



Not making the grade:

why our approach to mental
health at secondary school
is failing young people

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Foreword

As young people whose lives have been affected by mental health problems, we have experienced first-hand the barriers and challenges that prevent young people from getting the support they need from school and mental health services.

We have been labelled as ‘misbehaving’, excluded from lessons, isolated from our friends and disciplined. No-one took the time to understand what was happening in our lives and this had an enormous impact on our attendance, achievement and behaviour.

When we were able to get support from mental health services it often didn’t give us what we needed. For some of us, mental health was not talked about at our school and that stopped us from asking for help.

The lack of support for our mental health led some of us to struggle academically and leave school. For those of us who received treatment in hospital for our mental health issues, we found that our school did not know how to support us to receive an education at all.

As part of the steering group for Mind’s inquiry into mental health and secondary schools, we are campaigning to ensure that other young people are not treated as we were.

We believe that no young person should be given up on. With the right support, all young people experiencing mental health problems can reach their full potential, succeed at school and create the life that they desire.

Mind’s Education Inquiry steering group

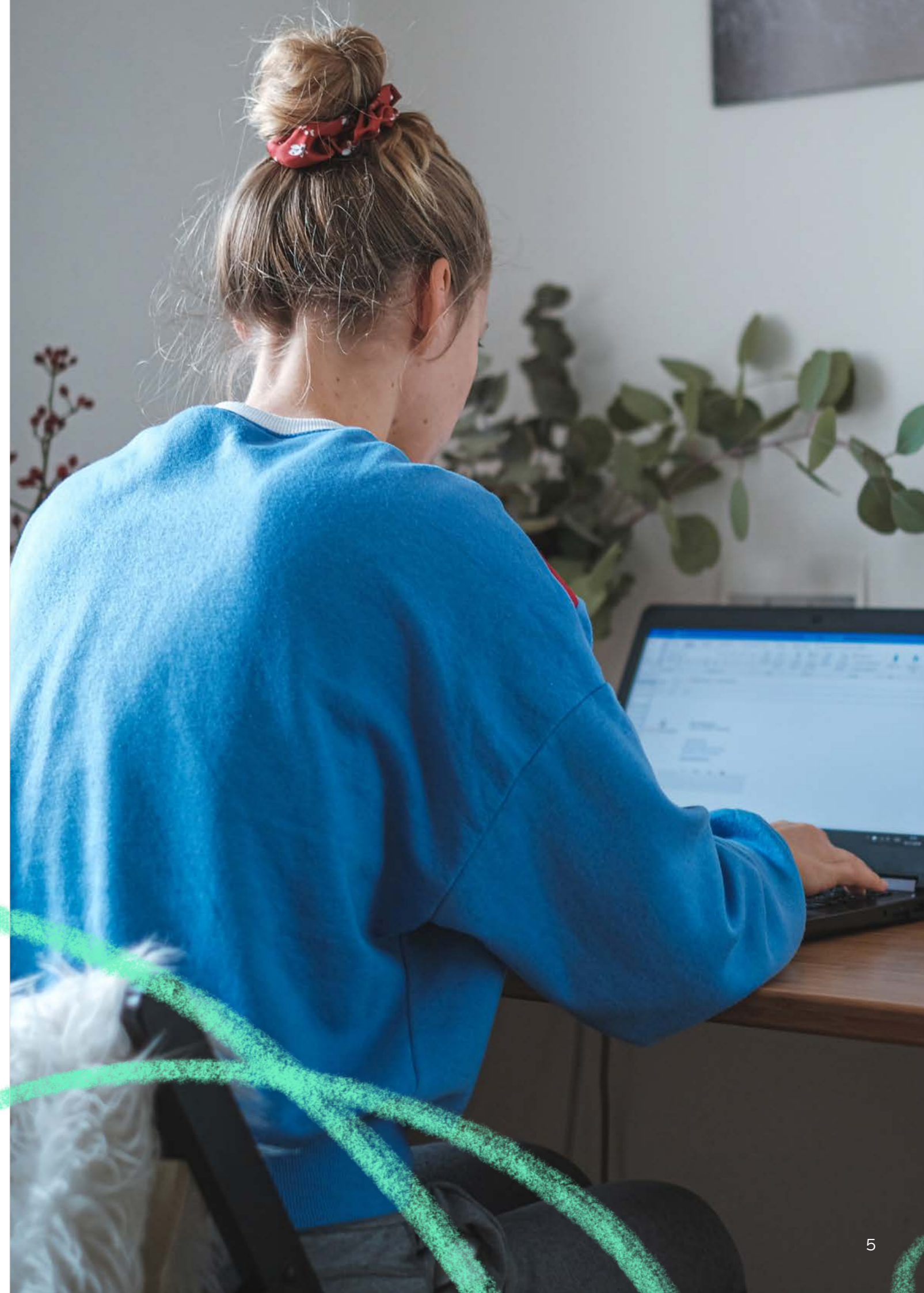
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Executive summary

As a young person struggling with your mental health, learning and taking part in school life can be a significant challenge. What you want is for someone to listen to you, understand what is happening in your life and help you get the support you need. Mind's inquiry into mental health and secondary education in England has found that time and again this isn't happening.

