

Student Mental Health Task Group – Motion 774 March 2017

At the meeting of full council on 29 June 2016 members agreed to support a motion relating to students and mental health. (The full text of the motion is available at Appendix A.) Cllrs Robbins (Chairman), Harris, L Williams, Millard and Harman formed the membership of the task group. The task group was supported by the Head of Commissioning Children and Families, the Lead Commissioner Children and Maternity Services, the Lead Commissioner (Public Health) (also the Chair of the Gloucestershire Suicide Prevention Partnership Forum (GSPPF), and a Senior Democratic Services Adviser.

1. INTRODUCTION

1.1 When members met to consider how best to structure the work of the task group to be able to respond to the points raised in the motion to council it was clear that this would not be straightforward. A particular focus of the motion was the concern about the perceived rise in the number of students with mental health difficulties in further education colleges; as well as the role of sixth forms, further education and higher education in supporting young people with mental health problems. However, members of council will know that all, bar one, of the secondary schools in Gloucestershire have Academy status and therefore fall outside of local authority control; in addition further and higher education settings are standalone organisations.

1.2 Members of council will know that an early intervention and prevention approach (ie. being proactive rather than reactive) is better for a person's long term health and wellbeing outcomes. The task group therefore agreed that understanding what this council, and partners already do to develop emotional resilience in children and young people at an early age and support intervention when issues first arise would be a good starting point. The more we can do to help children and young people develop the life skills and resilience needed to help them through their life, the better for them, their families, and the wider community.

2. FINDINGS

2.1 Task group members feel that it is clear that there has been a lot of work put in place over the last few years to support the mental health and wellbeing of children and young people in the county; and hope that members of council are reassured by the level of activity reported here.

2.2 The task group agreed that this work reflects the importance of early help and intervention so that emerging issues can be addressed and emotional resilience in children and young people can be developed during childhood. Hopefully in the longer term this will reap benefits in greater and stronger emotional resilience in young people to better help them cope with the vagaries of life.

2.3 The task group is by no means complacent. The report highlights that there is a lot of activity to follow up in the next council, and the workplans of both the Health and Care and Children and Families Overview and Scrutiny Committees will follow through on much of this work.

2.4 It may also be that the council may wish to commission further work in the new council.

3. RECOMMENDATIONS

3.1 Gloucestershire Future in Mind Transformation Plan (Section 5)

3.1.1 Stroud Schools Pilot – The task group recommend that given the positive outcomes that this pilot has already delivered whilst in pilot, that funding for the wider roll-out, across the county, is identified.

3.1.2 The task group recommend that the Children and Families and Health and Care Scrutiny Committees monitor the roll out of this programme across the county and whether it is achieving the expected outcomes.

3.1.3 The task group also recommend that the Children and Families and Health and Care Scrutiny Committees monitor progress against the expected outcomes of the Gloucestershire Future in Mind Transformation Plan.

3.2 Gloucestershire Sustainability and Transformation Plan (STP) (Section 7)

The task group recommend that the Children and Families and Health and Care Overview and Scrutiny Committees, over the course of the next council, closely monitor the progress of this work, and importantly whether it is making a difference in improving mental health outcomes.

3.3 National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (Section 8)

3.3.1 The task group agreed that it would be helpful to review the recommendations identified in the second phase report due in 2017 and recommend that the Gloucestershire Suicide Prevention Partnership Forum (GSPPF) be tasked with considering the recommendations from this report, and taking them forward where appropriate.

3.3.2 It is also recommended that the GSPPF inform the members of the Children and Families and Health and Care Scrutiny Committees of the actions taken in response to this report, as part of its annual report to scrutiny.

3.4 Social Care Institute for Excellence (SCIE) Call for Evidence (Section 9)

3.4.1 The task group recommends that the local commissioners and providers consider the findings from the call for evidence and identify whether there are specific practice examples that could be utilised in Gloucestershire for the benefit of our children and young people.

3.5 Parliamentary Select Committees (Section 9)

3.5.1 The task group therefore recommends that the Children and Families Overview and Scrutiny review the recommendations of the Inquiry report 'Children and Young People's Health – role of education' and the Government's response to the recommendations; and identify whether there are any learning opportunities for the council and its partners.

