



## Place2Be response

**Q1: The condition groups we are focusing on are often driven by preventable risk factors, with nearly half (42%) of ill health and early death being due to them. This includes tobacco, alcohol, physical activity, and diet-related risk factors.**

**Action on preventable risk factors is also central to our work on tackling health disparities, since people living in more deprived areas are more likely to partake in these behaviours.**

### **How can we support people to tackle these risk factors?**

Widespread studies show a correlation between poor mental health and poor physical health. When children experience mental health difficulties, it can negatively impact their cognitive development and learning as well as their physical and social health. Half of mental health problems develop by age 14, and mental ill health in childhood is linked to an increase in the likelihood of depression in adulthood. Other outcomes or risk factors - including smoking - are linked to lower mental health in childhood. By promoting good mental health and providing mental health support in childhood, in an accessible setting such as a school, we can prevent mental ill health from deteriorating and impacting the physical and mental health of an individual into adulthood.

Place2Be works annually with over 500 partner schools with an embedded 'whole school approach' model. Through this work, reaching a school population of up to 250,000 children and young people, we can evidence the accessibility and effectiveness of such an approach. 43% of the students who accessed one-to-one counselling were eligible for pupil premium, and the same number receive free school meals. Children and young people from low-income families are four times more likely to experience mental health problems than children from higher-income families. This therefore precipitates further disparities in health outcomes later in life. We recommend that mental health support is made available in every school so that children and young people who are more likely to develop mental ill health – such as those from disadvantaged backgrounds – can access support before their health worsens or becomes more severe.

### **Q2. How can we better support those with mental ill health?**

Evidence shows that 1 in 6 children experience mental health difficulties, rising to 1 in 4 for young people aged 17-19. 50% of mental health problems are established by age 14. This demonstrates the essential need to focus on prevention and early interventions in mental health, to stop issues escalating to the point of suicidal ideation and/or action.

Every child and young person should have access to mental health support at the point of need, in an accessible, familiar environment; providing safe spaces for children and young people to talk about their worries and feelings is critical. Place2Be has nearly 30 years' experience providing school-based mental health support, counselling and training. We believe that school-based services – where children spend most of their time - are essential in helping students access the care they need quickly, easily, and without stigma. Embedded mental health support in schools 'de-



medicalises' and destigmatises mental ill health, thereby encouraging children and young people who are especially vulnerable to seek help without fear or embarrassment.

Whilst mental health support is now beginning to be available in many schools across the country, more can be done to ensure every child can access tailored support. NHS Mental Health Support Teams only cover 35% of England, have limited capacity and deal with certain mild to moderate issues. For many children, particularly those who present with a combination of needs or have experience of multiple 'Adverse Childhood Experiences' (ACEs), there remains a significant gap between the support Mental Health Support Teams are equipped to provide and the availability / accessibility of specialist CAMHS.

Every school in England should have embedded expert mental health services (including targeted support, i.e. counselling and psychotherapy) – helping to reduce pressure on the NHS and CAMHS. Schools must be sufficiently funded to flexibly commission mental health support that meets the needs of their pupils and school community – including school staff who face burnout if their wellbeing is not supported too. This requires a coordinated approach with Integrated Care Systems that prioritises children's mental health and looks at joint commissioning arrangements that establish high quality school-based mental health support.

We also recommend a whole-school approach involving everyone who supports a child, to gain a better, shared understanding of that child's mental health needs and how to support them. For families, this includes having access to expert online advice, and face-to-face access to trained family practitioners to provide training, improve confidence and strengthen relationships. In school, we recommend training for staff to understand mental health and wellbeing, so it becomes part of the whole school culture, and every staff member who interacts with children has the understanding when a child may need support. For pupils, we recommend building self-care and wellbeing practices into the curriculum to help children gain awareness of their wellbeing, and can develop ways to build resilience which they can draw on throughout life. This combined approach ensures that issues are recognised at an earlier stage and are prevented from becoming more serious.