

Can mental health support teams help with the surge in demand for services within UK schools?

Published 23 May 2019

This year will see the introduction of new mental health support teams tasked with supporting the wellbeing of children and young people.

The scheme stems from the proposals outlined in the Green Paper: *Transforming Children and Young People's Mental Health Provision*, published last March (2018), which follows a promise by Prime Minister Theresa May to radically improve mental health services.

Broadly speaking, the scheme, which focuses on early mental health intervention in schools, is seen as a positive move, coming against a backdrop of rising demand and staff shortages.

The Department for Health and Social Care reported that in 2017 one in nine young people aged 5 to 15 had a mental health condition. And in a recent survey, the Association of Child Psychotherapists (ACP) described a major recruitment and retention crisis with regard to frontline staff in child and adolescent mental health services (CAMHS).

Meanwhile, the Royal College of Psychiatrists reported that in 2017 (the most recent date for which there is data), child and adolescent psychiatrist specialist training programmes had a fill rate of just 52%. Over a five-year period (between May 2013 and May 2017) the number of CAMHS psychiatrists at all grades fell 6.6%, with some areas struggling to recruit any child and adolescent psychiatrists at all.

ACCESSING SUPPORT

At the same time, the threshold for access to services has increased - meaning that in order to receive specialist mental health support, a child needs to be acutely unwell.

It therefore comes as no surprise to learn that in a survey of teachers, carried out by mental health charity stem4, over a third feared a pupil would come to harm while awaiting mental health treatment.

"The amount of distress and self-harm amongst teenagers has exponentially increased over the last 10-15 years," says psychiatrist, **Dr Andrew Molodynski, National Mental Health Lead at the British Medical Association**, *"and the current existing structures and services cannot and do not meet demand."*

Yet despite the increase, Dr Molodynski notes that the majority of struggling teenagers are unhappy rather than ill per se. *"They often have persistent low self-esteem and low mood, and are markedly unhappy,"* he says.

Given the above, it's little wonder that the focus on early intervention in schools is seen as a good start.

Yet, the devil is in the detail, and for most mental health stakeholders, the 'detail', so far, has not been very readily available.

Gill Weatherill, Partner and mental health expert at DAC Beachcroft, explains: *"The key issue will be how the money is allocated and where the lines are drawn around it. In-school support will be widely welcomed, but the issue will be whether the specialist CAMHS service that sits behind it also gets the resource and priority focus that it needs, to ensure we can properly risk assess and support all children."*

Under the new scheme, each mental health team will support 8,000 children, with responsibility for a cluster of around 20 schools and colleges.

In January 2019, seven universities launched mental health practitioner courses. Once graduated, these new practitioners will form the first cohort of mental health support staff, with the teams operational by December.

The scheme is underpinned with new funding - some £300 million to help implement the proposals. In addition, schools are encouraged to appoint designated leads for mental health from within their own staff.

These new mental health support teams are being piloted through 'trailblazer areas' to test the work, and a four-week waiting time to access specialist services is also being tested.

RAISING CONCERNS

So far this all sounds positive, yet there is limited detail on how the trailblazer schemes will be assessed, where liability will lie in the event of failures or incidents, and what the knock-on effect of these new teams will be on existing mental health services.

Some experts fear that the scheme lacks workability and that whilst appearing to plug the gap in child and adolescent mental health services, in practice it will be too flimsy to meet real need.

Gill Weatherill says there is concern that the new scheme might divert support away from traditional mental health services run by psychologists, mental health nurses and psychiatrists, to less skilled and experienced teams.

Dr Molodynski also points to the fact that the new mental health practitioners (currently in training), who will be on band 5 of Agenda for Change, will be relatively young and inexperienced, yet tasked with sifting out which children can be supported in school and which need more specialist help.

“My fear is that they won’t have the skillset, experience or the gravitas to do this. Over-send people and you swamp specialist mental health services so the system grinds to a halt. On the other hand, get it wrong and in the worst-case scenario you have a tragedy.”

However, with 10% staff vacancies in all the big staff groups - doctors, nurses and therapists - it is acknowledged that the new scheme will at least meet some of the need.

“Our biggest challenge is either to get more people through the formal training systems, which takes a long time, or to try to find an alternative way to get people to the frontline - which is what this is all about,” says Dr Molodynski.

EXPAND AND QUICKLY

Certainly, time is of the essence. **Matt Blow, Policy Manager at mental health charity YoungMinds**, urges the Government to roll out the system nationwide as soon as possible - currently the trailblazers only cover between 20-25% of the country.

While **Tamsin Ford, Professor of Child and Adolescent Psychiatry at the University of Exeter**, has expressed disappointment at both the ‘speed and scale’ of the roll-out.

“Building better working relationships and improved collaborative work between schools and CAMHS is good. There will be some improved access, but I fear it will be too small and perhaps swallowed by increasing prevalence of mental health conditions,” she says.

However, generally, the scheme is still welcomed, albeit cautiously so.

“It’s more money and more resource and we should all welcome that,” says Gill Weatherill. *“But there will have to be very clear parameters around the limits, responsibility, and expectations of these new teams. Ultimately, it all comes back to resources.”*

A spokesperson for **NHS England**, said: *“Widening access by 70,000 more children and young people each year is just the start.”*

“By 2023/24 an extra 345,000 will get help every year, backed by annual funding increases, which will outpace the overall growth in health spending over the next five years.”

To discuss the issues raised in this article, please contact [Gill Weatherill](#).

Authors



Gill Weatherill

Newcastle

+44 (0)191 404 4045

gweatherill@dacbeachcroft.com