

Recommendations for the Mental Health Prevention Review



The following recommendations have been placed into GOLD, SILVER and BRONZE segments. We envisage that in such a format they can provide you with a succinct set of evidence-based recommendations that you can easily choose to have more details/evidence presented to you.

The GOLD recommendations indicate the best evidenced based options, though they may be the more expensive choices.

The SILVER recommendations are still important but are either cheaper, or they would need less overall change. The SILVER options are also often 'steps to the GOLD recommendations.'

Finally, we have the BRONZE recommendations that may have a lower to no significant associated costs but would still assist in promoting a healthier society and play a part in steps to the SILVER or GOLD recommendations.

These recommendations are brought to you by forty plus professionals with expertise in the Emotional Health of children and young people.



GOLD OPTION 1

For appropriate and expert therapeutic provision to be available to every primary and secondary school across the UK, permanently:

Application of appropriate therapeutic provision in every primary, secondary, and FE college across the UK. Such provision could be across a cluster of schools provided by a single therapist or a small team. Cost benefit analysis for 1-1 counselling by Place2Be based on their model. A good example is the intention of the Scottish government - Mental Health and Wellbeing in School – A rights-based approach to recovery (backtoschool.scot).

The cost is estimated at around £40k per annum, per school. Based on Statista.com figures of 4,172 secondary schools in the UK, this would cost £167 million per year. This was a recommendation in the DfE document: Counselling in Schools, a blueprint for the future which was published in 2016.

Registered/Accredited Practitioners: Provision must be delivered by practitioners on an Accredited Register, that can demonstrate training and experience in working with children and young people, to ensure safety and best practice.

Age Appropriate: Provision must employ an age (or developmentally) appropriate model for its setting (e.g. talking therapies for young people, art/play/creative therapies for primary aged children).

A School Nurse for Every School: There were over 4,000 school nurses across England in 2010. Current records suggest there are now less than 1,000 FTE school nurses. School nurses provide a wealth of assistance including emotional health support. It is therefore important that we work towards a school nurse for every school (supported by a multi-skilled public health team).

The Public Policy Research report suggested that recruiting 11,500 additional school nurses across all nations would involve training costs of £805m and a wage cost of £445m. This investment would support the full delivery of the health child programme, led by school nurses and specifically the School-aged years high impact area 1: Supporting resilience and wellbeing - GOV.UK (www.gov.uk). For every £1 invested in public health there is a minimum £14 return on investment, through brief interventions and early help, significantly easing the burden on primary, acute and specialist health services, to say nothing of the moral duty to our children.

SILVER OPTION 2

Expansion of Mental Health Support

Teams (MHSTs): Expand the UK roll out of MHSTs, adopting MHST+ model based on Barnardo's It's Hard to Talk report, page 21.

Play: Make play central to learning for longer (at least age 7).

Measurement of Mental Health Needs via Standardised Tools: The use of standardised tools would aid mental health referrals/discharges, provide better capture, and disseminate intervention outcomes accurately. Such information would be used to match a child's need at referral with appropriate levels of professional qualification in the clinician designated to undertake the work.

SILVER OPTION 2

Robust pathways to improve use of resources, remove duplication and improve collaborative working:

Such improvements to working practices between school nursing, MHST's and CAMHS would help to ensure that no child fell between the gaps in services and had appropriate, timely access to the right support.

All staff to have basic mental health training: Such training to be deemed as important as safeguard training.

Provision of early support hubs in every local authority: Such support hubs for children and young people's mental health would provide support when it is first needed, and not when the need has escalated to become acute. Cost: £103 million per year (far beyond the £5 million currently allocated, but savings could be made in services for acute needs such as eating disorders and suicidal intent if needs are addressed earlier).

Graduated response to mental health support: Ensure children and young people have access to a graduated response to mental health support through Mental Health Support Teams, school counsellors and CAMHS. The MHST rollout is already underway, but they can only provide early interventions such as low intensity CBT, and so the next stage is to provide funding for every secondary school to have a school counsellor at least two days per week. Based on the BACP estimated cost of £14,500 per annum per counsellor, and secondary school numbers of 4,172 in the UK, this would cost £60.5 million.

BRONZE OPTION 3

Clearer guidance to schools and MHSTs around the role of counselling and School Nursing:

This would aid the understanding of where referrals can be made to counsellors/play therapists (e.g. better messaging around blueprint for counselling in schools) and how School Nurses can aid educators.

Prevention - Start in the Early Years: To fund and prioritise expertise in the early years to spot and provide help for concerns early.