3.6 Association of Colleges (AoC) (Section 9)

The task group support the work of the AoC with regard to mental health support to young people; and recommend that the Gloucestershire Clinical Commissioning Group, the 2Gether NHS Foundation Trust, and Public Health look at how they can work with both further and higher education settings in Gloucestershire to benefit the mental health and wellbeing of young people.

4. NATIONAL AND LOCAL CONTEXT

4.1 It is important to note, and good to see, that mental health has moved much higher up the national agenda. The Health and Social Care Act 2012 created a legal duty for the NHS to deliver parity of esteem between physical and mental health, and the government has pledged to achieve this by 2020. The Five Year Forward View for Mental Health sets out how this is to be achieved for people of all ages, including children and young people (<https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>).

4.2 The national Mental Health Crisis Concordat was launched in February 2014 and Gloucestershire was the first area to sign up to this concordat. To support the delivery of the aims of this concordat there is a continuous action plan to enable the delivery of shared goals. This action plan includes commissioning to allow earlier intervention and responsive crisis services (this information is available at <http://www.crisiscareconcordat.org.uk/areas/gloucestershire/#declarations-content>).

4.3 Improving mental health support for children and young people in Gloucestershire has been a priority for a number of years in Gloucestershire. In 2007/08, Gloucestershire County Council (GCC) and the former Gloucestershire Primary Care Trust (PCT) jointly developed a Children and Adolescent Mental Health Service (CAMHS) Strategy, which involved reviewing need, demand, service provision, and wider evidence. This led to the identification of priority groups of children and young people and priority areas for change.

4.4 In 2009/10 this CAMHS Strategy informed a joint commissioning exercise between GCC and the PCT to re-commission the service. The rationale for this and the subsequent new service model were outlined in a report to the Gloucestershire Children's Partnership in September 2009. Key features of the redesigned service included: -

- **Improved access:** An outward looking more responsive and flexible service with increased capacity at level 2 of need (primary mental health workers) and reduced waiting times.
- **Increased prevention and early intervention** through an expanded service to meet more developing needs and providing early and appropriate response according to need, with an emphasis on up-skilling and working jointly with the

universal workforce, and joint provision of services with the voluntary and community sector.

4.5 In 2014 the government established the Children and Adolescent Mental Health Services (CAMHS) Taskforce. In 2015 the report of the work of this task group was published 'Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing'. This report required all areas to develop a 5 year transformation plan to improve mental health outcomes for children and young people. Gloucestershire's Future in Mind Transformation Plan (led by Gloucestershire Clinical Commissioning Group (GCCG)) was launched in October 2015. This takes a whole system approach, from prevention and early intervention, to services for those most in need, and was developed with a wide range of partner organisations, including Gloucestershire County Council (GCC) and Headteacher Associations, and informed by the views of young people. NHS England require all areas to update their plan on an annual basis, and the 2016 update was received at the Gloucestershire Health and Wellbeing Board in January 2017 (available on the council website). Further detail about the plan is outlined in Section 3 below.

4.6 The development of 'Gloucestershire's Future in Mind' 5 year transformation plan was informed by a needs assessment undertaken by GCC public health in 2015 (the full needs assessment is available here <https://inform.gloucestershire.gov.uk/viewpage.aspx?c=page&page=ChildrenandYoungPeople>).

4.7 The development and design of services for children and young people in Gloucestershire benefit from the information coming through the Gloucestershire Online Pupil Survey (OPS). The OPS has been in place since 2006, and is completed by pupils every two years. The survey is completed across all school settings including alternative provision and special schools. Although the survey does not track the same individual pupils through time, the results do show biennial snapshots of health and wellbeing outcomes reported by pupils on five occasions over the last ten years. This helps us to understand how attitudes and experiences may have changed or stayed the same in these age groups over that time period. The OPS also helps to identify where it may be helpful to undertake targeted work with schools and is used, for example, by Gloucestershire Healthy Living & Learning (GHLL) to help schools plan interventions that will best meet the needs of their school population. (More information on the OPS is available here <https://www.ghll.org.uk/online-pupil-survey/>.)

4.8 Having access to the local intelligence in the OPS is especially beneficial as the national prevalence data is dated; there has not been a national survey of the mental health of children and young people since 2004. The Office of National Statistics (ONS) did consult on the content of the next survey during 2016, but no updated survey of children and young people has, as yet, taken place. When national survey results are published, an update to the 2015 needs assessment would be beneficial.

