Written evidence: Fixers (064)

[28] Written evidence: Sheffield Futures Youth Cabinet. See also Up-2-us (032), Rt Hon Norman Lamb MP (068)

[29] Written evidence: Sarah Kenyon (049) and anonymous service user (054)

[30] Written evidence: Royal College of Psychiatrists (026)

28. The Committee has heard many examples of good transition practice. Some areas have developed 0–25 models, which means young people do not move to adult services until they are 25. Southampton hospital operates a "ready, steady, go" system, in which transition is done on a case-by-case basis according to when each young person is ready.[31] One young service user told us about an adolescent room for 16–18 year olds, which bridges the gap to adult services. The idea of adolescent services was also raised in written evidence.[32] Leanne Walker described the 'service user passport', a summary of information, which the young person develops with their therapist and takes to the new service when they are transitioning.

29. We think that local services need to have flexibility to provide the best transition for their young people. What works well for one area will not be appropriate for others. However, we are clear that the outcome should be that no young person is forced to move to adult services until they are ready.

30. ***We recommend that the Government make additional targeted funding available to services in order to implement improved transition plans.***

GPs: Getting first contact right

31. For many young people experiencing mental health problems, their GP will be the first person they go to for help. Surveys by Healthwatch found that in some areas, such as Lewisham or Nottingham, the majority of young people would see their GP about a mental health concern.[33] [34] Many young people are aware of GP services and know how to contact their surgery.

32. The Committee heard that, even though GPs are well placed to help young people with mental health problems, they often lack the training to do so. The written evidence we received describes patchy provision and the poor experiences of young people who have approached their GP. One young person said

> After a lot of deliberation, I decided to take myself to my GP in search of support. […] What you must remember is the amount of courage it takes to open up about your mental health issues. [It] is extremely difficult for someone at 14 years old, who's totally confused about what's going on in their life, to openly talk about having

[31] 03/07 Q41

[32] Written evidence: Warwick Student Union

[33] 03/07 Q40

[34] Written evidence: Healthwatch Nottingham

> suicidal feelings in a 5 minute appointment to someone who feels like a complete stranger.
>
> This landed me in a vicious cycle I ended up returning to different GPs, in a desperate cry for help, but time and time again I was refused any help. It took 7 visits before I eventually got the support I needed. 7 times I had to experience total embarrassment from crying in that waiting room, 7 times I had to retell that same story, 7 times I was faced with not being 'sick enough' and 7 times I had to walk out of that same GP surgery feeling absolutely crushed and demoralised.[35]

33. Approaching a medical professional for support with a mental health problem should not be a traumatic experience. GPs should be trained to recognise when a young person has a mental health problem and have the right knowledge to understand how to signpost them to the right service. Professor Dogra told the Committee that "training in child mental health is pretty abysmal in many areas".[36] A GP giving written evidence said that more training was needed for professionals and that "even GP's only get minimal training"[37].

34. A young person's experience of speaking to their GP is not just about the GPs' professional knowledge but also about how they treat young people. A panel of young witnesses told the Committee, "It is all about the environment you go into."[38] Saadia Sajid, from Newham Youth Council, said

> They just don't smile. If you are going to them about a mental health problem, the least a GP or doctor could do is smile at you, to make you feel like you are welcome there and that they actually want to help you—just smile.[39]

Young people told the Committee that bright and welcoming environments helped. One young person suggested a poster for surgeries that said, 'feel free to talk about your mental health with the doctor'[40].

35. Work is already being done to raise awareness of young people's mental health amongst GPs. Flora Goldhill, Director of Children, Families and Communities at the Department of Health, told the Committee about the, "You're Welcome" standards, which are quality criteria for young people friendly health services. The criteria does include a section on young people's mental health but says that, 'This theme is only

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[35] Written evidence: Wiltshire Youth Parliament (135)

[36] 26/06 Q17

[37] Written evidence: Barnsley Youth Council (051)

[38] 26/06 Q67

[39] Ibid

[40] Written evidence: Brook—Young People survey (061)

applicable to providers of specialist child and adolescent mental health services for young people'. It does not give guidance for GPs on how to welcome and support young people with mental health problems.

36. The Government has issued an annual mandate to Health Education England, which includes points on mental health training and GPs. It also includes work on supporting the Royal College of General Practitioners (RCGP) to introduce work-based compulsory training on mental health. The RCGP has also piloted a "GPs champion project", which aims to improve the standard of training GPs receive in relation to young people. Finally, there are a number of "toolkits" available to GPs to help build their skills and confidence in addressing young people's mental health.

37. The "You're Welcome" standards and the initiatives above are all positive steps. However, there are clear gaps in the training and resources. We support compulsory mental health training for GPs but there should be sections that focus specifically on young people. There should also be compulsory training on young people's mental health in order to qualify as a GP, which can be refreshed as part of their continual professional development.

38. In his oral evidence, Minster Burt told us "If you think that is an area that could be improved better, you might make a recommendation." We do. ***We recommend that there be compulsory training for GPs on young people's mental health. This should be included in the work-based training being introduced as well as initial GP training over the next year.***

39. ***We recommend that the "You're Welcome" standards be amended to include specific guidance for GPs on how to welcome and engage with young people with mental health concerns. This new guidance should be written in consultation with board of young people, which should be created within 6 months.***

2 A role for education

Introduction

40. In this chapter, we set out the role that education can play in improving young people's mental health. First, we discuss what young people need to know about mental health and what we should expect them to learn at school. We then turn to training for teachers and the role of peer-to-peer support. Finally, we discuss the academic pressure young people face and available support.

Mental health education: what you need to know

41. Despite the aspiration of a parity of esteem between physical and mental health, there are no statutory targets for children's mental health education. Attainment targets for physical education (PE)[41] however are well established and have clear aims to improve children's physical welling.