We heard from young people experiencing poverty, chaotic home lives and the impact of trauma who felt overwhelmed by the demands of secondary school but did not get the help they needed. Instead, young people who expressed their mental

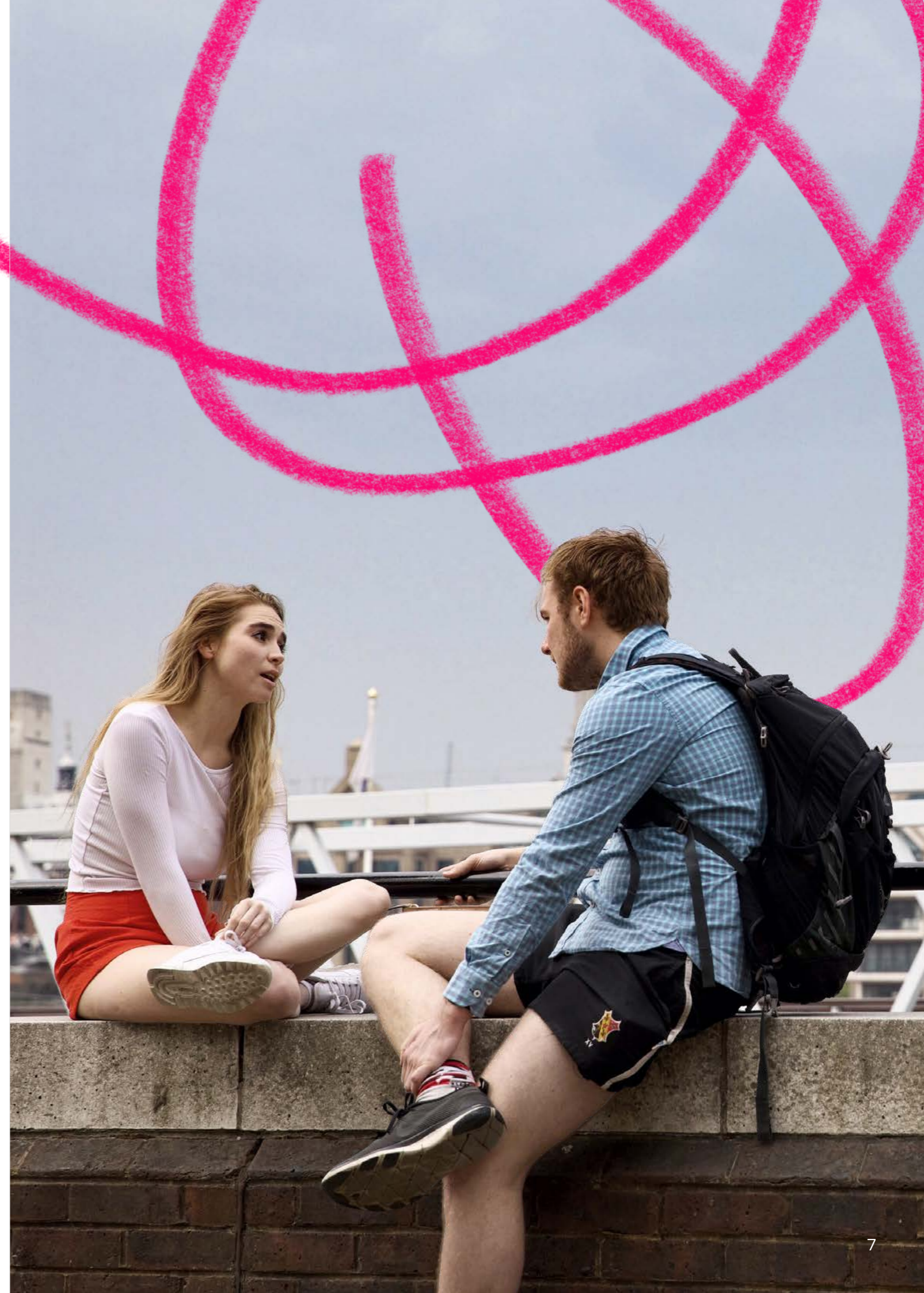
health problems or responded to trauma through anger described how they were punished, including through being placed in isolation or excluded, which contributed to worsening mental health.

Some young people were disciplined after being unable to meet deadlines or complete homework because of their mental health. Others found themselves excluded after the underlying reasons for their behaviour were not addressed. Young people from Black, Asian and Minority Ethnic backgrounds described how they faced racism at secondary school which damaged their mental health. As a result, some were unable to learn or take part at school.

Young people told us of their experiences of seeking help from mental health services but being unable to access care because of the restrictively high thresholds to getting support. Those that were accepted

“I didn't care at the time. Exclusions don't work. I didn't care about not having to go to school. It did, however, get me in more trouble at home which was already chaotic and abusive. This led to somewhat of a cycle...I would act out, be excluded, be in trouble at home, feel hurt...”

Young person 





were at risk of their mental health declining while they waited for help.