4.9 The 2016 OPS shows that the number of young people who report feelings of anxiety are higher in the older age groups, with pupils in Year 10 (GCSEs) and Year 12 (A levels) and more girls reporting stress/anxiety.

4.10 Ofsted inspections can also help in identifying if a school is able to support young people with mental health issues. The current Ofsted inspection regime refers to Inspectors evaluating the experience of particular individuals or groups, and this includes 'those with mental health needs'; and that 'Inspectors must look at a small sample of case studies about the experience of these pupils'.

5. GLOUCESTERSHIRE'S FUTURE IN MIND TRANSFORMATION PLAN

The task group received information on the Gloucestershire Future in Mind Transformation Plan. Task group members agreed that the plan was effectively driving forward early support to children and young people. There is a broad range of work in the plan and the task group recommend this plan to all members of council (available at www.gloucestershireccg.nhs.uk). Within the context of the motion to council the task group would like to draw particular attention to the Stroud Schools Pilot, the TiC+ support, the 'On Your Mind' website resource, and the Mental Health Champions Award developed for schools. Further detail on these areas of work is given in the following paragraphs.

5.1 Stroud Schools Pilot

5.1.1 The Stroud Schools Pilot came through a joint initiative from the Department of Education and NHS England (Child and Adolescent Mental Health Service and Schools Link Pilot Scheme) to improve joint working between school settings and local CAMHS. The GCCG submitted a successful bid and was awarded £50k non recurring funding and matched this with another £50k.

5.1.2 The task group heard that schools very much wanted to be part of the pilot. Over 50 schools expressed an interest in taking part with a limit of 10 being placed by NHS England for the purposes of the pilot. We were able to include 14 schools in the Stroud area across all settings, including alternative provision and academies. The pilot was evaluated in December 2016. The task group agreed that the evaluation report demonstrated that the pilot has worked well against the expected outcomes. There is also a high level of enthusiasm in the stakeholder groups; and Cllr L Williams has also received direct positive feedback from a parent with regard to the pilot.

5.1.3 The task group was informed that the main findings of the evaluation were that:-

- The pilot has supported a cultural shift within school settings to better value emotional health and wellbeing. It is felt by commissioners, that this shift is sustainable.
- The relationship between the education settings and the mental health provider is much stronger and the communication channels clearer. These schools now know where to go to for help and how to access it and have a greater understanding of mental health issues. Schools feel better equipped to support pupils with the support of the mental health workers.
- The mental health worker for the school is able to work in a more flexible way ensuring that children and young people are able to access support when issues arise and across a variety of settings rather than a clinic base Mental health workers have a better understanding of the challenges facing schools.

- A move towards a preventative model where young people are taught resilience and coping skills for life at primary school and in years 7/8 and perhaps offered low-level group support where appropriate, in order to help prevent problems that often surface around the middle of secondary education.

5.1.4 It was observed that there is something of a dichotomy here in that schools want to help students develop their emotional resilience, whilst at the same time there is a perception that they are putting pressure on the student to succeed.

5.1.5 The objective now is to roll out this model in a phased approach across the county on a locality basis. Funding is a critical factor and the task group recommend that given the positive outcomes that this approach has already delivered whilst in pilot, that funding for the wider roll-out is identified. There is enthusiasm from other schools to sign up to this approach and it may be that some are willing and able to top up the funding.

5.1.6 The task group is aware that the Children and Families and Health and Care Overview and Scrutiny Committees have indicated that they are considering undertaking some joint work on mental health support to children and young people in the next council. The task group recommend that these committees monitor the roll out of this programme across the county and whether it is achieving the expected outcomes.

5.1.7 The task group also recommend that the Children and Families and Health and Care Scrutiny Committees monitor progress against the expected outcomes of the Gloucestershire Future in Mind Transformation Plan.

5.2 Early Intervention support through grant funding with TiC+ (Teens in Crisis)

5.2.1 The Future in Mind needs assessment showed a rise in demand for mental health services. This was coupled with the overwhelming message from stakeholders that there was a need for more interventions to meet the needs of those children and young people that did not meet the threshold for specialist mental health services; so more capacity for earlier intervention. Also, innovative approaches to providing low level support, were identified as gaps in the current provision. The GCCG asked for bids to support face to face counselling across all six districts of the county through grant funding. TiC+ were awarded the grant funding. Along with the face to face support TiC+ have also been commissioned to develop and provide online counselling. (More information on Teens in Crisis is available here <http://www.ticplus.org.uk/>.)