42. The Committee received evidence on young people's education and the vast majority of respondents wanted to see compulsory education on mental health. Educating young people on mental wellbeing not only helps them to be aware of their own mental health but can also reduce the stigma surrounding mental illness.[42] In their written evidence, the Mental Health First Aid Foundation said

> Education on mental health both for pupils and for teachers is woefully poor. Until mental health becomes a compulsory part of the National Curriculum, there is little hope that every child will receive a basic understanding of what mental health is.[43]

43. Whilst there is consensus on including mental health education in principal, there is less agreement on what it should look like. Much of our written evidence reflects the view that statutory Physical, Social, Health and Economics (PSHE) would provide the most effective environment for mental health education.[44] Barbra Rayment, Director at Youth Access told the Committee

[41] See, National curriculum in England: PE programmes of study, https://www.gov.uk/government/publications/national-curriculum-in-england-physical-education-programmes-of-study

[42] Annual report: Public Mental Health priorities, Chief Medical Officer, 2013,p.192

[43] Written evidence: Mental Health First Aid Foundation (027)

[44] For example: written evidence Brook—Young people survey (61), Kent Youth County Council Mental Health Committee (082), School and Public Health Nurses Association (127)

> Although you might introduce this topic in other areas of the curriculum, […] that is probably best done in the context of PSHE. That is where you have the freedom to do more discussion type activities but, of course, PSHE is an optional extra.[45]

44. There are good arguments for making PSHE a statutory subject. However, the Committee also heard evidence that it may not be the best place for mental health education. Giving evidence to the Committee, John Dalziel, a deputy head teacher, said

> I am not sure that making PSHE or lessons about mental health compulsory in school will necessarily address the problem. A good school takes a holistic approach.[46]

Young people giving evidence supported this view. They agreed that mental health education needed to be improved but that this could be done in different ways:

> [Mental health education] has to be improved in some way or another, whether that is by using PSHE lessons or anything around school—assemblies or anything. It just needs to be improved.[47]

45. The national curriculum for physical education starts at key stage 1, when pupils are be 5 years old. The Committee asked witnesses and respondents to written evidence about the age children should be when mental health education is introduced. The vast majority said that it should be introduced as young as possible with content suited to the age of pupils. Janet Chandler, a teacher, told the Committee

> It should start as early as possible…[F]rom a very early age, young children can be encouraged to experience a wide range of feelings through story-telling and to know the language of feeling so that they can start to understand what it is they feel and to have the vocabulary to communicate that to somebody else. [48]

46. Giving young people the tools to explore, understand and improve their wellbeing can help with both prevention and early intervention. As Professor Dogra explained, it is better to encourage young people to be proactive about mental health from a young age than it is to wait until they get to a point where they require mental health services.[49] When almost 340,000 children aged 5-10 years have a mental disorder[50], there is clearly a need to help children understand wellbeing and articulate problems as early as possible.

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[45] 26/06 Q12

[46] 26/06 Q24

[47] 26/06 Q64

[48] 26/06 Q25

[49] 26/06 Q4

[50] Taskforce report,p.25

47. The Government has taken some measures to improve mental health education in schools. In March 2015, the Physical Social Health and Economics (PSHE) Association published guidance for schools on teaching about mental health and emotional wellbeing. Supported by the Department for Education, the Association is due to release accompanying lesson plans in the summer for use by September 2015.[51] Whilst this is an improvement, these lessons will remain optional and will not attract the rigour of a statutory subject. Furthermore, the case for teaching about mental health through PSHE is not conclusive and the issue could get lost in the "parade of different topics".[52] The Government has also introduced funding for programmes designed to build character, resilience and "develop the virtues in pupils that are vital to fulfil their potential and realise their aspirations."[53] Whilst this may prove to build character and resilience in pupils, it is entirely different to mental health education, which teaches pupils directly about mental wellbeing.

48. The Government's aim is to improve standards in mental health education. Giving evidence to the Committee, Sam Gyimah MP, said

> We want all young people to be prepared for adult life […] the important thing is the quality of what is taught rather than making it statutory. We want to allow schools to teach it in a way that is best for them.[54]

We agree that quality of education is the key. We also agree that schools need flexibility to teach it effectively for their students. How schools teach mental health education should be driven by outcomes—by the level of understanding that young people should have when they leave school. However, unless there is a consistent and national expectation on those levels, then education on mental health will continue to be poor in relation to physical education.

49. **Young people should leave school with a good level of understanding of mental health. This should include the ability to understand and develop their own mental wellbeing; how to support friends or family members; understanding that mental health is as important as physical health; and knowledge of how and where to seek help.**

50. ***We do not see that, if physical education requires statutory attainment levels, that mental education should be any different. We recommend that the Government develop and introduce statutory levels of attainment for mental health education from***

[51] Department for Education press release: Nicky Morgan: New action plan to tackle mental health stigma in schools, https://www.gov.uk/government/news/new-action-plan-to-tackle-mental-health-stigma-in-schools

[52] 26/06 Q24

[53] Press release: England to become a global leader of teaching character (December 2014), see https://www.gov.uk/government/news/england-to-become-a-global-leader-of-teaching-character

[54] 03/07 Q106

the age of 5. Schools should have autonomy to deliver mental health education flexibly but must be able to demonstrate how pupils reach the attainment levels.

