February 2018

Girlguiding response to Children and Young People's Mental Health Green Paper

Girlguiding is the leading charity for girls and young women in the UK, with over 500,000 members. Consequently, our response focuses particularly on the experiences and challenges faced by girls and young women. Our submission focuses on evidence from our annual Girls' Attitudes Survey – the largest UK survey of girls and young women – which gathers the views and opinions of over 1,600 girls and young women aged 7 to 21, from inside and outside guiding.

Question 1:
The core proposals in the green paper are:
• All schools and colleges will be incentivised and supported to identify and train a Designated Senior Lead for Mental Health who will oversee the approach to mental health and wellbeing
• Mental Health Support Teams will be set up to locally address the needs of children and young people with mild to moderate mental health issues, they will work with schools and colleges link with more specialist NHS services
• Piloting reduced waiting times for NHS services for those children and young people who need specialist help

Do you think these core proposals have the right balance of emphasis across a) schools and colleges and b) NHS specialist children and young people's mental health services?

We welcome the Green Paper's emphasis on improving support for young people's mental health. However, proposals should have more emphasis on universal support so those without diagnosed conditions don't get missed or feel support isn't for them. Support should promote wellbeing and help all young people maintain positive wellbeing through prevention strategies - e.g. building resilience and addressing underlying causes of poor wellbeing through PSHE. It should address specific pressures facing girls, like sexual harassment in school, through RSE. Evidence from the Mental Health Foundation[1] supports the need for gendered support.

Although having a Senior Lead could be positive, *all* teachers/staff should be trained to support pupils and help them access appropriate support. We support helping schools strengthen links with NHS services so young people can access a range of timely support to meet their individual needs.

We support the Paper's emphasis on:

---

[1] Mental Health Foundation, *While Your Back Was Turned: How mental health policymakers stopped paying attention to the specific needs of women and girls*, 2018

- Working with the voluntary sector and recognising organisations' expertise
- Cross-government engagement and referencing relevant inquiries – e.g. RSE/PSHE. It should also reference DfE guidance on tackling sexual harassment/abuse. A comprehensive approach to supporting wellbeing will include prevention, early intervention and appropriate support on identification/disclosure
- Training for staff (including governors) and students and engaging with parents/carers.
- Recognising online harms – this should consider specific harms girls face – see our *Internet Safety Strategy* response
- Improving support for young adults, those identifying as LGBTQ and those with SEND

Question 2:

We've included further points here as there was not sufficient room in the previous question. We think it's important that organisations and individuals are not so tightly restricted when feeding back on such vital issues.

We welcome the prioritisation of children and young people's mental health. However, in conversation with other charities – including The Mix – we would like to understand better how existing structures and organisations that support young people's mental health (e.g. the Mix) will be included as part of these proposals. This includes:

- what measures will address unacceptable waiting times for CAMHS
- how these proposals will support multi-agency working (including with agencies and families) and ensure all groups – especially those with complex needs and situations – receive the support and service they need.
- greater clarity and distinction between 'intervention to improve a young person's mental health' and 'prevention to support positive mental health', which are different
- girls tell us that the building pressures they're under, including at school, mean they don't feel able to continue to come to Guiding. We particularly see a drop off when girls are in secondary school and at the beginning of the academic year.

"I've had a really busy half term at school and is getting a bit stressed about fitting everything in. I would like to come to Guides, I'm so busy at school and really tired." (Aisha, 13)

Question 3

We've used the following 2 questions to lay out some further evidence we would have liked to include in our response to question 1. In conversation with other organisations, including the Mix, we'd like to raise points about the following aspects:

February 2018

A Mental Health Lead in every school and college
- We'd like further clarity over how the lead role compares to Designated Safeguarding Officers, welfare officers etc. How does this fit with the current structure? Alternatively, is it a move to a new one, particularly as a huge number of safeguarding cases are related to mental health?
- What are the requirements/skill-set for this role?
- In asking for people's views on how children and young people should learn about mental health a) what are the plans to consult with young people? b) how does this speak to the recent consultation around compulsory RSE/PSHE?

Mental health support teams working with schools and colleges
- We would like to see a definition of mild to moderate. Is this a clinical measure or subjective? Proceeding without a definition could lead to confusion when schools and services connect with other services who might define these terms differently.
- Where will mental health teams sit in our (voluntary sector) local structure and who are they accountable to?
- The paper suggests teams will work alongside the voluntary sector. How will there be adequate consultation to identify appropriate services and how will this happen (formally/informally)? Will there be remuneration for the additional provision?

