

# WEST MIDLANDS MENTAL HEALTH COMMISSION INTERIM TOPIC REPORT:



**Topic 1: The pandemic's impact on the mental health and wellbeing of children and young people in the education system, particularly those with Special Educational Needs and Disabilities (SEND) and those transitioning to different parts of the education system**

## **The purpose of this document**

This document sets out the initial findings and emerging recommendations from the first topic that the West Midlands Mental Health Commission explored in May 2022 to share with interested parties to get initial feedback. The feedback will then be collated and used to inform the final findings and recommendations of the Commission. Some key considerations are:

- a) **Findings** – do they cover the key issues? Is there any further, substantive evidence or information available to further develop them, particularly in respect of the local issues?
- b) **Recommendations** – do they cover the key issues? What are the highest priority ones? How might the recommendations be delivered and involving whom?

## **What is the West Midlands Mental Health Commission?**

There is a strong consensus<sup>[1]</sup> that the pandemic has undermined mental health in the West Midlands, and that this has been experienced unequally, with some groups experiencing bigger (negative) impacts than others. The people more likely to experience negative impacts included people living in areas of higher deprivation, people on lower or more precarious incomes, people from racialised communities (i.e. those from Black, Asian and other ethnic minority communities), people living with pre-existing mental or physical health problems, people with caring responsibilities, especially women, and children and young people.

As such, a new West Midlands Mental Health Commission has been convened to support the pursuit of a mentally healthier region by:

1. Supporting a clear regional understanding of the differential mental health and wellbeing impacts of the COVID-19 pandemic on local people – at home, in education, at work and at play.
2. Understanding the response to the pandemic, particularly recognising and celebrating local innovation and good practice in supporting mental health & wellbeing.
3. Co-developing priority actions for the WMCA and partners to make further contributions towards a mentally healthier region, and to reduce inequalities in mental health.

It is fulfilling its role by exploring 6 priority topic areas which its members have chosen. For more information on the West Midlands Mental Health Commission: <https://beta.wmca.org.uk/what-we-do/wellbeing/west-midlands-mental-health-commission/>



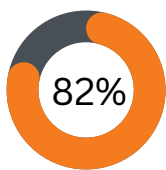
## **Summary Findings of the West Midlands Mental Health Commission**

The potential of schools, colleges and universities to influence children's and young people's wellbeing for better or worse is widely recognised. At their worst, they can add to young people's feelings of being unsafe, anxious and stressed. At their best, they can play a positive role, protecting and promoting mental health and wellbeing. Some findings in respect of the pandemic's impact are highlighted below.

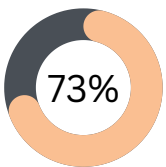
1. The longest lasting mental health impacts are likely to be<sup>[2]</sup> as a result of unprecedented pandemic disruption, especially linked to periods of school closure, potentially unsettling children's emotional, cognitive and social development.

2. Whilst most children's mental health improved after restrictions were reduced, some have experienced longer-term difficulties and the national picture of greater demand for children and young people's mental health services has been reflected in the region. The biggest reductions in wellbeing have been noted among children and young people with SEND[3]. Greater impacts were also noted overall among girls and among children from the most disadvantaged backgrounds.

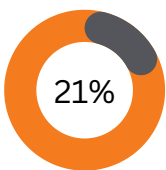
3. A regional survey of West Midlands parents / carers with at least 1 child / young person in their household under the age of 25 yielded 160 responses and highlighted the following:



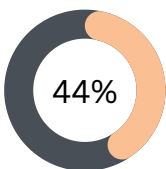
82% said the pandemic had had a negative impact on the mental wellbeing of the children / young people in their household.



73% included 'being away from school, college, university or workplace' among the factors that the children / young people in their household found most challenging.



21% included 'support provided by school, college, university or workplace' among the factors that the children / young people in their household found most supportive.



44% included 'better support for my children e.g. SEND' among the factors that would improve their mental wellbeing.

4. One in eight 5-19 year olds experience at least one mental health condition. It is estimated that around three quarters of diagnosable mental health conditions emerge by the age of 24[4]. Yet despite this, young people with mental health difficulties on average go ten years between first becoming unwell and getting any help.

5. Risk factors for children and young people experiencing mental health difficulties are varied and often linked to inequalities including living with a carer with poor mental health, low household income, living in poor quality housing, being disabled and being LGBTQ+ [5].