51. ***Ofsted already assess mental health education during inspections. We recommend that once attainment levels have been introduced, Ofsted should assess whether pupils are reaching them.***

Teaching: a whole school approach

52. The Taskforce report encouraged schools to take a whole school approach in developing mental health and wellbeing.[55]The Department for Education has initiated programmes to build character and resilience in pupils and praised schools that focus on the development of the "whole child" rather than just academic results.[56] In his evidence to the Committee, John Dalziel said

> A good school takes a holistic approach to education […] if I asked you, or asked your parents, what they want from your education, they are not going to say 10 A*s; they are going to say they want their children to be happy, to be confident and to be engaged.[57]

Character building and resilience does not fully meet the requirement for proper mental health education, which we discussed in the previous section. However, a whole school approach to wellbeing is desirable. In her 2012 report, the Chief Medical Officer noted the link between children's resilience to challenges and their wellbeing, both physical and mental.[58]

53. For schools to deliver a whole school approach to mental health, the professionals working there must have a basic understanding of young people's mental health. However, the evidence we have received shows that the current level of understanding is poor and inconsistent:

> According to Ofsted, when [PSHE] is delivered, teachers often don't want to talk about issues relating to mental health because it is a tricky issue and they haven't been trained to do it.[59]

The teachers who gave evidence said that "mental health awareness very rarely happens"[60], and "we need more regular training on how we promote positive mental health"[61].

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[55] 2015 Taskforce report, p. 36

[56] UK Gov, press release: England to become a global leader of teaching character, https://www.gov.uk/government/news/england-to-become-a-global-leader-of-teaching-character

[57] 26/06 Q24

[58] Annual report by the Chief Medical Officer, 2012, Our Children Deserve Better: Prevention Pays

[59] 26/06 Q23

54. At best, the lack of training for teachers results in poor quality education on mental health or continuation of the stigma surrounding mental health.[62] At worst, educators may fail to spot warning signs of mental ill-health in their pupils or not know who to refer them to for help. The Taskforce report noted that, in an average class of thirty schoolchildren, three would suffer from a diagnosable mental health disorder[6364]. However, both the Taskforce and the Chief Medical Officer have noted that up to 75%, approximately 525,000 young people, of those with anxiety and/or depression receive no treatment at all.[65] This means that the vast majority of schoolchildren with diagnosable mental illnesses are being overlooked.

55. For other aspects of young people's health and safety, we expect teachers to have basic training. For example, the statutory guidance 'Keeping children safe in education', says that all staff members should receive appropriate child protection training which is regularly updated. This does not mean all staff should be child protection experts. What it does mean is that staff need to have a basic understanding of child protection issues, to be able to spot warning signs and to know that they can refer concerns to the child protection officer.

56. Safeguarding children's physical wellbeing is crucial but so is safeguarding their mental wellbeing. Untreated mental illness can have an adverse effect on young people's education, physical health, life-chances and life expectancy. In extreme cases, it can lead to self-harm, harming others and suicide—one of the leading causes of death amongst adolescents. A pilot study report in 2006 said that the majority of children who commit suicide have not had contact with mental health services. The report recommended that 'Efforts should be made to improve the detection of children with mental health problems.'[66]

57. Identifying young people with mental health problems is a known difficulty. Most young people attend school and interact with teachers on a regular basis. Teachers are key professionals, working with young people who can help to close the treatment gap. They do not need to be mental health experts. They do need a basic understanding of mental health, how to spot warning signs and where to refer. ***We recommend that there be mandatory minimum training for teachers on young people's mental health. The training should focus on how to respond to a young person who asks about mental***

[60] 26/06 Q28

[61] Ibid

[62] Written evidence: Institute of Psychological Medicine and Clinical Neurosciences and School of Psychology at Cardiff University (132)

[63] 2015 Taskforce report, p.24

[64] Annual report: Public Mental Health priorities, Chief Medical Officer, 2013, p. 201

[65] 2015 Taskforce report, p 26

[66] Pearson, G A (Ed) Why Children Die: A Pilot Study 2006; England (South West, North East and West Midlands), Wales and Northern Ireland. London: CEMACH. 2008

health, how to spot problems and where to refer. This training should form part of the core content of Initial Teacher Training.

58. In their evidence to the Committee, the British Association for Counselling and Psychotherapy said that school-based counselling offered effective and accessible treatment to young people with mental health problems. They advocate for counselling services in every school to give pupils easy access to a trained and trusted counsellor[67]. In the Government's advice paper to school's, 'Counselling in Schools: a blueprint for the future', said that there was a "strong expectation that over time all schools should make counselling services available to their pupils".[68] ***The Committee recommends the inclusion of a trained counsellor in all schools and agrees that schools should make counselling services available to all secondary school pupils.***

Pressure: Why are children and young people in this country so unhappy?

59. As part of this inquiry, the Committee visited a young people's mental health centre in London. The staff explained to the Committee that, in order to provide effective support, they needed to understand why the young people they saw were so unhappy. They said one major contributing factor was the pressure to perform well academically and constant testing through formal exams. Evidence from the World Health Organisation supports this theory. In a 2012 study they found that young people in England feel more pressured by schoolwork (during SAT or GCSE years) than in in most other European countries.[69]

60. In a private session with young service users, the Committee heard that exam pressure could be a trigger or a catalyst for mental distress. One young person said, "Education is the cause of my anxiety. Exams. Fear of failure. There's hardly any support in school about how you can deal with it. "Another agreed and said that, whilst sitting exams at school, she felt there was "no hope for the future". Written evidence to the Committee also highlighted the impact of exam pressure on young people's mental health. A specialist eating disorder clinic said that several of their patients had identified managing at school and exams as one of the things that had adversely affected their mental health.[70]

61. Many pupils are bound to feel under some pressure during exam periods. How pupils react to that pressure, whether they have a balanced approach or not, can be

[67] Written evidence: The British Association for Counselling and Psychotherapy (BACP) (100)

[68] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416326/Counselling_in_schools_-240315.pdf

[69] World Health Organisation: Social determinants of health and well-being among young people (2012).