We found that the pandemic has taken its toll on young people, exacerbating the existing pressures of school and difficulties in accessing support. School closures and lockdown restrictions have left many young people feeling lonely, socially isolated and lacking routine. In England, an estimated 1.5 million young people under 18 will need new or increased mental health support as a direct result of the pandemic.¹ Those from low-income backgrounds without access to technology have particularly struggled to take part in their education.

We need a transformation

Many young people are coming to school having faced the trauma of abuse, violence and racism. For some this leads to behaviour that is not understood and met with

zero tolerance but no support. This approach needs to urgently change so that experiences of trauma are always considered when responding to behaviour. A trauma-informed approach does not mean expecting teachers or schools to accept violence. However, it ensures they are able to identify and listen to young people who are struggling and support them to access help. This approach should also ensure that young people are not excluded from school due to behaviour related to their mental health, and put an end to the use of isolation as punishment.

Alongside a change in how schools treat young people who have experienced trauma, we need to transform mental health support. Many young people want to access help for their mental health at school, but for some, this is not the setting where they want to receive support. Investing in easily accessible community support which young people want should be a priority. This can make it less likely a young person will reach crisis point and require more intensive support in the future.

At the moment, we are failing young people. Without a wholesale change of approach, thousands more young lives will not reach their full potential and the UK Government will bear the human and economic costs of inaction. There are clear steps to take which will vastly improve young people's mental health.

Summary of recommendations

1. Support schools to meet the needs of young people experiencing mental health problems

The Department for Education should:

- Tackle racism at secondary schools, including by making it a legal duty for schools to report on racist incidents.
- Improve wellbeing support for secondary school staff and parents.
- Create an attendance system which does not disadvantage or stigmatise young people experiencing mental health problems.
- **Secondary school leaders** should take action to address racism at their schools, including by improving the process of monitoring and reporting racist incidents, as well as reviewing recruitment practices.
- **The Department of Health and Social Care** and the **Department for Education** should improve education support for young people who are receiving support in hospital for their mental health.

2. Provide mental health support that meets young people's needs

- **NHS England** and **NHS Improvement, NHS Digital** and the **Department of Health and Social Care** should strive to understand young people's experiences of mental health and NHS support and then act to improve care.
- **The Department of Health and Social Care**, and the **Department for Education** should transform mental health care by investing in early support hubs in every community across England.
- **The UK Government** should adopt a cross-government approach to address the underlying issues contributing to poor mental health among young people.
- All providers of **mental health services** should offer culturally appropriate, co-designed services to sit alongside early support hubs, based on the same model of support.

3. Improve access to NHS mental health services

- **NHSE/I, NHS providers** and **local authorities** should make it easier for young people to access mental health care by reviewing thresholds for support, addressing gaps in service provision and improving pathways.

4. Radically rethink the approach to discipline in secondary schools

- **The Department of Health and Social Care** and the **Department for Education** should ban the use of isolation as a disciplinary measure and set out duties in legislation that require schools to record and report restraint and restrictive interventions.
- **The Department for Education** should make attachment and trauma training a mandatory element of training for teachers and mental health professionals working in schools.
- **Ofsted** should assess all secondary schools on whether they are taking a whole-school approach to mental health.
- **The Department for Education** should tackle injustices related to school exclusions, including by committing to greater transparency in reporting and strengthening oversight.



Introduction

Before the pandemic, many young people experiencing mental health problems were finding secondary school a significant challenge. They were more likely to be excluded⁵, to be absent^{6,7} and to have poorer outcomes at GCSE⁸.

Studies and reports have looked at these inequalities – but despite this little has changed. Generations of young people have been set up to fail because we have chosen not to hear them, understand what they need, and offer them the right support. We are determined to change this.

Our inquiry heard from young people about how their mental health affects them and their experiences at secondary school. We will be working alongside them to achieve the changes they want to see, which are outlined in this report.

This year, the UK Government appointed an Education Recovery Commissioner to oversee a long-term programme to support young people who have lost out on learning due to the pandemic. Initial steps have included funding for summer schools and tutoring programmes, targeted at young people from low-income families. Supporting the wellbeing of young people affected

by the pandemic must be a priority of this catch-up programme. Without effective mental health support, young people cannot be expected to learn and take part at school. This inquiry has heard of how prioritising academic achievement at the expense of wellbeing is harming some young people's mental health. It is therefore crucial that unwanted academic pressure is not placed on young people.

Over the past few years, we have seen steps taken to try and address shortfalls in provision for young people. In 2017, the UK Government set out promising actions to improve mental health support in secondary schools and promised £300 million to achieve this. Yet four years on from the *Transforming children and young people's mental health provision* Green Paper, the Department for Education has spent less than £10 million and the proposals are far from implemented².



There has been progress in improving mental health support at secondary school. However, under current plans, most young people will be unable to benefit from initiatives such as Mental Health Support Teams (MHSTs).

Positive commitments to improve young people's mental health were set out in the NHS Long Term Plan in 2019. This including a pledge to provide a new model of mental health care for young people aged up to 25, focused on collaboration across health, social care, education and the voluntary sector. To be effective, these services must be developed in collaboration with young people and be easily available. However, this inquiry has found that as yet, young people can't get support when they need it, or receive inadequate support which does not meet their needs.