6. Over a third of 5-19 year olds with a mental health problem (35.6%) are also recognised as having special educational needs[6].

7. Children and young people with learning disabilities are more than four times more likely to develop a mental health problem than those without. This means that 14% of all children and young people with mental health difficulties in the UK will also have a learning disability. Evidence indicates[7] that these children and young people face unique inequalities when it comes to their mental health and wellbeing. Sometimes this is because problems are mis-attributed to their learning disabilities or educational need, resulting in the underlying mental health problem(s) going unrecognised. Other times, this is because mental health interventions fail to take the needs of children and young people with special educational needs and disabilities into account.

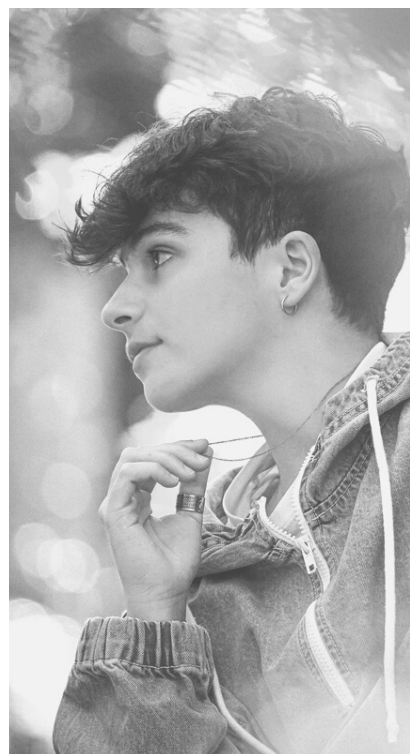
8. School exclusions have increased significantly nationally and in the region. They are much more common among children with a mental health difficulty (6.8%) than those without (0.5%) and there is a two-way relationship between psychological distress and school exclusion: young people who have poor mental health are more likely to be excluded, and exclusion is associated with worsening mental health. Young people with a diagnosis of Conduct Disorder or ADHD are more likely to be excluded than young people with other types of mental health difficulty. The rate of both fixed-term and permanent exclusion is highest among Black Caribbean and Gypsy / Roma and Traveller pupils. 78% of permanent exclusions issued during secondary school were to pupils who either had special educational needs, were classified as in need or were eligible for free school meals. 11% of permanent exclusions were to pupils who had all three characteristics[8].

9. Research has demonstrated that, for many children and young people, transitions in educational settings, which approximately coincide with developmental transitions, are points of vulnerability for their mental health and wellbeing. They bring challenges, for all children and young people but especially those with SEND, as they must navigate new environments, new relationships and new expectations about their work and behaviour.



10. The evidence base for what works in maintaining good mental health and wellbeing in relation to transitions, SEND and exclusions is limited. However, the recognised hallmark of good support for mental health and wellbeing in educational settings is a whole school approach (or a whole college or whole university approach). This is one in which students, all school staff (not only wellbeing staff) parents, carers and the wider community work together such as in the developing Birmingham Education Partnership NewStart project comprising secondary schools and primary schools in East Birmingham[9]. Mental health and wellbeing is not only explicitly addressed by dedicated services (e.g. student counselling) and lessons (e.g. in the personal, social, health and economic (RSHE) syllabus), but is integral to the whole ethos and environment of the educational setting. This includes trauma-informed responses to challenging behaviours which can help to minimise exclusions. A whole school approach also seeks to identify and address challenges and concerns as they emerge, rather than following a set checklist, responding to the changing needs of the setting and of individual students.

11. Integrated Care Systems offer an opportunity to create better, more collaborative approaches to planning, commissioning and delivering services for children and young people's mental health through improved co-ordination and join-up between local authorities, NHS and other partners.



## Emerging Recommendations

1. Include Mental Health within all school curricula as a staple and protected part of the education system at all ages, with appropriate resourcing and staff training to implement this;
2. Make counselling available to all children in all schools and make counselling and other therapeutic support available for mild-moderate mental health difficulties in other appropriate settings;
3. Make access to the Education, Health and Care Plan (EHCP) process for SEND children easier as the gateway to resources for support. Take steps to create a fairer EHCP system overall to enable all SEND children to receive the support required;
4. Agree with schools and local authorities in the region a target for zero exclusions, with partnership support to meet that target, drawing on learning from other areas (e.g. the London Borough of Southwark's 100% inclusion commitment).
5. Support and enable a priority focus by local Integrated Care Systems on prevention and early intervention in respect of mental health difficulties for children and young people.
6. Capture, evaluate and publicise existing good practice in these areas through regional research collaborations and Communities of Practice;
7. Address loneliness and isolation issues affecting children and young people by developing further mental health and wellbeing social prescribing opportunities;
8. Develop and implement a regional process to monitor the annual progress in delivery mental health and wellbeing improvement actions indicated by the Commission.