[70] Written evidence: Rhodes Farm Clinic (131)

determined by the environment at their school. Research commissioned by the National Union of Teachers (NUT) found that, whilst exams were inherently stressful, the pressure was "exacerbated by the way that school practices make the importance of tests and exams very clear to their students"[71]. Whilst exam performance does matter, it should not come at the expense of healthy mental wellbeing. Monica Yianni, from Youth Connexions Herts1125, said

> It is really quite important to promote to young people that when you have exams, or if you have a test coming up, you do not need to revise 24 hours a day, seven days a week. It needs to be promoted that, yes, they are your exams and are very important, but your mental health is equally important.[72]

62. The Department for Education has acknowledged the equal importance of mental wellbeing and academic attainment. The Secretary of State for Education, Nicky Morgan recently said

> There is no point in having a generation of academically able students who are very unhappy. We want students to fulfil their potential both academically and in terms of their mental wellbeing.[73]

The Committee welcomes the new focus on mental wellbeing and agrees that increasing pupil's overall resilience is a positive step. However, the Secretary of State also acknowledged that exam stress specifically was an issue, stating, "We don't want to ratchet up the pressure […] we don't want lots of stressed out children not fulfilling their potential".[74]

63. The Committee received a number of suggestions for supporting pupils through exams in both written and oral evidence.[75] Schools could offer workshops on coping and strategies, to help pupils deal with the additional pressure. John Dalziel said

> When young people are coming up to their GCSEs, why don't we have regular stress management workshops? That would not be because it's a mental health issue. Most of us go through stress. If you learn to manage stress at 16, that will probably be a good skill for the rest of your life.[76]

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[71] Exam factories: The impact of accountability measures on children and young people (2015)

[72] 03/07 Q53

[73] The Times, Make happiness a priority in schools, says Nicky Morgan, July 2015

[74] Ibid

[75] Written evidence Sandwell Youth Parliament and Young Women's Group (118)

[76] 26/06 Q12

The North Tyneside Health and Wellbeing Board recommended promoting mindfulness in schools, particularly at exam age to help pupils feel positive and cope with stress.[77]

64. The Committee heard that one effective strategy would be offering peer-to-peer support for pupils during the exam period. The Sandwell Youth Parliament and Young Women's Group said that pupils need schools to provide them with effective strategies to manage stress and anxiety arising from exam pressure. They suggested "peer mentoring schemes and peer Health Champions so that young people can seek support and advice from young people"[78]. Thomas Yems told the Committee that during his university exams he noted the atmosphere of peer support:

> We all supported each other. So, when you noticed that your friend was spending a ridiculous amount of time in the library, trying to work, you would take them for a walk or something.
>
> We have quite a good peer support network at university. I get emails every week saying, "So-and-so is in this room if you want to talk to them about anything", which works quite well for the community feeling, and the feeling that everyone is sort of in it together. That helps alleviate the exam stress, because you do not feel like you are the only one going through it. You develop these relationships with everyone.[79]

Giving evidence to the Committee, Sam Gyimah said that he knew of peer-to-peer support but thought much more could be done. He asked the Committee "What can we do on a big scale to get peer-to-peer support working as part of our response in dealing with young people's mental health issues?"[80]

65. **The Committee believes that exams can cause significant stress to pupils and that school's need to offer specific additional support during these periods. We do not wish to be prescriptive about the form of additional support but believe peer-to-peer support, for all pupils during exams would be beneficial.**

66. ***We recommend that the Government require all schools to put in place plans for how they will support pupils in managing stress during exam period, and that the DfE lead on piloting, evaluating and sharing good practice projects to promote this. Schools should have flexibility to use strategies they think will work for their pupils but plans should be reviewed by Ofsted as part of their inspections.***

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[77] For example, written evidence: North Tyneside Health and Wellbeing Board (083), YMCA England (141)

[78] Sandwell Youth Parliament and Young Women's Group (118)

[79] 03/07 Q

[80] 03/07 Q116

3 Awareness, stigma and digital culture

Introduction

67. In this chapter, we discuss the positive opportunities and negative impacts of digital resources and social media. We then assess existing resources and recommend improvements. Finally, we examine the stigmatisation of mental health and the impact on young people, and opportunities for an anti-stigma campaign

Opportunities and challenges of the digital age

68. The Taskforce report described young people as a "generation of 'digital natives' who differ from previous generations in the way they communicate ".[81] Liam Hackett, CEO of Ditch the Label told the Committee

> Young people are massively immersed in technology—it is a direct communication channel with them—so digital interventions can be very effective. […]Digital technology provides a lot of really intricate opportunities to massively target support services at young people.[82]

The Committee received a lot of evidence in favour of better use of online resources for mental health and more resources for mobiles.[83]

69. Despite the opportunities, the UK is lagging behind countries like Australia and New Zealand in the development of online mental health resources[84], and Liam Hackett said he thought mental health support in this country was "a few years behind current trends for young people."[85] In their written evidence, NHS Glasgow and Clyde said, "anyone working with young people or who deliver services to young people have a duty of care to get their knowledge and skills updated and make more use of digital approaches."[86]

70. The Committee also heard about negative impacts of digital culture. The Chief Medical Officer says that cyberbullying may now be the most common form of

[81] 2015 Taskforce report, p.38

[82] 03/07 Q70

[83] For example, Written evidence: YMCA England (141), NHS England Youth Forum (010), Fixers (064)

[84] Written evidence: Institute of Psychological Medicine and Clinical Neurosciences and School of Psychology at Cardiff University (132)

[85] 03/07 Q59

[86] Written evidence: NHS Greater Glasgow and Clyde (069)

bullying.[87] Cyberbullying has intensified the impact of bullying, as it is no longer restricted to school, but can follow children home. Alistair Burt told the Committee,

> when you went home, home was a place of safety—you could not necessarily be chased there, if things had been difficult at school, but now of course you can be through cyber-bullying.[88]

There are innovative options available to tackle cyber-bullying. Liam Hackett told the Committee about a social media plug-in that scans comments for negative sentiment:

> If somebody was about to post a negative comment or message that could be deemed abusive, the app said, "This comment could be seen as abusive. Are you sure you want to post it?" The person then had an eight-second lag before the comment went live, which gave them an escape route. The study found that 80% of young people then counteracted their comment, which had a massive implication for rates of cyber-bullying.[89]