The 2019 Timpson Review commissioned by the UK Government recommended improving schools' accountability for the young people they exclude. It put a focus on the need to ensure these young people have access to education. Other recommendations identified actions which would improve support for parents and carers of young people who have been, or are, at risk of exclusion. The Review also highlighted concerning evidence about off-rolling. This involves young people being made to leave school without being formally excluded. For example, through schools putting pressure on families to home educate their child. Importantly,

the Review called for expert training for teachers on the underlying causes of poor behaviour, including attachment and trauma³.

Most recently, the report from the Commission on Race and Ethnic Disparities⁴ recognised that young people from Black Caribbean backgrounds and Gypsy, Roma and Traveller communities experience some of the highest rates of exclusion. Yet the Commission failed to identify the significant impact that racism at schools has on the mental health of young people from Black, Asian and Minority Ethnic backgrounds. Mind's inquiry has found that young people are experiencing racism at school that is harming their mental health. A lack of trust in schools to address racism risks incidents going unreported. These issues are not addressed by the Commission. Also, despite identifying poverty and childhood trauma as drivers of exclusions, the report offers strong support for removing young people from school as a tool to manage behaviour. The potential for secondary schools to take a different approach, which seeks to identify the underlying causes of behaviour, is not acknowledged.



Jason's story

Jason's* initial experience of secondary school left him feeling isolated. When there was no Roma option on forms at school, he felt this meant he wasn't included. He thought this discouraged students from being open about their identity.

A lack of support from teachers gave him the impression that they didn't care about young people's mental health, just about their grades. There was little recognition that students might be finding school difficult and those who were not high-achievers or who misbehaved were not given a chance. Jason felt the school never asked the right questions to find out the reasons behind young people's behaviour and how to offer them help. Teachers would say that there was support if you needed it, but didn't proactively provide this.

Jason tried hard to fit in at school, but found it challenging as there weren't other young people like him. He had his mum and sister at home, but no other family in the country. Jason felt isolated, and in looking for friends, ended up being part of what he now knows was the wrong group. He was eventually excluded, as many young people were at his school.

Jason was left without support and missed two months of education while his mum found help and a new school.

At his second school, Jason had a very different experience. This school had a safeguarding team, regular assemblies on issues that might affect the students, and would help them get support for problems.

* Name has been changed

Methodology

This report presents the findings of research either carried out or commissioned by Mind from September 2020 to April 2021 about the experiences of young people in England affected by mental health problems at secondary school.

In our initial survey, people who identify as male, and young people from Black, Asian and Minority Ethnic backgrounds were under-represented. As a result, the additional research we conducted was focused on these groups.

Surveys of young people and parents

We surveyed 1,271 young people between the ages of 13-25, as well as 313 parents/caregivers of young people affected by mental health problems. 82 per cent of young people had personal experience of mental health problems. 80% identified as White British. 87% of young people identified as female, 10% as male and 2% as non-binary.

To address the lack of representation of young people from Black, Asian and Minority Ethnic backgrounds we commissioned Voyage – an organisation working with socially disadvantaged and excluded young Black people – to carry out a survey focused on this group. 183 young people took part in this survey. 27% identified as having personal

experience of mental health problems. There were highest levels of participation from young people who identified as Black or Black British (60%) or Asian or Asian British (15%). 53% identified as female, 42% as male and 3% as non-binary.

Interviews and focus groups with young people

Qualitative research has been particularly important in shaping this report.

We heard from 74 young people from Black, Asian and Minority Ethnic backgrounds aged 14-21 who took part in discussions on mental health, racism, and their experiences at secondary school. 19% had experience of mental health problems. 42% of young people identified as male, 54% as female and 3% as non-binary.

There were highest levels of participation from young people who identified as Black or Black British African (43%) or Black or Black British Caribbean (26%).

We conducted interviews with 10 males aged 11-18 from Gypsy, Roma and Traveller communities on their experiences of mental health and secondary school. In addition, the findings from interviews with 17 young White British people aged 11-20 (14 of whom were, or had been, looked-after children) are featured in the report. 14 of this group identified as male.

Gathering the views of mental health and education professionals

We surveyed 987 school staff, mainly teachers and teaching assistants, and interviewed 33 professionals working in a range of roles supporting young people attending secondary school. These included teachers, Education Mental Health Practitioners and mental health professionals working for Children and Adolescent Mental Health Services (CAMHS), supporting young people experiencing severe and long-term mental health problems.

Thank you

We would like to thank Voyage, The Young Lives Foundation, Friends, Families and Travellers, and ONYX Youth Hub, for supporting Mind with this research.

Most of all we would like to thank all of the mental health and education professionals, and especially the young people, who shared their experiences. This particularly includes the steering group of young people, who played a crucial role in deciding the focus of this inquiry and developing its recommendations.

Language

Young people:

The term 'young people' is used by Mind in this report to refer to those aged 11-25. This is based on feedback that those aged over 11 would prefer to be described as 'young people', rather than 'children'. We have used the term 'young men' and 'young women' to describe those in this age group who identified as male and female. We recognise that these terms might not reflect all participants' preferences. However, we have used them to describe the notable differences in responses and experiences based on gender.