Question 4:
Points related to Q1 and gathered in consultation with other organisations, such as the Mix, raised here:

Shorter waiting times
- If awareness of mental health is raised in schools it's highly likely the numbers of young people seeking support will increase. We're know CAMHS is already unable to deal with the demand, so what is the strategy for ensuring all young people coming forward receive that intervention? More clarification is needed around the sustainable long term goals and how other services offering low level support and signposting will be included
- How will reporting against this target be transparent and how will mental health services be held accountable?

Mental health of 16-25 year olds
- How will it be ensured that the partnership is formed of organisations that reach a large proportion of this population and also those that are hard to reach?
- We welcome guidance around parameters but the freedom to define the focus. We recommend taking a youth-led approach.
- Will there be funding for this national partnership?

Internet and social media
- We would welcome building on previous consultations around digital and mental health
- We would welcome further thought about how these mediums can be safely integrated into young people's lives rather than perceived negatively.
- Consideration should be given to how young people will be connected with appropriate organisations if they are affected negatively

February 2018

Researching how to support families
Will there be any focus on families that are living with a mental health condition (whether it's a partner or a sibling)?

Question 5:
Different organisations could take the lead and receive funding to set up the Mental Health Support Teams. We would like to test different approaches. Which organisations do you think we should test as leads on this? Please rank the following organisations in order of preference:
- **Clinical Commissioning Groups (CCGs)**
- **Groups of schools**
- **Local authorities**
- **Charity or non-government organisation**
- **Other: _____**

It's important to test and evaluate different approaches and to seek the advice of the voluntary sector as well as engaging with young people and their parents. Mental health support teams should be aware of the benefits of extra-curricular activities - such as being part of organisations like Girlguiding. Recent research from the University of Edinburgh[2] showed that children who participate in Guiding or Scouting are likely to have better mental health in later life. Girlguiding can also provide a vital prevention role in relation to girls' mental health (see Q13).

Question 7:
Mental Health Support Teams and Designated Senior Leads for Mental Health in schools and colleges will work closely together, and we will test this working through the trailblazer phase.

Out of the following options how do you think we should measure the success of the trailblazer phase? Please pick your top three: Impact on children and young people's mental health

- **Impact on quality of referrals to NHS Children and Young People Mental Health Services**
- **Impact on number of referrals to NHS Children and Young People Mental Health Services**
- **Quality of mental health support delivered in schools and colleges**
- **Amount of mental health support delivered in schools and colleges**
- **Effectiveness of interventions delivered by Mental Health Support Teams**
- **Children and young people's educational outcomes**
- **Mental health knowledge and understanding among staff in school and colleges**
- **Young people's knowledge and understanding of mental health**

---

[2] Universities of Edinburgh and Glasgow, *National Child Development Study*, 2016

issues, support and self-care
- **Numbers of children and young people getting the support they need**
- **Other:**

We think that all options are important and should be improved. Our evidence shows that girls want to see support through PSHE and that many want to get support for mental health at school. Organisations specialising in mental health/wellbeing will be better placed to comment on some of the other options. We would also add self-reported wellbeing by young people disaggregated by equality group.

In regards to 'educational outcomes' we would argue that it's important that measures designed to support young people don't put extra pressure on them (e.g. through excessive focus on educational attainment adding to the already considerable academic pressures on young people). For example, our 2016 Survey showed that 70% of girls aged 17-21 feel anxious about school, college or work most of the time or often.

In measuring the areas above, existing and forthcoming evidence should be used and taken into account:
- ONS are due to publish children's wellbeing stats for 2017 in February/March 2018. Young people's wellbeing stats were published April 2017.

- Wellbeing is included as part of the Public Health Indicators framework in the health improvement section. For 2015/16 4.6% had a low satisfaction score, 3.6% had a low worthwhile score and 19.4% had a high anxiety score in England. It includes asking people aged under 18 (21.3% of participants in England) https://fingertips.phe.org.uk/profile/public-health-outcomes-framework

9. How can we include the views of children and young people in the development of Mental Health Support Teams? (250 words max)

Children and young people should be engaged meaningfully and impactfully to participate in discussions and decisions about this issue. This could be done through schools and voluntary organisations - for example, by using our Girls' Attitudes Survey research and engaging with us to include girls, such as members of our Advocate panel, a group of young members aged 14-25 who lead the direction of our research and campaigns.

In addition, through Peer Education, Girlguiding supports girls to think and talk about issues – for example, *Think Resilient* builds girls' wellbeing through resilience-building techniques and planning how to manage difficulties and recognise and apply positive coping strategies and support.