71. The Committee also heard about the impact of sites that promote self-harm and anorexia.[90] Cases such as the #CutforBieber campaign were cited as examples of the power of social media and the impact it can have on young people's mental health.[91] [92] In their written evidence, The Royal College of Psychiatrists said that faculty members have linked increases in self-harming behaviour to the impact of social media, in relation to both on-line bullying and to sites that promote self-harm.[93] Professor Fonagy said that a study in New Zealand showed that 80% of young people who are self-harming learnt about self-harming on the internet.[94]

72. **Cyberbullying and sites which promote self-harm can have a significant impact on the mental health of young people. Hoping that children will simply stop using social networks is not a solution. We recommend that the Government should facilitate a roundtable for charities, technology companies, young people, and the Government to work together to the find creative solutions needed to help young people stay safe online.** Given the prevalence of cyber-bullying and potentially dangerous websites, young people need to be able to access digital resources that are both quality assured and safe. We discuss the quality, safety and potential of these resources in the next section.

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[87] Annual Report of the Chief Medical Officer 2013, Public Mental Health Priorities: Investing in the Evidence

[88] 03/07 Q111

[89] 03/07 Q72

[90] Written evidence: NHS Greater Glasgow and Clyde (069), Department of Health (121)

[91] Written evidence: Kelly Balmer MYP for Horsham and Mid-Sussex (133)

[92] 26/06 Q61

[93] Written evidence: Royal College of Psychiatrists (026)

[94] 03/07 Q91

Resources: quality and safety

73. The Committee heard that many existing online resources were unhelpful and uninformative. Toby Jeffery, MYP Bury St Edmunds, told the Committee:

> If you go to the Suffolk CAMHS web page, you get directed towards ChildLine. Why not direct people towards accessible videos, resources or social media accounts where they can find concise, quality information about mental health? That is what young people so desperately need.[95]

74. Another problem is that, whilst some online resources are good, young people are not aware of them or do not know which ones can be trusted. Speaking to young service users, the Committee heard that whilst there is good information about mental health online, people do not always know where to look. One young service user told us that, when looking for information online, he would come across details about more serious disorders and would start to worry if he had those too. In their written evidence Get Connected said:

> Young people told us that they need more access to help services and better awareness of the services that are available. We found that regrettably, advice and support available online is not always reliable, can be potentially harmful or just increases their worries – almost half of those surveyed by Get Connected said that they were more worried after looking for information online.[96]

Janet Chandler, a teacher and programme co-ordinator, told the Committee that online information "is a minefield. It is so difficult to access the correct information. I feel that we need guidance and some back-up."[97]

75. Witnesses did praise some currently available online resources. In particular, David McIntyre and Thomas Yems said that NHS Choices is a useful and trustworthy site for young people.[98] An online strategy should include building on the success of trusted sites and promoting awareness of these available resources.

76. The Taskforce report recommended consideration of a "kitemarking scheme", which would identify online websites and resources that had been officially endorsed. Giving evidence to the Committee, Sam Gyimah acknowledged that, "It is incredibly

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[95] 26/06 Q66

[96] Written evidence: Get Connected (038)

[97] 26/06 Q31

[98] 03/07 Q48

helpful to young people to identify what is a site that we should not be trusting, or what is a site that we should be trusting."[99]

77. ***The Committee agrees with and supports the recommendation made by the Future in Mind report for the introduction of an endorsement system for online resources. We recommend this system be developed in consultation with a selection of young people who can advise on what they and their peers would find useful.***

78. Alongside online resources, the Committee heard that applications for smartphones would be useful for young people with questions or concerns about mental health. NHS England Youth Forum and Deng Yan Sen, Young Mayor for Tower Hamlets, both suggested an app should direct young people to local services so that they could access face-to-face services.[100] Ahmed al-Maadanli, from Herts1125, said an app could offer a form of mental health first-aid:

> St John's Ambulance currently have an app for first aid that tells you what to do if something happens and how to treat it. I think there needs to be something like that for mental health: who to contact for it, the early signs and how to treat it.[101]

79. Some apps relating to mental health already exist. The Committee heard that, whilst these apps could be useful, young people had concerns about the safety of their information. In her written evidence, Helen Bayley, project specialist and safeguarding nurse, said that some of the young people she worked with did not want to use apps and "run the risk of asking questions or sharing inner thoughts that may be seen or hacked into by others."[102] Young people want to know that they can trust the app that they are using and that their information will not be shared. Additionally, young people need to know that professionals corroborate information and advice from applications, and that services are signposted.[103] Sheffield Young Carers said that they would like to see an app that is health-service approved and promoted by schools.[104]

80. Young people and witnesses suggested that an app should have subtle branding, so that it was not obviously a "mental illness" app. Monica Yianni, from Herts1125, said

> It needs to be really short and concise, really bright and really positive. But I would say maybe not overly graphic, because like lots of other young people, my friends will

[99] 03/07 Q111

[100] Written evidence: NHS England Youth Forum (010), Deng Yan Sen (025)

[101] 03/07 Q50

[102] Written evidence: Helen Bayley, project specialist safeguarding nurse, children and young people (047)

[103] Written evidence: YMCA England (141)

[104] Written evidence: Sheffield Young Carers (134)

> say, "Can I borrow your phone?" You say, "Yeah, sure," but you would not really want someone to go on your phone and say, "What's this, then?"[105]

For an app to be appealing and effective, the Department of Health should work with young people. Alistair Burt said that developing an app would need the input of young people, saying, "It's like asking me to produce the next No. 1. I am not going to do this, but you are."[106] Witnesses giving evidence to the Committee agreed that the Government would benefit from involving young people as much as possible in decision-making. Kate Langley said

> What is clear from many of the successful things that have happened already is that we have to make sure the people the packages are aimed at—the young people—are involved in the development of the packages, because they will have ideas that are very different to what I think works. There is quite a lot of evidence to suggest that things like personal experience and testimonials are better than just giving information.[107]

81. ***We recommend that the Department of Health work with a group of young people to develop a trusted app that has NHS branding. It should have a bright, simple design, include a mental health first aid kit and clear signposts to mental health services and link to other online resources.***

Stigma: the biggest battle?

