

## **Written evidence submitted by the Association of Educational Psychologists (CYP0103)**

### **1. EXECUTIVE SUMMARY**

- 1.1 The Association of Educational Psychologists (AEP) is the professional association and trade union for the 3,200 Educational Psychologists across the UK. The AEP seeks to promote the overall wellbeing of children and young people (CYP), as well as to ensure that their specific special educational and mental health needs are met.
- 1.2 The educational psychology (EP) profession is a highly skilled and essential element of the nation's workforce, working collaboratively with many other professionals to provide expertise in responding to and supporting a range of issues related to CYP's learning and development, including special educational needs and disabilities (SEND), mental health, and emotional and social wellbeing.
- 1.3 Educational psychologists (EPs) work across education, health and social care services, including advising mainstream schools, special schools, alternative provisions (AP), Child and Adolescent Mental Health Services (CAMHS), colleges, nurseries, children's homes and others about the developmental needs of all CYP. This includes:
  - working at the level of the individual child, groups of children, the whole class, and the year-group
  - whole school-based interventions
  - supporting systemic change so that recommendations within Education, Health and Care Plans (EHCPs) can be implemented and sustained over time
  - advice to senior staff in educational settings at pre-school, school and college
  - direct work (training and/or consultation) with parents and carers in their responses to their children, including information, advice and guidance around SEND processes
  - supporting other childcare professionals through training, advice, consultation and co-working.
- 1.4 As a workforce, we are concerned about the increase in mental health issues among children and young people. We consistently hear that the stringent approach to academic learning with a strong focus on exams plays a contributing factor to mental health issues in children and young people. It is clear that the education system, as it stands, is not inclusive and does not permit the flexibility required to ensure that all children and young people thrive. In addition to this, promoting positive mental health needs to be a core pillar of the national curriculum, rather than an elective. Children need to be taught about their emotions as well as coping strategies to build emotional resilience. We would argue that all professionals working with children need to see promoting positive mental health as their responsibility, rather than the responsibility falling on selected individuals such as mental health first aiders. EPs are well placed to provide this strategic advice to schools and to design whole school mental health policies which benefit all pupils and staff.

### **2. THE GOVERNMENT'S PROGRESS ON CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH**

- 2.1 Members felt that the implementation of Mental Health Support Teams (MHSTs) was good, but, overall, their reach was small. Where MHSTs had EPs embedded within the team, this was working well to support the implementation of whole school approaches to mental health.

However, members stipulated that this level of support was needed in all schools, as there is still a gap between mild-moderate provision and higher tier CAMHS, and nothing to fill it.

- 2.2 Whilst mental health first aid training has been a positive addition, it is usually limited to one member of staff and therefore does not have a prominent enough impact on everyday awareness of these issues or ensuring teachers are providing tailored support.
- 2.3 Access to CAMHS remains unattainable for the majority of young people, but their needs are often too high for Tier 2 services. Members felt that access to CAMHS had worsened, resulting in an increase of young people expressing suicidal thoughts waiting for support.
- 2.4 On eating disorders specifically, members felt that provision was poor and access to services was based on physical issues such as body mass index (BMI) rather than acknowledging or treating eating disorders as a mental health issue.

### **3. INPATIENT CARE AND THE USE OF PHYSICAL AND MEDICAL RESTRAINT**

- 3.1 Trauma-informed practice must be embedded in all education, health and social care settings and services. There is evidence which demonstrates that relational approaches are able to reduce or eliminate restraint and restrictive practices. There needs to be a greater understanding that behaviour is communication and more of a focus around what children and young people are trying to express through their behaviour. Furthermore, there needs to be a focus on compassion and empathy in de-escalating behaviour. It was also suggested that inpatient care needed to be located close to home with regular family contact.
- 3.2 It was acknowledged that the use of physical and medical restraint was a complicated issue, as self-harming is becoming an increasingly common problem. Children and young people should be provided with environments which minimise stress and different outlets to express anger or sadness.

### **4. EARLY INTERVENTION IN CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH**

- 4.1 Members agreed that the system as a whole needed to be reformed in favour of a model that focuses on early intervention in children and young people's mental health. However, it was felt that more support was needed to deal first with the significant level of mental health crises that children and young people are experiencing. The messaging from the Government should be proactive in this regard, with a strong focus on building emotional resilience and lessons around good mental health, rather than solely focusing on increasing mental health difficulties. Mental health needs to be seen on par with the academic curriculum and form a critical component of what CYP learn. There also needs to be a greater understanding of mental health across all professionals working with children.
- 4.2 Early education needs to be reformed to improve the mental health of children. Members felt that there was currently a separation between the health and education agenda; rather, there needed to be an emphasis placed on playing throughout early education to raise awareness of how play buffers stress, as well as promotes learning and social skills. If schools were less pressurised environments and teachers had more time to spend talking and listening to pupils, children would develop greater emotional literacy skills, feel happier, build confidence and coping skills to equip them for the future. In order to ensure all children feel valued and special, the emphasis on academic achievement needs to be reduced. EPs are well placed to support skills to focus on emotional wellbeing for staff and students and to reverse this culture of

pressurised tests and formal learning that does not build on how children learn best or support mental health.

- 4.3 Mental health cannot be seen in a vacuum: rather, it should involve LA services, including Educational Psychology, and holistic family support. It needs to be seen in the context of wider pressures in society. It was also recommended that all schools should be required to have mental health policies, in the same way that they are required to have safeguarding and anti-bullying policies. Furthermore, all professionals working with children and young people should be responsible for promoting good mental health. Another helpful move would be ensuring that all worrying incidents and behaviour are recorded in schools and other educational settings, so that patterns can be seen and action is taken early.

## **5. EXAMPLES OF BEST PRACTICE, INCLUDING OTHER COUNTRIES**

- 5.1 Other countries such as Finland and Norway do not put pressure on children to learn through an academic curriculum so early on. The current approach leads to too many children feeling like a failure at an early stage when many just are not school ready; the mental health impacts of this can be long lasting. The Government should learn from countries where emotional wellbeing ranks highest internationally and examine surrounding factors, such as community support, school ethos and friendships.
- 5.2 Schools should be healthy places and the curriculum should allow teachers flexibility to be creative and responsive to children's needs, as well as ensuring a healthy work-life balance for teachers, who are too often leaving the profession because of the strain.

## **6. SELF-HARMING AND SUICIDE AMONG CHILDREN AND YOUNG PEOPLE**

- 6.1 There should be easier access to talking therapies in school and implementation of peer-mentoring approaches. Young people need to be directly taught alternative emotion-regulation strategies and coping skills, and warned about risks associated with websites encouraging self-harm. Regular play and a strengths-based approach throughout a child's schooling will also help in this regard.
- 6.2 Where children have experienced adverse childhood experiences (ACEs), a trauma-informed approach should be adopted to ensure these children and young people have support, namely at least one trusted adult who stays consistent, friendships, a sense of belonging, support for learning and teacher regulation, and relaxation skills as part of every school day.

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