Children and Adolescent Mental Health Services (CAMHS):

CAMHS is used as a term for all NHS services that work with children and young people who are experiencing mental health problems.

Black, Asian and Minority Ethnic communities:

Where possible in this report, we have been specific about people's ethnicity and have tried to avoid

putting different groups in a single category. Where this approach hasn't been possible, we have identified people as being from Black, Asian and Minority Ethnic backgrounds.

School exclusions:

We have used the term 'excluded' or 'exclusions' to refer to young people being removed from school. This is because it is the language that has been used by all participants in this inquiry.

Looked-after children:

This term refers to young people who have been in the care of their local authority for more than 24 hours.



Part 1: How mental health problems affect young people at school

Participation

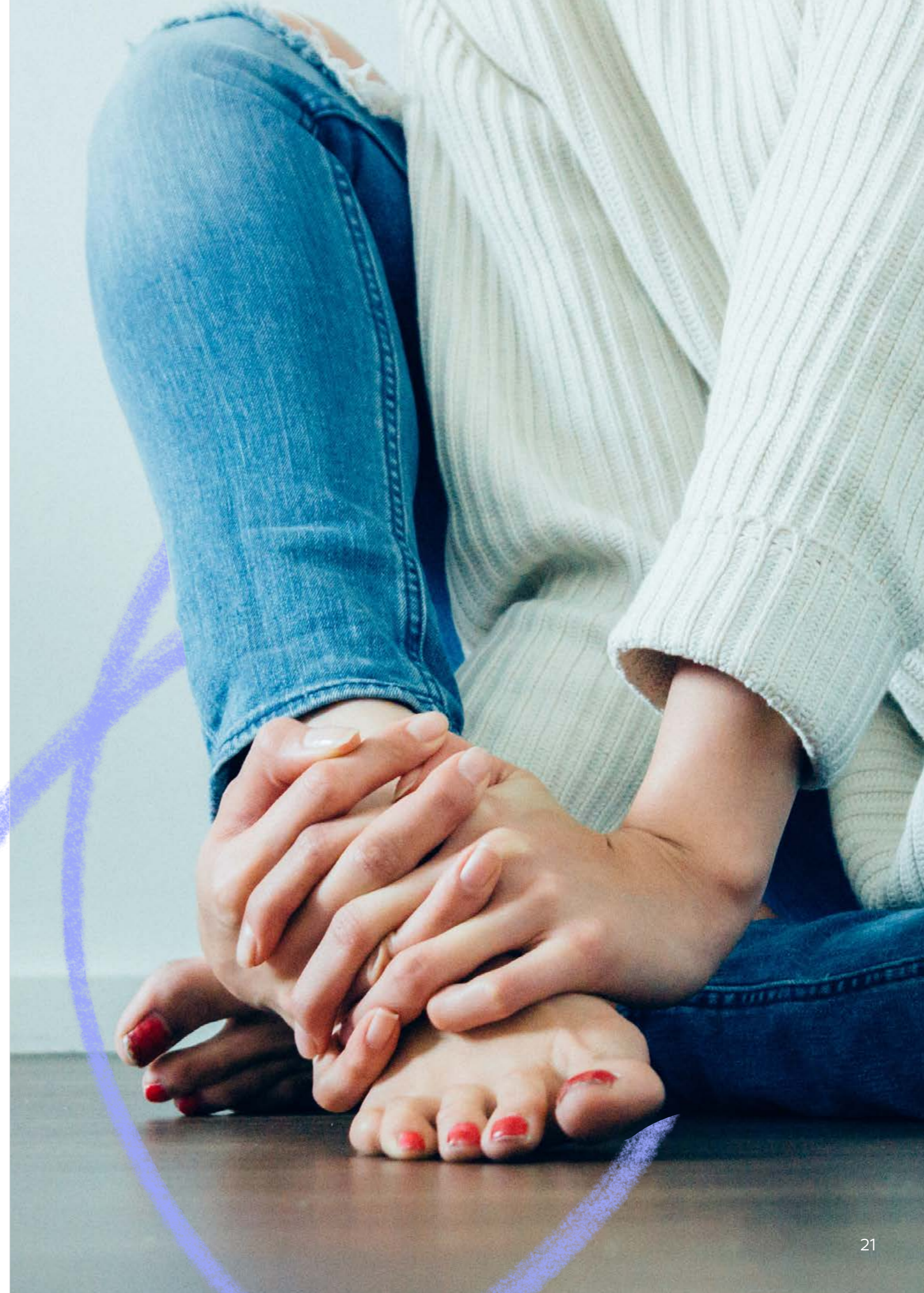
Young people told us how the lack of support they received for their mental health prevented them from fully taking part in and enjoying secondary school. They described how low mood, fatigue, depression and difficulty concentrating meant they had little energy or motivation to complete schoolwork. Almost all (96%) reported that their mental health had affected their schoolwork at some point. This was strongly supported by school staff, who nearly all agreed (95%) that a lot of students or some students had their schoolwork or learning affected by mental health problems.