It's also important that young people who want to give their views directly can do this. Although this Green Paper is about children and young people's mental health, there doesn't appear to be a young people-friendly version. We don't think this is acceptable, as children and young people should feel confident to express their views at every stage of consultation on this issue. Consultation with young people should be accessible through a variety of methods (e.g. via Skype or in person) to ensure they can contribute. It's also important girls are included and listened to so the particular gendered issues they face are considered.

> *'Too many young people are suffering in silence because they think nothing can be done to help them and no one will take them seriously.'* (Girls' Attitudes Survey participant, 17 to 21)

11. Schools publish policies on behaviour, safeguarding and disability. To what extent do you think this gives parents enough information on the mental health support that schools offer to children?

○ All of the information they need

○ Most of the information they need

○ Some of the information they need

○ None of the information they need

◉ Don't know

Please tell us more about why you think this (max 250 words):

It's important that policies are accessible to children, young people, parents and carers - including those with a range of different needs.

12. How can schools and colleges measure the impact of what they do to support children and young people's

mental wellbeing?

Please give your answer below (max 250 words):

We believe that schools should engage with children and young people to hear how support is working for them and measure this over time. As a member of the Children and Young People's Mental Health coalition, we support its principles and proposals. We also believe that data should be disaggregated by gender to measure the impact on girls and young women (in view of the particular gendered pressures they face). Data should also be disaggregated by all protected characteristics, to take into account the particular experiences of different groups.

13. How could the Support Teams provide better support to vulnerable groups of children and young people?
Please give your answer below (max 250 words):

Current mental health guidance for schools (March 2016) should be considered and updated based on this inquiry if needed.

The Green Paper includes stats showing 'around 1/10 white children have a mental health disorder, compared to just under 1/10 black children, and 3/100 Indian children.' It would be useful to know how 'disorders' are recorded, as our research shows 37% of girls aged 11-21 had experienced a mental health problem (2015). It's also important not to make sweeping statements – e.g. in relation to different ethnic groups. In addition, the Green Paper should explain that this data may indicate that more should be done to support BAME children to seek help.

Support teams should recognise voluntary organisations' role in supporting wellbeing. Girlguiding can strengthen girls' resilience and offers a safe, fun and supportive space to escape pressures and be themselves.

We recommend:
1. Tackling the pressures all young people face, as well as the particular gendered pressures girls face *and* helping them build resilience.
2. Focusing more on universal support and prevention to help all young people maintain and improve their wellbeing.
3. Providing a range of support (in and out of school) to meet young people's needs and ensure effective evaluations capture this from young people's own voices.
4. Supporting organisations like Girlguiding which support girls and their wellbeing.
5. Listening to girls and involving them in decision-making

16. How can we test whether children and young people with special educational needs or disabilities are able to access support?

It's important to consider the particular experiences of children and young people with SEND and to recognise the intersectional inequalities they may face if they are part of different groups – e.g. girls with disabilities may face sexism in relation to their disability.

17-19. Please provide any evidence you have on the proportion of children with diagnosable mental health disorders/mild or low level needs/moderate needs, who would benefit from support from the Mental Health Support Teams. (Word limit 750 words total)

This answer covers questions 17, 18 and 19.

As covered in question 1, we believe it's vital there is a universal level of support to promote and protect wellbeing among all young people.

Talking about what support those with diagnosable disorders should receive could be a barrier to some young people accessing support, as we know many girls don't feel comfortable discussing their mental health (52% girls aged 7 to 21 said this in our 2016 Survey). Our 2014 Survey showed that many girls had experienced a mental health issue (or known someone who had). We didn't specify that this had to be a diagnosed issue, but the responses show girls' perceptions of the scale of poor wellbeing amongst themselves and their friends:

- Just 8% of girls aged 11-21 didn't know anyone who had experienced issues of poor wellbeing
- 76% knew someone who self-harmed and 73% knew someone with depression
- 50% knew someone with an anxiety disorder

Our 2015 Survey showed that:
- 37% aged 11-21 (46% 17-21) said they've needed help with their mental health.
- 62% say a girl they know has experienced a mental health problem
- 52% say they'd like to know more about where to get support for mental health
- 57% aged 11-21 (66% 17-21) say mental health is awkward to talk about
- Girls aged 11-16 said they'd like support from school (58%), the GP (50%), their parents (43%). 66% aged 17-21 chose 'online' as where they'd like to get support
- 44% say they've talked about mental health at school

Our 2016 Survey showed that:
- 53% of girls aged 11-16 said they often feel they're not good enough
- 59% aged 17-21 said they feel anxious most of the time
- 61% aged 17-21 feel they need to be perfect most of the time

Comment [AW1]: Questions 18 and 19 are the same question but about mild and moderate needs respectively.

February 2018

- 74% aged 11-16 feel stressed about school/college most of the time