



The Children and Young People's Mental Health Coalition (CYPMHC) is a unified campaigning voice aiming for policy change at the highest level. We have prioritised four key areas of focus and this policy briefing comes under Building Emotional Resilience. The briefing presents one of our policy recommendations, the particular problem it is seeking to address and the evidence supporting our recommendation.

## What are we asking?

**To invest an element of the pupil premium for schools in proven early intervention initiatives which support the emotional resilience of children and young people.**

## What is the problem?

1. Significant numbers of school-age children are experiencing mental health problems, even at a very young age, and half of all lifetime emotional and mental health problems are rooted in childhood.
2. Some children's ability to benefit from education and fulfill their lifetime potential is hampered by their poor mental health and wellbeing.
3. The most disadvantaged children are those most at risk.
4. Poor mental health and wellbeing is linked to poor educational attainment, yet the wider children's workforce, and school staff in particular, are not adequately skilled in supporting emotional resilience.

## Action points

1. The criteria for allocating pupil premium funding should include a mental health assessment as well as financial considerations such as Free School Meals. One such option is the number of children within a school that are accessing targeted and specialist Child and Adolescent Mental Health Services (CAMHS).
2. Schools should invest a proportion of the pupil premium in:
  - whole-school initiatives aimed at promoting the mental health and wellbeing of all children and young people
  - targeted support aimed at developing the mental health and wellbeing of children facing the greatest disadvantage, to be provided by skilled counsellors/professionals who are valued by the children, thereby improving educational attainment, behaviour and social mobility
  - supporting those children who are identified by the school as having the greatest need, and not only those who are defined as disadvantaged for the purpose of calculating the pupil premium.
3. Government guidance on how best to use the pupil premium must inform and advise on a range of evidence-based early intervention initiatives that support children's mental health and emotional wellbeing.
4. Schools should be allowed to pool pupil premium money to purchase an emotional resilience service covering all the schools in an area.
5. Training should be provided to all school staff, including governors, on mental health awareness and the links between emotional development and behaviour in children and young people, so that they can identify and appropriately respond to children experiencing difficulties.

***Invest today for a  
better tomorrow***

**The Children and Young People's Mental Health Coalition (CYPMHC) brings together leading children and young people and mental health charities to campaign with and on behalf of children and young people in relation to their mental health and wellbeing. With a unified voice, the CYPMHC aims to achieve policy changes at the highest level that will directly improve the mental health and wellbeing of children and young people across the UK. This is necessary because at any one time, one in ten children and young people have a diagnosed mental health problem and it is now well established that the antecedents of most adolescent and adult mental illness are in childhood. Addressing issues early will ensure better outcomes for individuals and for society.**

#### **The CYPMHC's 4 key areas of focus are:**

- **The Early Years** – To have greater emphasis on the psychological aspects of parenting and providing parents/care givers with the knowledge and tools to improve their own and their children's mental health and wellbeing.
- **Building Emotional Resilience** – To support all children and young people to meet the challenges of growing up by equipping them with self-awareness and emotional resilience to achieve good mental health.
- **Reaching Adulthood** – To achieve greater recognition that development to adulthood continues to the mid-twenties and demands a responsive and flexible approach across all areas of health and social policy and practice.
- **Seldom Heard Voices** – To give all children and young people timely access to good quality mental health and well being support, with effective outcomes, regardless of their ethnicity, gender, sexual preference, disability or other personal experience.

## **What is the evidence for the problem?**

### **1. Significant numbers of children are experiencing mental health problems, even at a very young age and half of all lifetime emotional and mental health problems are rooted in childhood.**

Nearly one in ten (9.5%) of children and young people in the UK have a mental disorder:

- 5.5% of 5–15-year-olds have clinically significant conduct disorders
- 3.9% have emotional disorders (eg anxiety and depression)
- 1.5% have some form of hyperactivity disorder (eg ADHD).

These figures remain broadly constant across all ethnic groups, except for children of Indian background (3% compared with a range of 7–10% in other groups (Meltzer et al, 2000; Green et al, 2005). Conduct disorders present the most significant problem, and prevalence has increased dramatically in recent years (Collishaw et al, 2004).

Most adult mental health problems have their origins in childhood and adolescence – up to half of all adults with mental disorders are first diagnosed by their mid-teens, and over three quarters by their late teens or early twenties (Kim-Cohen et al, 2003; Kessler et al, 2005). Children and young people with anxiety are 3.5 times more likely than their peers to experience depression or anxiety disorders in adulthood (Woodward & Fergusson, 2001).

### **2. Some children's ability to benefit from education and fulfill their lifetime potential is hampered by their poor mental health and wellbeing.**

Childhood mental disorders can prevent a young person from reaching their full potential by disrupting normal development (Ford, Goodman & Meltzer, 2003). Children with emotional problems are much more likely to do poorly at school – they are twice as likely as other children to have marked difficulties in reading, spelling and mathematics. Children with conduct disorders and hyperkinetic disorder may be four to five times more likely to struggle to attain literacy and numeracy skills (Green et al, 2005). Conduct/behavioural disorders are associated with poor educational achievement, delinquency, depression, substance abuse and crime (Mannuzza et al, 1991, 1993, 1998).