96%

**of young people
reported that their
mental health
had affected their
schoolwork at
some point.**

“**I was too anxious to ask for help with schoolwork and nobody asked me if I wanted any help. I couldn't concentrate on schoolwork properly due to mental health. I got poor grades and was never asked [whether I needed] support.**”

Young person





Young people already disadvantaged through poverty were at particular risk of having their schooling impacted by their mental health. Young people receiving free school meals were more likely to say that mental health had affected their ability to do their schoolwork most of the time (69% compared to 54% for young people who did not receive free school meals).

Young women described self-harm as an issue that significantly impacted their ability to learn at school. Some told of their experiences of hiding evidence of self-harm and avoiding teachers to try to prevent them from finding out.

Attendance

Attending school was a significant challenge for young people who took part in this inquiry. Nearly seven in ten (68%) reported being absent from school due to their mental health. Some described how their mental health deteriorated after they were punished for being unable to attend school, while not being provided with effective mental health support.

“Due to my anorexia taking a toll on my physical health I was taken out of school which meant I lost a lot of lesson time. I’m also now attending day patient treatment which has meant I am missing one day a week of school.”

Young person

Having difficulties attending school was a very common experience for young people from Gypsy, Roma and Traveller communities. Over half (6) of these interviewees often missed school. One young man told us he was often not able to attend school due to anxiety. Another struggled to manage anger because of difficulties in his home life. A third described how he was eventually unable to attend school because of the mental health impact of bullying.

Almost nine in ten parents (88%) reported that their child had been absent from school because of their mental health. Of those who told the school the absence was due to their child’s mental health (178), only one in four (28%) said that their child’s mental health absence was always authorised by the school.

A recurring concern from parents was of schools taking a punitive approach to absences. Some recounted being threatened with court action for low attendance due to mental health

issues. One parent described how the threat of being taken to court led them to withdraw their child from school to home educate them. Other parents were fined for their children having unauthorised absences or were only able to have absences authorised after the intervention of mental health services. Less than a fifth (18%) of school staff said that their school always authorised absences if a young person was unable to attend school due to their mental health problems.

Department for Education guidance on school attendance⁹ does not meet the needs of young people experiencing mental health problems. A particular concern are the requirements on providing medical evidence. Young people face lengthy delays before they are able to receive mental health support, if they are able to access it at all. This becomes a significant barrier to providing evidence of mental health problems and leads to absences being recorded as unauthorised. This creates a risk that parents are faced with fines and prosecutions.

Part 2:

Drivers of mental health problems among young people

We wanted to understand some of the most significant drivers behind young people's mental health problems and how this shapes their ability to participate at school. In doing so, we also gained a better understanding of the type of mental health support that young people need from school staff and mental health services.

Trauma

Young people told us of the profound impact of traumatic experiences on their lives, behaviour and experiences at school.

As part of this inquiry, we commissioned interviews with a group of seventeen young White British

people, fourteen of whom were or had been looked-after children. Over a third (6) of this cohort said that problems at home had a negative impact on their wellbeing at school. Some identified traumatic experiences as contributing to them behaving in a

“I wish that no kid ever has to go what I went through. If someone had just shown me a little kindness and had pulled me aside and asked me if everything was all right at home, I could have maybe been saved from a lot of abuse.”

Young woman

“I suffered from mental health issues from when I was 5 years old due to domestic abuse/PTSD/social anxiety etc. I was not given the opportunity to express my feelings as I was too young to comprehend them. My parents were no help and had forced me to attend school when that was the last place I ever wanted to be. My teachers assumed I was ‘being irrational’ and ‘a disappointment.’”

Young woman

way that led to them being disciplined at school. One young person described struggling to come to terms with having limited contact with their family.

Young women are more likely to have experienced trauma¹⁰ and to meet the criteria for Post-Traumatic Stress Disorder (PTSD)¹¹ following exposure to traumatic events¹². Intense anxiety, difficulties sleeping, and feeling constantly unsafe are all experiences associated with PTSD.

Behavioural problems are recognised as a common response to trauma, particularly among young men, who are at an increased risk of being diagnosed with conduct disorder, rather than having their trauma identified^{13,14}. Our findings support this evidence. One young man described becoming physically violent in the context of estrangement from his family, the death of someone close to him and being bullied.

Another explained how his inability to control his anger led to him becoming violent towards students at school.

“...I am a looked-after young person... I was so frustrated [at school] that I got my scarf and tied things in my scarf and tied balls in the end to make it weighty, and would whack people with it and would trip them up every time they came near me. If people came close they got hit and hurt badly. When we were told we were to stay in class I would go out, when we were allowed out, I would go in. They responded with a few warnings and said they would ring home if I carried on. I think he [the teacher] could have asked me what my view of what happened was. He could have asked if I was okay and why I was doing what I was doing.”

Young man

“...My behaviour leads to me swearing, rubbing my face to make it sore, punching walls or headbutting things and refusing to calm down when asked. I can't keep a friendship for a reasonable amount of time, I shout at staff and walk off... They don't really help me. They just leave me to get on with it.”

Young person

Mental health professionals identified sexual and emotional abuse, witnessing domestic abuse, involvement in drug dealing and worries about having enough food to eat as traumatic events experienced by the young people they supported.

