

Health Scrutiny Committee (sub-committee of the People Scrutiny Commission)



Supplementary Information

Date: Monday, 6 December 2021

Time: 10.00 am

Venue: The Council Chamber - City Hall, College Green, Bristol, BS1 5TR

7. Public Forum

Up to 30 minutes is allowed for this item.

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Any member of the public or Councillor may participate in Public Forum. The detailed arrangements for so doing are set out in the Public Information Sheet at the back of this agenda. Public Forum items should be emailed to scrutiny@bristol.gov.uk and please note that the following deadlines will apply in relation to this meeting:-

Questions - Written questions must be received 3 clear working days prior to the meeting. For this meeting, this means that your question(s) must be received in this office at the latest by **5pm on Tuesday 30 November**.

Petitions and Statements - Petitions and statements must be received on the working day prior to the meeting. For this meeting this means that your submission must be received in this office at the latest by **12 noon on Friday 3 December**.

Issued by: Dan Berlin, Scrutiny Advisor

E-mail: scrutiny@bristol.gov.uk

Date: Monday, 06 December 2021



Health Scrutiny Committee (Sub-committee of the People Scrutiny Commission)

6 December 2021



Questions

Ref	Name	Topic
Qs 1 - 2	Jen Smith	Child and Adolescent Mental Health Service

Public Forum Statements:

Ref	Name	Topic
S1	Jen Smith	Child and Adolescent Mental Health Service



Questions

Q1: Jen Smith

What is the exact service or services available for children and young people experiencing anxiety based school avoidance from when it first manifests and whilst on a waiting list for CAMHS?

Answer

Education

There are a range of services and support available within the provision ordinarily available in schools and from support agencies available to work with our educational settings. This would include bespoke case work, information advice and support from Primary Mental Health Specialists, Educational Psychologists, Bristol Autism Team and the Sensory Support Service. The type of support would depend on the needs of the CYP with different options available for those with sensory impairment such as hearing or visual impairments, Autism, Cognition and learning needs, and social emotional and mental health needs.

Bristol City Council (BCC) has recently published a well-being catalogue for schools to access on behalf of their students and have undertaken a pilot of an approach to understanding and supporting schools to improve the wellbeing for their students (Good Childhood Index). The Educational Psychology Service (EPS) runs training for Learning Support Assistants to become Emotional Literacy Support Assistants (ELSA). There are currently 40 trained ELSAs already working in our schools with 40 more being trained over the Sept-Dec period. Following training, all 80 receiving termly group-based supervision from Educational Psychologists. BCC has undertaken a work force development programme to improve our whole local area understanding of Autism through the Autism Education Trust training (over 2000 teachers trained over the last year) and are running a specific AET Anxiety module city wide sessions in New Year.

EPS use the first wave of Wellbeing return to education funding from the DfE to roll out a wide range of webinars to all schools in the city during the first lockdown. This was very positively evaluated, including comments from the DfE and included an explicit training session Emotionally Based School Avoidance (EBSA). CAMHS Primary Mental Health Specialists have also been delivering EBSA training to schools.

Mental Health Support Teams

There are new initiatives being introduced into some areas of Bristol, North Somerset and South Gloucestershire (BNSSG) which are part of the commissioners Long Term Plan (LTP) for Children and Young People. The Mental Health Support Teams (MHST) is one of these initiatives which aims to provide 50% coverage to school-aged children by 2024.

The MHST model will accept referrals for children and young people who may be helped by the time-limited interventions that the team have been trained to deliver. For example, children and young people who demonstrate anxiety, low mood and behavioural difficulties which do not meet the diagnostic threshold for specialist CAMHS.

The definition of mild and moderate is as follows:

- A mild mental health issue is when a person has a small number of symptoms that have a limited effect on their daily life.
- A moderate mental health issue is when a person has more symptoms that can make their daily life much more difficult than usual.