82. The Committee heard that stigma around mental illness is one of the greatest challenges to improved mental health for young people.[108] The evidence we received demonstrated the detrimental impact of stigmatisation on lives of young people with mental health problems.[109] When asked about whether stigmatisation of mental illness made her afraid to seek help, Anna Williamson, TV presenter and lifecoach/counsellor, and ambassador for Mind, said

> It is why I was afraid to say how I felt; I was looking around, thinking, "Everyone is going to think that I am nuts, and I will lose my job." That is truly how I felt. Lots of people who come to me—I view that as a massive privilege—do not want other people to know, because they think they will be judged. […]If someone has a broken leg and they are off work or off school, we get it. They have a broken leg, so of course they cannot come in. We will not ask questions; we will probably send them a card and some chocolates, and it will be fine. If someone is off work or school because

[105] 03/07 Q50

[106] 03/07 Q113

[107] 20/06 Q39

[108] 26/06 Q39, Q58, 03/07 Q66 Q78

[109] Written evidence: Herts1125 (022)

> they have depression or anxiety or they are not too sure that they can come out of the house, we say, "Well, they're weird."[110]

83. Time to Change is an anti-stigma campaign run by Mind and Rethink Mental Illness and is supported by the Department of Health. In evidence to the Committee, they said that 40% of young people with mental health problems said the stigma had prevented them from going to school. They also said that a lack of support from teachers and other students isolated them and made it difficult to recover:

> Stigma and discrimination can have a profound impact on young people's lives; preventing them from fulfilling their potential or seeking help.[111]

Results from a 2011 survey showed that 80% of respondents of all ages said the stigma had had a negative impact on their life and 60% said it was as or more damaging than their illness. Jo Loughran told the Committee that nine out of ten young people with mental health problems had experienced the stigma.[112]

84. In a private session with service users, young people told the Committee that they felt ashamed of their illness and took longer to seek help as a result. They also told us that the negative response of doctors, as well as peers and teachers, made them feel stigmatised. Dan Doran, Committee Member, University Mental Health Advisers' Network said

> I think a key aspect about mental health problems is shame: shame about yourself; shame about what has happened to you; and shame that you were different from how other people seemed to be. The success of campaigns is helping people challenge that shame.[113]

85. Georgia Loynds, a Member of Youth Parliament (MYP) from Oldham, agreed, telling the Committee:

> People won't get help until they feel like they're accepted and are not going to be made fun of. You wouldn't feel ashamed walking into the doctors and saying, "I have the flu." You wouldn't feel ashamed walking into school and saying, "I have a broken leg." You shouldn't feel ashamed to go into any place and say, "I have a mental health problem.", because it is completely normal.[114]

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[110] 26/06 Q78

[111] Written evidence: Time to Change (073)

[112] 03/07 Q62

[113] 26/06 Q48

[114] Ibid Q70

86. The Taskforce report recommended a hard-hitting anti-stigma campaign, built on the success of Time to Change 'to promote a broader national conversation about, and raise awareness of mental health issues for children and young people.'[115] The Committee welcomes and supports this recommendation and thinks the involvement of young people is crucial if their campaign is to be a success. Ahmed al-Maadanli told the Committee

> I think we need to get young people involved with current campaigns, […] to see what is effective and what is not. It is not about starting a different group; it's about taking things back, looking at them, and giving feedback to those groups, so that they can help run a more effective campaign.[116]

The young people who gave evidence to the Committee stressed that young people wanted to relate to people their own age rather than "old men in suits"[117]. Involving young people in the campaign makes it easier for young people to receive the right messages. Saadia Sajid, a mental health youth champion from Newham, told the Committee how a youth-run mental health awareness day helped to make both mental illness and medical professionals more approachable. She said

> There was a positive atmosphere. GPs came along and young people talked to them, so that they were not seen as an external figure who they could not relate to. It was about making that contact between young people and services.[118]

87. **We believe that the hard-hitting anti-stigma campaign recommended by the Taskforce report will only be successful if it makes use of the expertise of young people. *We recommend that a consultation group of young people, both with and without a mental health history, be set up to work on and contribute to the anti-stigma campaign, and that someone is identified to ensure this happens.***

[115] 2015 Taskforce report, p.40

[116] 03/07 Q49

[117] 26/06 Q58

[118] 26/06 60

Conclusions and recommendations

Services: An urgent need for change

1. We support the Taskforce recommendation that lead commissioners be appointed for local areas. (paragraph 16)

2. The Committee were pleased to see Ministers and officials from both the Department of Health and the Department for Education appearing together to give evidence. We hope this spirit of co-operation will continue and that departments across Government will work collaboratively to make improvements to young people's mental health services. (paragraph 17)

Funding: The Cinderella of Cinderella services

3. It is unacceptable for young people's mental health services to be deemed lower than a Cinderella service. Until young people's mental health services receive funding proportionate to that of physical health, we do not believe parity of esteem can be achieved. We find that young people do not have equality with adults. The balance is wrong and inefficient. We recommend that the Government increase levels and proportion of funding for young people's mental services over the next parliament and encourage Local Authorities to ring fence mental health budgets for young people. We have made specific recommendations on where additional spending is most needed later in this report. (paragraph 24)

Transition: Facing a cliff edge

4. We recommend that the Government make additional funding available to services in order to implement improved transition plans. (paragraph 30)

GPs: Getting first contact right

5. We recommend that there be compulsory training for GPs on young people's mental health. This should be included in the work-based training being introduced as well as initial GP training over the next year. (paragraph 38)