Young people's experiences of trauma can and do affect their learning.

Examples included young people being unable to focus for long periods of time or follow instructions and struggling to problem-solve. Mental health professionals identified that difficulties in learning could frequently lead on to poor self-esteem and a further deterioration in mental health.

“If you've got a child who's living at home with high levels of deprivation and high levels of need within the family home, they're not going to be prepared to come into school and sit down and sit there at a desk and learn. This is because they're too busy thinking about 'Is mum safe? Is dad safe? Is mum having a good day? Is mum having a bad day? Is there going to be any tea when I get home? I wonder how my little brother's doing at school? Has he gone to school today?'”

Social, Emotional and Mental Health (SEMH) Lead, local authority special school



Racism

Young people told Mind of how the failure to tackle racism in schools was damaging their mental health.

We specifically commissioned a survey focusing on young people from Black, Asian and Minority Ethnic backgrounds. This found that racism at secondary schools is widespread. Over half of those from Black and Black British backgrounds (55%) and mixed ethnic backgrounds (57%) had experienced racism at school, as had over a third (36%) of young people from Asian or Asian British backgrounds. The most common experience of racism was being subjected to stereotyping, followed by verbal abuse from other students and exclusion from activities or opportunities. This is an additional

55%

of young people from Black and Black British backgrounds experienced racism at school.

57%

of young people from mixed ethnic backgrounds experienced racism at school.

“... Discrimination was so prevalent. It was one of those things where it’s like I want to be angry about this because it’s affecting me, but you’re telling me I’m causing a scene and stuff like that...”

Young woman

burden on young people, who already face the challenges of racism in the wider community

Young people who took part in focus groups shared their experiences of discrimination at school, including

being unfairly viewed as aggressive for behaviour that was tolerated when it came from a White peer. A particular concern related to the stereotyping of young Black women as ‘angry’. This resulted in some repressing their feelings to avoid this label. Others spoke about facing racism that was not addressed by school staff.

“When a White girl at school gets angry, she’s passionate. When a Black girl gets angry at school, or when she speaks about something she’s passionate about, she’s labelled as a token angry Black girl. It just stresses me out because you think of where we are talking about something that makes sense cohesively, coherently, and they call me angry.”

Young woman

“...At this point, I’m very, very slow to anger, which can be seen as a good thing in certain senses... I bottle it. That’s because the labels that were put on me as a Black girl if I got angry too quickly.”

Young woman

“...I feel like when Black students are angry, or even if they’re slightly annoyed, they’re tagged as aggressive, ‘Oh my god. Did you see her? She was kissing her teeth,’ and stuff like that...”

...If you think about it, the senior leadership team in your school, how many people there are Black and how many people there are White. Mostly, the majority of the people there are White and they’re telling Black kids, ‘Oh, you’re being too angry. You’re being aggressive.’”

Young person

“...My mum is from Nigeria, but she tries to hide it. If you go and meet her, she tries to put on the accent and stuff. When I heard this student laughing at my mum because she mispronounced certain words I was so upset because it was just like why is it a problem? why are you laughing at her?”

Young person

Almost all (95%) young people who experienced racism believed that more needed to be done to challenge racism in schools. Young people identified a range of actions that schools could take to address racism.

These included having teaching and workshops on racism and its impact on mental health, training for school staff (including a focus on teachers’ biases), and greater ethnic diversity among school staff. It is well documented that there is lack of ethnic diversity in the teaching profession¹⁵. Almost half (46%) of all schools in England have no teachers from Black, Asian and Minority backgrounds¹⁶. Teachers from Black, Asian and Minority backgrounds frequently face racism in their careers, including barriers to progression¹⁷.

95%

of young people who experienced racism believed that more needed to be done to challenge racism in schools.

“I feel as a parent of a young boy who’s experienced a lot of difficulties in school, a young Black boy, I felt like I witnessed that he was being treated a certain way... I don’t think intentionally but I think that their tolerance of him and their understanding of him was linked in their own kind of biases and I had to fight that in a meeting.”

Parent

The majority (70%) of young people who experienced racism in school told us that their experience had impacted their wellbeing. This highlights how addressing racism in secondary schools must be a part of approaches to improve young people’s mental health.

Our inquiry found that secondary schools often do not provide an environment where young people feel able to report racism. Young people need to be confident that they will be supported and that their school is committed to taking meaningful action. Yet less than a third (30%) of

young people who experienced racism at school told a member of staff.

Of the ten young men from Gypsy, Roma and Traveller communities who were interviewed, all but one had directly experienced racism at school. Three spoke of their teachers being racist towards them and treating them differently.

Almost six in ten (59%) school staff we surveyed said that they were aware of students experiencing racism at school and almost half (47%) said it had affected the mental health of those who experienced it. School

“When you dig deeper, actually this child has had months or years of abuse at school because of bullying or racism.”

Senior Clinical Psychologist, CAMHS

staff described how racism affected young people’s self-esteem, leading to them becoming withdrawn and experiencing low mood. Some noted that young people could become angry and sometimes aggressive in response to racism. One teaching assistant described young people feeling sad and frustrated at the lack of repercussions for those engaging in racist behaviour.