## Appendix - Dan's Story

Having autism can affect your self-esteem...This can make it difficult to fit or make friends. Throughout my childhood I have struggled to fit in and strived to be “normal”. Of course, this has had a detrimental effect on my mental health, as I was not accepting myself and putting unobtainable expectations on myself (there is no such thing as normal, after all!).

This is particularly highlighted in the transitional periods of my education. When I went to my first specialist school (year 5), I felt secluded as I was taken away from a mainstream school (due to lack of proper support). At the time it was as though I was being punished, taken away from the ‘normal’ kids and put with the “special” or “different” kids.

When I went to my secondary school, which was also specialist, that feeling continued. During my GCSE’s, I had to argue against my head of years and teachers to get onto the courses, as there was little faith in my ability to complete them or get a sufficient grade. This, of course, affected my self-esteem. My perception at the time was that I had to do a range of GCSE’s and had to get onto an A-level course, as I believed that was what all ‘normal’ people did. Again, this made me feel different, isolated and “lesser”.

I did manage to achieve the 5 GCSE’s to get onto A-level courses, where I went to a mainstream college. This was my first time in a mainstream classroom, where a large majority of my peers were neurotypical. I had extreme levels of stress at this stage, as I felt that I didn’t fit in. I would over analyse the differences in behaviour, attitudes, clothes, hairstyles, and progress on the course. That anxiety was ever-present in my first year, causing me poor anxiety and depressive episodes.

The experience with college was similar to university, though with the added stress of moving!

Overall, in my experience the key stresses for those with SEN at periods of transition are as follows:

- Fitting in, in a new environment
- Socialising and social skills
- Educational development and feeling on a similar level to mainstream kids
- Inclusion – feeling left out
- Vulnerability – being singled out, such as people being aware of your disability or avoiding you

All these key stresses revolve around fitting in and being included. I spent most my life trying to be “normal” and it caused me incredible stress, anxiety, and depressive episodes. These were all highlighted at times of transition as I was given little support when exposed to new environments.

I can't say with confidence what should be done to help with this. I know that support should be given when transitioning. I always found my tutors at college helpful, as they discreetly offered help and support, having conversations with me and ensuring I was settling in fine.

Beyond this, large scale change to the education system is most desirable. I was, in some sense, isolated when I went to SEN specialist schools. Having integrated schools, with SEN classrooms inside mainstream schools is an idea I think is preferable. One way which it could operate, is where classes are accessible to students with SEN in subjects that they need them. For example, mainstream classes in subjects they are stronger in, SEN classes where they need extra support. This would integrate the students together and reduced feelings of 'otherness' and isolation.

I was lucky to receive support from tutors, mentors and my family. Many, however, do not have these support networks in place.

I understand this isn't a comprehensive letter, nor does it solve any issues. I don't want for it to feel like a sob letter either. I instead hope it provides a basic insight into the stresses and experiences that those with SEN face when transitioning at different points of education.



## References

- [1] Centre for Mental Health (2022) West Midlands Mental Health Commission evidence pack on education settings
- [2] Solihull MBC (2022) Director of Public Health Annual Report 2021: Counting the cost of COVID available from <https://eservices.solihull.gov.uk/mginternet/ieDecisionDetails.aspx?ID=5475> [accessed 15th August 2022]
- [3] Centre for Mental Health (2022) West Midlands Mental Health Commission evidence pack on education settings
- [4] Centre for Mental Health (2022) West Midlands Mental Health Commission evidence pack on education settings
- [5] Centre for Mental Health (2022) West Midlands Mental Health Commission evidence pack on education settings
- [6] Centre for Mental Health (2022) West Midlands Mental Health Commission evidence pack on education settings
- [7] Centre for Mental Health (2022) West Midlands Mental Health Commission evidence pack on education settings
- [8] Centre for Mental Health (2022) West Midlands Mental Health Commission evidence pack on education settings
- [9] BEP (2022) Mental Health and NewStart see <https://bep.education/mental-health-and-newstart/> [accessed 16th August 2022]





**West Midlands  
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