6. We recommend that the "You're Welcome" standards be amended to include specific guidance for GPs on how to welcome and engage with young people with mental health concerns. This new guidance should be written in consultation with board of young people, which should be created within 6 months. (paragraph 39)

Mental education: what you need to know

7. Young people should leave school with a good level of understanding of mental health. This should include the ability to understand and develop their own mental

wellbeing; how to support friends or family members; understanding that mental health is as important as physical health; and knowledge of how and where to seek help. (paragraph 49)

8. We do not see that, if physical education requires statutory attainment levels, that mental education should be any different. We recommend that the Government develop and introduce statutory levels of attainment from the age of 5 for mental health education. Schools should have autonomy to deliver mental health education flexibly but must be able to demonstrate how pupils reach the attainment levels. (paragraph 50)

9. Ofsted already assess mental health education during inspections. We recommend that once attainment levels have been introduced, Ofsted should assess whether pupils are reaching them. (paragraph 51)

Teaching: a whole school approach

10. We recommend that there be mandatory minimum training for teachers on young people's mental health. The training should focus on how to respond to a young person who asks about mental health, how to spot problems and where to refer. This training should form part of the core content of Initial Teacher Training. (paragraph 57)

11. The Committee recommends the inclusion of a trained counsellor in all schools and agrees that schools should make counselling services available to all secondary school pupils. (paragraph 58)

Pressure: Why are children and young people in this country so unhappy?

12. The Committee believes that exams can cause significant stress to pupils and that school's need to offer specific additional support during these periods. We do not wish to be prescriptive about the form of additional support but believe peer-to-peer support for all pupils during exams would be beneficial. (paragraph 65)

13. We recommend that the Government require all schools to put in place plans for how they will support pupils in managing stress during exam period, and that the DfE lead on piloting, evaluating and sharing good practice projects to promote this. Schools should have flexibility to use strategies they think will work for their pupils but plans should be reviewed by Ofsted as part of their inspections. (paragraph 66)

Opportunities and challenges of the digital age

14. Cyberbullying and sites which promote self-harm can have a significant impact on the mental health of young people. Hoping that children will simply stop using social networks is not a solution. We recommend that the Government should facilitate a roundtable for charities, technology companies, young people, and the Government to work together to the find creative solutions needed to help young people stay safe online (paragraph 72).

Resources: quality and safety

15. The Committee agrees with and supports the recommendation made by the Future in Mind report for the introduction of an endorsement system for online resources. We recommend this system be developed in consultation with a selection of young people who can advise on what they and their peers would find useful. (paragraph 79)

16. We recommend that the Department of Health work with a group of young people to develop a trusted app that has NHS branding. It should have a bright, simple design, include a mental health first aid kit and clear signposts to mental health services and link to other online resources. (paragraph 83)

Stigma: the biggest battle?

17. We believe that the hard-hitting anti-stigma campaign recommended by the Taskforce report will only be successful if it makes use of the expertise of young people. We recommend that a consultation group of young people, both with and without a mental health history, be set up to work on and contribute to the anti-stigma campaign, and that someone is identified to ensure this happens. (paragraph 88)

Witnesses

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Morning

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Karen Cromarty, British Association for Counselling and Psychotherapy**, Professor Nisha Dogra**, University of Leicester and Fellow of the Royal College of Psychiatrists, **Barbara Rayment**, Youth Access — Q1-20

John Dalziel, Oldham Hulme Grammar School, **Janet Chandler**, Wrexham Council, **Joe Hayman**, PSHE Association — Q21-36

Zoe Mulliez, Healthwatch, **Dan Doran**, University Mental Health Advisers' Network, **Dr Kate Langley**, Institute of Psychological Medicine and Clinical Neurosciences and School of Psychiatry at Cardiff University — Q37-55

Afternoon

Kane Blackwell and Joshua Gray, Kent Youth County Council**, Toby Jeffery**, MYP Bury St Edmunds, **Georgia Loynds**, MYP Oldham, **Rebecca Moore**, MYP North Tyneside, **Saadia Sajid**, Newham Youth Council — Q56-71

Anna Williamson, Ambassador for Mind — Q72-90

Friday 3 July 2015

Morning

Margaret Clarke, School and Public Health Nurses Association, **Sarah Kenyon**, Heads Together (YMCA East Surrey) — Q1-32

Monica Yianni and **Ahmed al-Maadanli,** Youth Connexions Herts1125, **Thomas Yems** and **David McIntyre**, NHS England Youth Forum — Q33-57

Liam Hackett, Ditch the Label, **Marguerite Regan and Emma Wilson**, Mental Health Foundation, **Jo Loughran**, Time to Change, **Sarah Brennan**, **YoungMinds** — Q58-75

Afternoon

Professor Peter Fonagy, **Dr Martin McShane** and **Leanne Walker, NHS England** — Q76-94

Rt Hon Alistair Burt MP and **Flora Goldhill,** Department of Health, **Sam Gyimah MP** and **Ann Gross**, **Department for Education** — Q95-116

List of published written evidence

The following written evidence was received and can be viewed on the British Youth Council's website at http://www.byc.org.uk/uk-work/youth-select-committee/submitted-evidence.aspx

1 Anita Davies
2 Hemswell Cliff Youth Council
3 Healthwatch Lincolnshire
4 Chloe Lintern
5 Hannah Morris
6 Pam Ringland
7 John Dalziel
8 Healthwatch, Blackburn with Darwen
9 Barrie.S.
10 NHS England Youth Forum
11 Dr Raphael Kelvin
12 Toby Jeffery MYP
13 Hannah B
14 Islington Youth Council
15 YoungMinds and YouthWatch (Leeds)
16 Jordan B
17 Eikon Charity
18 Sarah Bryett
19 Lizzie Richards
20 Dr M R Oates
22 Herts1125
23 Kashmire Hawker
24 John Leslie
25 Deng Yan San
26 Royal College of Psychiatrists
27 MHFA England
28 BAAF
29 Norfolk Youth Parliament
30 Lois Dugmore
31 Shropshire Council
32 Up-2-Us
33 Off Centre
34 Anonymous
35 Abigail Ofori
36 Jodie Webb
37 Ella Beevers
38 Get Connected
39 Amber Saunders
40 Trafford Youth Cabinet

