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Description generated with very high confidence

In response to today’s announcement that 100,000 teenagers will receive mental health training to help them cope with exam pressure and build up their self-esteem, **Localis chief executive, Liam Booth-Smith**, said: “There needs to be a better focus on addressing the challenges that young people face in their mental wellbeing or, as we prefer, mental fitness.

“And schools should naturally play a greater role in tackling young people’s mental health because they are cost-effective and close to a young person’s everyday life.

“Localis analysis shows 75% of local mental health plans mention school-based approaches – 40% of those plans refer specifically to school-based counselling.

“However, when you get into the detail, a mere 3% actually plan to commission school-based services. An effective mental health system for young people is hard to envisage without widescale school-based services

“Moving ahead, the Government should implement the [Carter review’s](http://www.nhsemployers.org/news/2016/02/carter-report) recommendation that teacher training include a mandatory module on mental health. It should also be bold and take a percentage of the pupil premium and mandate that it is used for the provision of mental health support in schools.”

**ENDS**

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**Notes to editors**

‘A healthy state of mind – improving young people’s mental fitness’ was published by Localis on 21 June 2017**.** <http://www.localis.org.uk/research/a-healthy-state-of-mind-improving-young-peoples-mental-fitness/>

The report identified key barriers to enabling young people to improve their mental health and to giving young people greater independence to take responsibility for enhancing their mental wellbeing and resilience.

These were: -

* The first point of contact for young people is often very poor, setting both negative expectations of the quality of support they will receive and their own understanding of the severity of their condition. **(An estimated 60% of GP referrals are inappropriately referred to CAMHS[[1]](#footnote-1) and between 21% and 29%[[2]](#footnote-2) of children and young people referred to CAMHS overall are inappropriately referred.)**
* A one size fits all approach means many young people do not wish to access services that still carry a socially unflattering stigma. **(22% of appointments in CAMHS were not completed in 2014/15, either through cancellation or not being attended by the child or young person.[[3]](#footnote-3))**
* Despite school-based interventions being one of the most cost effective and proximate to a young person’s everyday life hardly any Local Transformation Plans are set to commission school-based services. **(Whilst 75% of local transformation plans mention school-based approaches to mental health, only 40% refer to school-based counselling and only 3% plan to commission these services.[[4]](#footnote-4))**
* Even vulnerable children in the care system cannot be sure of an appropriate level of service. Despite it being a statutory duty, many local authorities are not ensuring the completion of the important Strength and Difficulties Questionnaire designed to assess a young person’s risk of poor mental health **(62 councils are currently below the national average completion rate of 75%.[[5]](#footnote-5))**
* 58% of CCG areas are not on course to hit their target of treating 35% of young people who are clinically diagnosed with a mental health condition. **(Based on our projections 117 out of 203 CCG areas will not meet the government’s target.)**

**Report recommendations**

To create a radical shift in mental health services and policy towards mental fitness that encourages greater independence for young people, the report made six recommendations:

**Recommendation 1:** Following on from recommendations from both the Health Select Committee and the Carter Review, the Department for Education should ensure that a mandatory module on mental health is included in initial teacher training.

**Recommendation 2:** Following from the Prime Minister’s announcement that every secondary school in England will be provided with free mental health training, government should provide guidance on how it plans to roll this out in order to provide clarity for school leaders.

**Recommendation 3:** Schools forums in every local area should be provided with the powers to select a lead mental health co-ordinator to encourage a local strategy for school-based mental health services. This co-ordinator should:

* sit on Health and Wellbeing Boards to ensure school-based mental health services are considered in the production of Joint Strategic Needs Assessments
* work with CCGs to ensure that any revised local transformation plans include provision for school-based mental health services

**Recommendation 4:** Through the passing of the Children and Social Work Act 2017, government should use the requirement for governmental approval on any professional training standards that Social Work England establishes to ensure that mental health is incorporated in social work training.

**Recommendation 5:** Government should support the provision of school-based support services. This can be achieved by:

**5.1** Providing local authorities with the statutory duty to provide school-based support services for all young people between 11 and 18. This services should be funded through allowing councils to centrally retain up to 6.5% of pupil premium allocations for this purpose.

**5.2** Government should revise current academy funding agreements to make it compulsory for academies to provide school-based support services. Academies may opt into taking advantage of the economies of scale offered by the local authority or may wish to independently commission their own services.

**Recommendation 6:** NHS England should accelerate their investment into 3,000 practice-based mental health therapists, to provide GPs with support and extra confidence in helping young people with mental health needs directly within the GP clinic.

1. [Pulse (2016) – two-thirds of GP referrals for child mental health lead to no treatment](http://www.pulsetoday.co.uk/clinical/mental-health/two-thirds-of-gp-referrals-for-child-mental-health-lead-to-no-treatment/20032203.article) [↑](#footnote-ref-1)
2. [CAMHS Benchmarking Report November 2015](http://www.yhscn.nhs.uk/media/PDFs/children/Docs%20and%20Links/NHS-Benchmarking-CAMHS-Report.pdf); [CentreForum (2016) – Children and Young People’s Mental Health: State of the Nation](http://centreforum.org/publications/children-young-peoples-mental-health-state-nation/); [Children’s Commissioner – Lightning Review: Access to Child and Adolescent Mental Health Services, May 2016](https://www.childrenscommissioner.gov.uk/sites/default/files/publications/Children's%20Commissioner's%20Mental%20Health%20Lightning%20Review.pdf) [↑](#footnote-ref-2)
3. [CAMHS Benchmarking Report November 2015](http://www.yhscn.nhs.uk/media/PDFs/children/Docs%20and%20Links/NHS-Benchmarking-CAMHS-Report.pdf) [↑](#footnote-ref-3)
4. [NHS England (2016) – Children and young people’s mental health Local Transformation Plans – a summary of key themes](https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/08/cyp-mh-ltp.pdf) [↑](#footnote-ref-4)
5. Table LAI4, Children looked after in England including adoption: 2015 to 2016, ONS [↑](#footnote-ref-5)