Children with a mental disorder are nearly five times more likely than those with no disorder to have special educational needs (Meltzer et al, 2000). 45% of young people with mental health problems drop out of full-time education by age 15. Young people aged 16–18 with severe and enduring mental health problems are twice as likely as their peers to have no qualifications at all (Street, Anderson & Plumb, 2007).

#### **Case Study 1: PATHS**

PATHS stands for Promoting Alternative Thinking Strategies. It is a long-term (up to 60 sessions), classroom-based programme designed to improve primary school children's emotional literacy, self-control, social competence, positive peer relations, and interpersonal problem-solving skills. The main aim is to prevent or reduce social, emotional and behavioural problems by helping pupils become more self-aware and have a positive attitude to life and school.

PATHS lessons are taught at least twice a week for a minimum of 20-30 minutes. Teachers receive training in a one day and two half-day workshops and can be supported through regular teacher support group meetings. The curriculum programme also includes information and regular homework tasks to involve parents and encourages them to use at home the strategies and vocabulary of feelings their children learn in the classroom.

PATHS has been evaluated (Greenberg et al, 1995; Adi et al, 2007), and is recommended in NICE guidance (NICE, 2008). A three-year pilot programme in six primary schools in West Lothian (Gajjar L, undated) found improvements in behaviour scores, literacy and numeracy.

[www.westlothian.gov.uk/media/educationdocs/pathsdoc](http://www.westlothian.gov.uk/media/educationdocs/pathsdoc)

### 3. The most disadvantaged children are those most at risk.

Low household income, receipt of state benefits, poor parental educational qualifications, unemployment in the household, and living in social or private rented housing are all associated with higher rates of mental disorders among children. This is found across all sexes, ages and categories of mental disorder, but is particularly high among children with conduct disorders (Green et al, 2005).

Children from lone parent families are twice as likely as the children of married and cohabiting parents to have a mental disorder. More than half (55%) of children with emotional disorders have divorced/separated parents, and more than a quarter (28%) have a parent with a history of serious mental illness. Higher proportions of children with conduct disorders than children in general live in households where the parents have experienced a major financial crisis (22% compared with 13%), or have been in trouble with the police (15% compared with 5%) (Green et al, 2005).

Conduct disorders in interaction with socio-economic factors such as poverty, instability, and adverse life events increase the likelihood of adverse parent-child relationships and poor parental control. Social disadvantage also magnifies the effects of poor family relationships on conduct disorder, creating a cumulative effect (Hughes, 2008).

### Failure to address the problem

If we fail to address the problems outlined above, children with mental health problems and conduct disorders/behavioural problems are more likely to go on to have conduct disorders in adult life. As it stands, up to 40% of pre-school children with problem behaviours go on to develop conduct disorders, including drug misuse, and criminal and violent behaviour (Coid, 2003). Early, severe and persistent antisocial behaviour has a profoundly negative impact on families, peers and communities. Costs associated with children with conduct disorder are estimated to be ten times higher than those for children without conduct disorder (Scott et al, 2001).

Failure to intervene early in mental and behavioural problems will also impact significantly on children's learning and consequently on lifetime health, opportunities and outcomes. Children with persistent conduct or emotional disorders are more likely to be excluded from school, less likely to engage with out-of-school programmes to help them manage their behaviour and improve literacy, more likely to be assessed with special educational needs, and more likely to leave school without educational qualifications (Parry-Langdon, 2008).

### 4. Poor mental health and wellbeing is linked to poor educational attainment, yet the wider children's workforce, and school staff in particular, are not adequately skilled in supporting emotional resilience.

The 2008 CAMHS review (CAMHS Review, 2008) found poor awareness in children's services (children's centres, schools, colleges and GP practices) of mental health, how to promote it and how to deal sensitively with mental and emotional health issues. It highlighted the need for the whole children's workforce to increase their awareness so that children and young people with mental disorders could better access support.

The review also found that schools and staff have a significant impact, second only to family, on children's mental health and psychological wellbeing. Children - young children in particular - say they want more opportunities to share problems and concerns with a trusted adult in school (CAMHS Review, 2008). Children value the role of adults with the appropriate skills and personal skills to support them in coping with their personal difficulties (YoungMinds, 2009).

Conduct disorders are linked with lifetime lack of educational qualifications, low earning, divorce and teenage parenthood, criminal activity and court convictions, all independent of socio-economic background or childhood IQ (Richards et al, 2009). It is accepted across Government that poor educational achievement is linked to unemployment and mental ill health in adult life (Department for Work and Pensions & Department of Health, 2009; Department of Health, 2010).