5.2.2 The face to face counselling provided has been evaluated positively. This shows that the most common reasons for young people accessing the service related to anxiety/worry/stress. Young people waited on average 3.5 weeks for a session, and 70% of young people showed an improvement in their wellbeing after accessing this support. As a result of the evaluation the grant funding to support this counselling has been extended for a further two years. The online counselling service will be evaluated in the spring but the early feedback from young people is positive.

5.3 'On Your Mind' Website

5.3.1 Having easy access to information that can advise and guide young people to understand their feelings and where they can get help is important. To help children and

young people navigate their way along this complex path, the GCCG created the On Your Mind website (<https://www.onyourmindglos.nhs.uk/>). This website is designed by young people for young people (including the illustrations) and helps them to explore their feelings, why they might be experiencing these feelings, and how and where to get help. There is also an accompanying video that discusses the options available and how to access the website. This is available here <https://www.youtube.com/watch?v=PBhx2JceJJI>.)

5.3.2 Within this context it is good to note that NHS Choices (the official website of the National Health Service in England) in recognition of the level of concern about young people's mental health has now added a specific section 'Youth Mental Health' to its website. This is available at this link <http://www.nhs.uk/livewell/youth-mental-health/pages/Youth-mental-health-help.aspx>.

5.4 Mental Health Champions Award

5.4.1 A Mental Health Champions Award has been developed through Gloucestershire Healthy Living & Learning (GHLL), which is commissioned by GCC Public Health to provide learning resources to support school staff to improve pupils' health and wellbeing. The Mental Health Champions Award will be awarded to schools that recognise that the way they operate and approach wellbeing has a huge impact on the emotional health of pupils and staff (and on subsequent attainment) and that have in place interventions to support pupils' emotional resilience and wellbeing. The Award was launched at the 2016 GHLL conference and, during 2017, support to achieve the award will be developed to include:

- Good practice examples about whole school approaches to wellbeing and how they can be implemented.
- An attachment-based approach to support more vulnerable children and young people.

6. GLOUCESTERSHIRE HEALTHY LIVING AND LEARNING (GHLL)

6.1 It is important not to overlook the Gloucestershire Healthy Learning and Living (GHLL) programme (<https://www.ghll.org.uk/>). This is an umbrella service for Gloucestershire Healthy Schools and Gloucestershire Healthy FE (Further Education). GHLL was launched in July 2012 for schools and colleges across Gloucestershire, supported by Leading Teachers. It is commissioned by GCC Public Health and has an emphasis on mental wellbeing as an underpinning factor of good health and wellbeing. Schools and colleges are offered this supported intervention at no cost. This includes Mental Health First Aid training for all teachers and school staff.

7. GLOUCESTERSHIRE SUSTAINABILITY AND TRANSFORMATION PLAN (STP)

7.1 The Sustainability and Transformation Plan (STP) for Gloucestershire (One Gloucestershire) was published on 11 November 2016. (<http://www.gloucestershireccg.nhs.uk/gloucestershire-stp/>). It is good to note the news item published on the One Gloucestershire website on 9 January 2017 which states that 'the mental health of Gloucestershire's communities is being made a priority by local health and community partners'; and that 'investing in mental health services and support is a key

theme through Gloucestershire's STP from ill health prevention through to joined up, timely crisis care'. This news item highlights the initiatives that are driving this work forward and includes 'improved support for children and young people, so that mental health issues can be addressed and treated at a young age'.

7.2 The task group welcomes this clear message from the council, the NHS and partners that mental health is a priority and that the importance of early intervention is recognised. Task group members recommend that the Children and Families and Health and Care Overview and Scrutiny Committees, over the course of the next council, closely monitor the progress of this work, and importantly whether it is making a difference in improving mental health outcomes.

8. GLOUCESTERSHIRE SUICIDE PREVENTION PARTNERSHIP FORUM (GSPPF)

8.1 The task group heard from the Chair of the Gloucestershire Suicide Prevention Partnership Forum (GSPPF). This is a multi-agency partnership, which oversees the delivery of the county Suicide Prevention Strategy (www.gloucestershire.gov.uk/suicide-prevention), reporting to the Gloucestershire Mental Health & Wellbeing Partnership Board. It leads and coordinates activity to prevent suicide in people of all ages, including children and young people, with the Gloucestershire Suicide Prevention Strategy identifying young people as a key target group for preventative activity, linking to the progress achieved through the Future in Mind plan.