41 Sufia Bibi
42 Lakelands Academy
43 Futures students Severndale
44 Ditch the Label
45 Adults working with young people Shropshire
46 Anonymous EB
47 Helen Bayley
48 Sharron Chamberlain
49 Sarah Kenyon
50 Jack Welch
51 Barnsley Youth Council
52 Youth Access
53 London and SE CYP-IAPT Learning Collaborative
54 Anonymous RE
55 Bolton Youth Council and YMPs
56 Oldham Youth Council
57 Shropshire Young Health champions
58 Amanda Paterson
59 Shropshire MYP consultation group
60 Lancashire County Council
61 Brook YP
62 Maisy Neale
63 Brook
64 Fixers
65 Anonymous parent HB
66 Jayne Timmins
67 Sheffield Futures and Youth Cabinet
68 Norman Lamb
70 James Goodwin MSYP for Inverness
71 Janet Chandler
72 School in Wrexham
73 Time to Change
74 Anonymous HT
75 Tony - Dundee Youth Councillor
76 Librarians groups
77 Luke Lancaster
78 Neil Poulton
79 Sara Munn
80 Wilfred Steenbergen
81 Emma Davies
82 Kent Youth Country Council Mental Health Committee
83 North Tyneside Young Person's Health and Wellbeing Group
84 Dominic Marks
85 Curtis Gingell
86 Megan Perry
87 Clare Jones

88 Healthwatch Essex
89 Lydia Pell
90 Autism in Mind
91 Gemma Fieldsend
92 Mental Health Foundation
93 The Who Cares Trust
94 Birmingham Children's Hospital
95 Zoe Jenkins
96 Anonymous CD
97 YoungMinds
98 Alexander Centurion-Eyre
99 Karen Marston
100 British Association for Counselling and Psychotherapy
101 Children & Young People's Mental Health Coalition
102 Foyer Federation
103 Angel Layer
104 Liberal Youth
105 MAC-UK
106 Ben Sharpe
107 PSHE Association
108 Jo Hemmingfield
109 Saul Britton
110 Eugenio Ciliberti
111 Youth of Walsall
112 OUSU
113 CAMHS Youth Advisors Surrey
114 Shropshire CCG
115 Mohamed Abdirahim
116 Girlguiding
117 Council 4 Kids Walsall
118 Sandwell Youth Parliament and Young Women's Group
119 42nd Street
120 Lorraine Warrender
121 Department of Health
122 Jack Dunne
123 NUS and Student Minds
124 Warwick SU
125 Susan Borrow Know Your Money
126 Healthwatch Cambridgeshire
127 School and Public Health Nurses Association
128 London Youth
129 Anonymous
130 Anonymous EM
131 Rhodes Farm Clinic
132 Cardiff University
133 Kelly Ballmer

134 Sheffield Young Carers
135 Wiltshire Youth Parliament members
136 Saadia Sajid
137 Runnymede Borough Council
138 Healthwatch Bristol
139 State of Mind
140 Healthwatch Nottingham
141 YMCA England
142 East Sussex County Council
143 Dr Omer Moghraby
144 HealthWatch Lewisham and the Young Mayor of Lewisham
145 My Life My Say
146 Cheshire East Care Leavers' Group
147 Solihull Youth Council
148 Rathbone

About the Youth Select Committee

The Youth Select Committee is a British Youth Council initiative, supported by the House of Commons. The eleven committee members are aged 13-18 and include two Members of the UK Youth Parliament (MYPs), two youth councillors, a Young Mayor, one elected representative from each of the devolved nations and three reserved seats.

The three previous Youth Select Committees focused on Transport for Young People (2012), A Curriculum for Life (2013) and Lowering the Voting Age to 16 (2014).

About this inquiry

This year's Youth Select Committee focused on mental health services for young people, which was chosen by UK Youth Parliament as the priority campaign, following Make Your Mark (90,549 young people voted for it) and the House of Commons Sitting and is highlighted in the British Youth Council's manifesto.

The Youth Select Committee took written evidence between 23 April and 22 May 2015, seeking responses on the following terms of reference:

Awareness

- What more could be done to prevent stigma and discrimination towards young people with mental health issues, particularly when it prevents young people from seeking support?
- Do young people feel informed about the services available to them? If not, what more could be done to raise awareness?
- Could more use be made of social media or mobile applications? If so, how?
- What is the impact of websites which promote self-harm and other online material? Should something be done about these sites? If so, what?

Education

- Is education on mental health in schools sufficient? What could be done to improve it? Should it be a compulsory part of the National Curriculum? If so, at what age should it be introduced? Could more be made of education around peer support?
- What is the impact of mental health issues on young people's education?
- Do teachers, parents/carers and others working with young people receive sufficient training and support? If not, what more could be offered?
- How accessible is published literature and online information about mental health? Could it be made more "youth friendly"?

Services

- What is the current state of services and treatments available (e.g. through CAMHS)?
- Is the current funding for mental health services being targeted at the right areas?
- Are changes needed to the provision of mental health services? Are they accessible and appropriate for young people? If not, what could be done to improve them?
- Could more be done to promote the sharing of best practice between services? Is the process for transition between children and adult services effective? If not, what could be done differently?

- What experiences have young people had in using mental health services?
- How does mental health provision compare with the services available for physical health?

About the British Youth Council

BRITISH YOUTH COUNCIL Youth Select Committee 2015