## What is the evidence to support our recommendation?

There is emerging evidence of the benefits of targeted school-based interventions for children and young people with mental, emotional and behavioural problems (Department for Children, Schools and Families, 2010; Wolpert et al, 2010). Research shows that the most effective way to 'narrow the gap' for the most disadvantaged children with additional needs (those that are targeted by the pupil premium) is to address the barriers to learning and to support emotional resilience together. Initiatives to address these issues should be embedded within schools' wider initiatives for all children and young people (Dyson et al, 2010).

The national Social and Emotional Aspects of Learning (SEAL) initiative demonstrates that whole-school and small group teacher-led interventions in schools are effective in improving and protecting children's mental health and wellbeing (Adi et al, 2007; Humphrey et al, 2008).

Targeted Mental Health in Schools (TaMHS) is a three-year pathfinder programme aimed at supporting the development of innovative models of therapeutic and holistic mental health support in schools. It is aimed at children and young people aged 5-13 who are at risk of, and/or experiencing mental health problems. It also aims to support the families of children and young people who are at risk. The TaMHS Evidence-Based Guidance booklet aims to summarise existing knowledge about effective interventions to help children with mental health problems who, in a school context, would broadly be described as having behavioural, social or emotional problems (Department for Children, Schools and Families, 2010).

The National Institute for Health and Clinical Excellence (NICE) recommendations for effective interventions to promote children's social and emotional wellbeing in primary schools (NICE, 2008) include: provision of specific help for those children most at risk (or already showing signs) of social, emotional and behavioural problems;

training and support for teachers and practitioners in schools in how to develop children's social, emotional and psychological wellbeing; training for teachers and practitioners to identify and assess early signs of anxiety, emotional distress and behavioural problems among primary schoolchildren, and refer for specialist help where appropriate; problem-focused group sessions delivered by appropriately trained specialists in receipt of clinical supervision; and group parenting sessions for the parents or carers of these children, run in parallel with the children's sessions.

NICE recommendations for secondary school interventions (NICE, 2009) include: ensure young people have access to pastoral care and support, as well as specialist services, so that emotional, social and behavioural problems can be dealt with as soon as they occur; integrate social and emotional wellbeing within the training and continuing professional development of practitioners and governors involved in secondary education; ensure practitioners have the knowledge, understanding and skills they need to develop young people's social and emotional wellbeing. This recommendation includes how to understand and manage behaviours effectively, and how to identify and respond to the needs of young people who may be experiencing emotional and behavioural difficulties.

We know that good mental health and emotional resilience is linked with increased productivity, pro-social behaviour and community engagement, higher educational outcomes and reduced crime (Friedli, 2009). Good social, emotional and psychological health helps protect children against emotional and behavioural problems, violence and crime, teenage pregnancy and the misuse of drugs and alcohol (Adi et al, 2007). Educational attainment is linked with social mobility and improved employment, higher income, and better physical and mental health. It is essential to tackling inequalities in health (Marmot, 2010).

### Case Study 2: FRIENDS

FRIENDS For Life is a cognitive behavioural therapy programme for primary and secondary schools to promote emotional resilience and prevent anxiety. The 10-session programme can be led by classroom teachers with special training. It aims to promote self-esteem, problem-solving, self-expression and positive relationships with peers and adults.

An evaluation of its use with children aged 9-10 years in a UK primary school (Stallard et al, 2005) found that FRIENDS has resulted in reduced anxiety in 92% of participating children, and significant improvements in over half those with the most severe emotional problems. Moreover, the programme was rated acceptable by 89% of the children, 81% thought it was fun, 77% would recommend it to a friend and 72% thought they had learned new skills. Nearly half (41%) said they had since helped someone else with their new skills.

[www.friendsinfo.net](http://www.friendsinfo.net)

### Case Study 3: THE PLACE2BE

The Place2Be is an independent charity providing an integrated, flexible school-based mental health service for children and young people, teaching and non-teaching school-based staff, parents and carers. The Place2Be teams are currently based in 172 primary and secondary schools across the UK and supporting 58,000 children up to the age of 13.

The aim is to give children the chance to explore their problems through talking, creative work and play, in order to help them cope with current stresses and distress and help prevent more serious mental health and behavioural problems in later life and enable them to benefit fully from their learning opportunities in school. Services include one-to-one counselling sessions and group work; The Place2Talk self-referral lunchtime drop-in sessions; assistance for teachers; training for school staff to further develop and enhance their own skills in working with children with these problems, and support for parents to help them develop their parenting skills and understand their children's behaviour.

A cost-effectiveness review found clear evidence of benefits for participating children (The Place 2 Be, 2010), and supporting evidence for the cost-effectiveness of the intervention over the children's lifetime.

[www.theplace2be.org.uk](http://www.theplace2be.org.uk)

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# Children & Young People's Mental Health Coalition

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## The Children and Young People's Mental Health Coalition core members:



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