8.2 Due to relatively low numbers of deaths by suicide amongst young people in the county, it can be difficult to understand local trends or identify appropriate preventative action. To overcome this, the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness is investigating suicide by children and young people in England. This work is being undertaken in two phases. The first phase focused on people aged 10 to 19 years who died by suicide (includes open verdicts) in England, and the report was published in May 2016. The second phase will extend this work up to the age of 24, and include data across all UK countries. This report will be published in 2017, and will include recommendations for services. The first report states that 'agencies that work with young people, especially in health, social care and education, as well as families and young people themselves, can contribute to suicide prevention by recognising the pattern of cumulative risk and 'final straw' stresses e.g. relationship problems or exams, that leads to suicide'(p16).

8.3 The task group agreed that it would be helpful to review the recommendations identified in the second phase report due in 2017 and recommend that the GSPPF be tasked with considering the recommendations from this report, and taking them forward where appropriate. It is also recommended that the GSPPF inform the members of the Children and Families and Health and Care Scrutiny Committees of the actions taken in response to this report, as part of its annual report to scrutiny.

9. NATIONAL DEVELOPMENTS IN PROGRESS

9.1 Social Care Institute for Excellence (SCIE)

9.1.1 The task group was informed that the Social Care Institute for Excellence (SCIE) had issued a call for evidence related to improving mental health support for young people in care. SCIE is looking for examples of effective practice relating to models of care and care pathways, supported by evaluation data and/or experts by experience feedback. The submissions will be considered by SCIE's Expert Working Group and the initial findings will be published later this year. The task group recommends that the local commissioners and providers consider these findings and identify whether there are specific practice examples that could be utilised in Gloucestershire for the benefit of our children and young people.

9.2 Parliamentary Select Committees

9.2.1 The Education and Health Select Committees are undertaking a Joint Inquiry: Children and young people's mental health - role of education. The Inquiry will have a specific focus on the role of educational settings in prevention and early intervention. The Committees will be examining:

- Promoting emotional wellbeing, building resilience, and establishing and protecting good mental health
- Support for young people with mental health problems
- Building skills for professionals
- Social media and the internet

9.2.2 Task group members agreed that this Inquiry is timely, and reflects the concerns raised in the motion to council. The task group therefore recommends that, in the first instance, the Children and Families Overview and Scrutiny review the recommendations of the Inquiry report and the Government's response to the recommendations; and identify whether there are any learning opportunities for the council and its partners.

9.3 Association of Colleges (AoC)

9.3.1 The motion to council referred to a survey by the AoC. Another survey was undertaken by the AoC in November 2016 about students with mental health conditions in further education (105 colleges responded out of 324 in England). As before this raises concerns about the ability of colleges to support young people with disclosed (and undisclosed) mental health issues.

9.3.2 This survey does also indicate that there are excellent examples of partnership working between mental health services and colleges. The AoC has designated 2017 as a year of mental health and will be progressing these issues with colleges, mental health service providers, and the government (www.aoc.co.uk/news).

9.3.3 The task group support this work by the AoC; and recommend that the Gloucestershire Clinical Commissioning Group, the 2Gether NHS Foundation Trust, and Public Health look at how they can work with both further and higher education settings in Gloucestershire to benefit the mental health and wellbeing of young people.

Annex A

Motion 774 – Students and mental health

This Council notes the findings from the survey carried out by the Association of Colleges (AoC) in response to concerns about the increasing number of students with mental health difficulties in further education colleges.

This Council is concerned that there has been an increase in mental health problems amongst students in the county's 26 school sixth forms, four further education colleges and two universities.

This Council commends the range of support that is already being provided by the Council to sixth forms, colleges and universities, but wants to explicitly identify what joined-up approaches are being taken in the county to tackle and monitor the perceived increase in mental health problems amongst specifically students in Gloucestershire.

This Council therefore resolves to create a cross-party student mental health task group that will invite evidence from school sixth forms, further education colleges, local universities, the Gloucestershire Suicide Prevention Partnership Forum (GSPPF) and providers of mental health services in order for a comprehensive report with recommendations to be presented back at full Council in February 2017.