The MHST model is delivered in educational settings for children aged 5 years to 18 years old and offer evidence based individual interventions, group interventions and have a strong focus on whole school approaches to improving mental health outcomes for children and young people. Each team is expected to reach 8,000 children and their families and will reach out to children who are not in school, for whatever reason. This calculates to approx. half a day of an Educational mental health practitioner per an average sized Primary School per week. The school sites for delivery are carefully selected through a needs analysis conducted and led by Public Health and a list of those schools we are working in can be found on the Off the Record website:

www.otrbristol.org.uk/what-we-do/mhst/

Off the Record

There is wealth of accessible support for children and young people aged 11+ at Off the Record. They can offer a range of different kinds of support, whether in groups, virtual or drop-ins with their:

- Resilience Labs
- Mind Aid
- Yoga
- Nature Works
- Hubs
- F2F one-one support

More information can be found on their website:

<https://www.otrbristol.org.uk/whats-going-on-for-you/anxiety/>

CAMHS Primary Mental Health Specialist Service

There are a team of CAMHS Primary Mental Health Specialists (PMHS) employed by AWP who link with mainstream schools, specialist educational settings, Families in Focus and Social Care teams.

PMHS' offer:

- **Specialist Mental Health Consultation** with frontline workers (SENCOs, DSLs, Social Workers, School Health Nurses etc) about young people whose mental health is of concern. This includes young people whose school avoidance is thought to be emotionally based. Consultation will include specific advice, guidance and strategies to help support children. Consultation may also result in a piece of direct work being offered, signposting to another agency being suggested, or an onward CAMHS referral being made. Consultation referral is made in advance with referral form completed indicating parental consent has been obtained.
- **Direct Clinical Work** with a caseload of children whose presenting issues may be specifically linked to school, who may be identified as likely to benefit from a short term mental health intervention, or who may struggle to access clinic-based CAMHS.

- **Liaison with Professional Networks** working with involved professionals, including schools to support children whose school avoidance is emotionally based.
- **Mental Health Training Programme** provision of training (currently online) on a range of mental health subjects. Recent topics include: Anxiety in children, Trauma, Loss and Bereavement in the time of Covid, Responding to Urgent Mental Health Difficulties in Children and Young People and Eating Disorders. Training session on Emotionally Based School Avoidance planned for early 2022, date tbc.

Q2: Jen Smith

What is being done to remove the barriers to education directly from schools who are contributing to anxiety based school avoidance? Please note - I dislike the term 'anxiety based school avoidance' but it is one most commonly recognised at the moment

Answer

Education

BCC teams are supporting settings to make reasonable adjustments, have a clear articulation of the expectations for settings in the Ordinarily Available Provision document (OAP) and schools can apply for Top Up funding to support interventions for our CYP at the school based stages of the SEND Code of Practice

Conversations are taking place with schools at many different levels including SENDCOs, Head teachers and Governors to focus all on the attendance of all our children and young people. Where our families are concerned about their child or young person they can contact their school SENDCO, Headteacher and the FLORA advice and support teams.

Mental Health Support Teams

The MHST service recognises that schools are in a unique position to help prevent mental health problems by promoting positive mental health wellbeing and resilience as part of an integrated approach that is tailored to the needs of their pupils and students. The MHST service, therefore takes referrals directly from schools through the designated mental health lead in that school. There is an agreed protocol that schools hold the list of children who require support (such as they do with Educational Psychologists) and refer to the service once their mental health worker has capacity. This means that there is no waiting list, as children are prioritised for individual interventions according to their identified needs. If there is a large number of children on the list the MHST service looks at doing some group work alongside the mental health lead in that school, or doing some 'whole school approaches' to reach out to a larger number of children.

Primary Mental Health Specialists

The provision of specialist mental health consultation is designed to be specific to individual children but also to have an upskilling component providing a continual educative experience for frontline workers.

The aim is that this will equip them with the skills and knowledge to manage and support children whose mental health is of concern thereby equipping them to address barriers to education for this cohort of young people. In addition our wider training programme is designed to support and develop awareness of mental health difficulties in children and young people and how best to support them in order that they can fully access education.

When children are identified through consultation as requiring direct PMHS input referrals are fast tracked meaning they do not need a GP referral to CAMHS.

Statements

S1: Jen Smith

Bristol CAMHS is gate keeping access to its essential services by excluding children and young people who are experiencing extreme levels of anxiety or trauma related to education. This failure is feeding into the ongoing education crisis for children with Special Educational Needs and Disabilities as well as pushing pupils into Alternative Learning Provision.

In addition, the waiting times for children and young people to access CAMHS takes so many months that situations escalate and can become very much worse than when they started.

My own child has been on the CAMHS waiting list since May 2021. An update from the service suggests he won't be seen for some months yet and if a crisis should arise, then to take the child to A&E. Not only does this place an additional burden on emergency care, it is not particularly accessible to take a highly dysregulated autistic young person to a hospital when they are in crisis.

During time on the waiting list, my child has stopped going to school. He hasn't been to school in months and both education and school have abdicated any responsibility they have towards his education.

In fact, poor school attendance directly connected to school trauma has been going on since moving to Year 7. My child is now in Year 10 and looking at what educational options are available for pupils who have missed the vast majority of their secondary education and won't be taking GCSEs.

In all the years I have been dealing with my child's extreme anxiety and extended non-attendance, I have come across no service, no support, no help and even this academic year, have been threatened with being fined by the LA and school for the mental health crisis they themselves have contributed to.

Bristol pupils deserve better than this. They are being treated shamefully. They are being written off, denied support, failed with their education and of course, there's no accountability for those who perpetuate this ongoing disaster.

As a parent trying to unpick the mess of the trauma, it has been directly caused by being autistic and unsupported and discriminated against in a mainstream setting – despite having an Education Health and Care Plan. The impact this has had is frightening. Children are being traumatised in school which affects them for the rest of their lives. It affects how they see themselves as a person. They think they

are failures. They think they are stupid. They think they are good for nothing and that they should probably just die because that's all they're worth.

Our case is not an isolated incident. I've found that I am not the only person in Bristol having issues and having had issues with access to CAMHS regarding anxiety and school related issues.

The Child & Family Consultation Services (CAMHS) website has documents on it explaining how to make a CAMHS referral for children and young people - <https://cchp.nhs.uk/cchp/clinicians/camhs-referral>

Referrals can be for things such as:
Severe or life-threatening conditions
Psychosis
Risk of suicide or severe self-harm
Severe depressive episode
Anorexia Nervosa

Except, 'problems which would be excluded...Children and young people whose problems appear to be entirely school-related'.

Further explanations include: 'Please note that specialist CAMHS does not provide a service for children and young people whose problems are solely related to specific learning or behavioural difficulties within the classroom or other difficulties which occur only at school (e.g. behaviour settled at home; unsettled in school). For these children/young people it is usually more appropriate for educational services to become involved to address the difficulties.'

Home, is generally for many a safe place. But, the anxiety created by school related issues soon begins to manifest in other areas or even just leaving the home to go to other places or to meet other people. Those children and young people soon become alone and isolated, exacerbating the difficulties.

In Bristol, we have children who are traumatised by their experiences in school. These may be children who have or waited many months for an EHCP. These may include children who have been discriminated against by their education setting. These may be children who are being bullied. They may be children who are disabled. They may include children who have been physically or emotionally forced into school because parents have been threatened with fines for extended non-attendance – directly related to the inclusion failure of the very school itself.

Families are left picking up the pieces of young lives being shattered by what goes on in school. Or more, what isn't going on in school but should be. In this instance, CAMHS referrals are passing the buck back to education instead of working in partnership, creating an endless loop of trauma and failure for the young people at the heart of it.

Children do experience risk of suicide, attempted suicide, severe self-harm, depressive episodes and eating disorders as a result of school related trauma and there is nothing out there for them. No support, no help, no service and clearly, no CAMHS.