For too long racism in schools has gone unnoticed and unaddressed. The young people we spoke to said that experiencing racism affected their mental health, enjoyment of school and relationships with teachers. The UK Government’s failure to require schools to report on racist incidents means the true scale of racism in schools remains unidentified – and the true impact unknown. This has to change. Yet, the lack of a reporting requirement is no excuse for schools not to take action. In the absence of leadership from the UK Government, all secondary schools must implement their own policies to record and report on racist incidents.





Impact of school closures and lockdown restrictions

The pandemic has had a significant impact on young people who were already experiencing problems with their mental health. It has both increased mental health need and made it harder to access support. Face-to-face services and peer support groups have been cancelled. While it has been easier to access online or phone support, this does not meet the needs of some young people^{18,19,20}. Almost nine in ten (88%) of the school staff we surveyed said that the mental health of students had got worse due to the pandemic. Reasons given for this included a loss of routine, social isolation and difficulties accessing support.

Mental health professionals expressed concern that school closures had made it more difficult to identify young people who were in need and struggling with their mental health. School closures

“It has given me a sense of overwhelming anxiety. I am worried about the state of the world.”

Young person

“I want to see my friends more but cannot travel...”

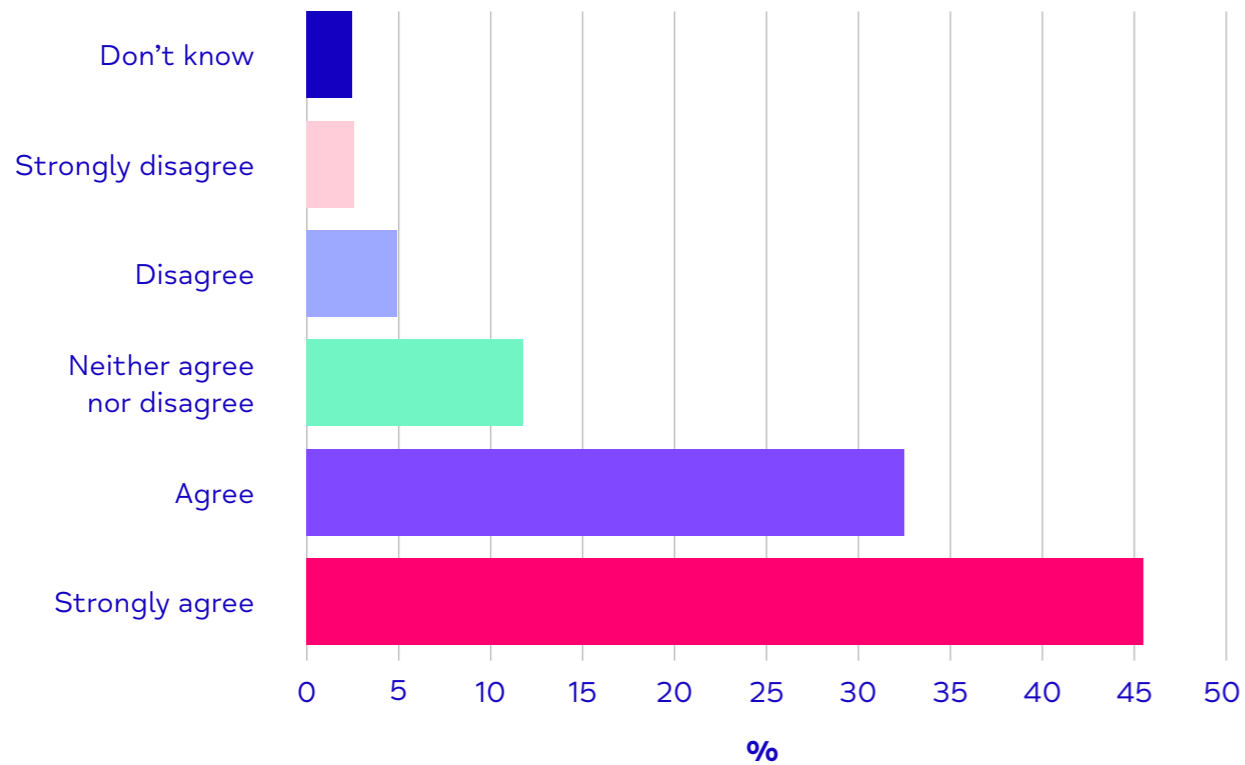
Young person

had particularly impacted those with difficult home lives who had not been able to benefit from the safety, stability and routine provided by school.

“Covid closed the schools and two weeks after I’ve still not heard anything. I was told to take her to the doctors to get a CAHMS referral, but the doctors couldn’t do it and explained it had to come from the school.”

Parent

Level of agreement with the statement 'School made my mental health worse'



Prioritisation of academic achievement at the expense of wellbeing

The overwhelming message from many young people is that academic achievement is prioritised at the expense of wellbeing.

There was widespread agreement on how the pressure to succeed and perform well in exams negatively impacted young people's mental health. Almost four in five young people surveyed (78%) said that

school had made their mental health worse.

Young people described the pressure of deadlines leading to them feeling overwhelmed and experiencing poor mental health. Some mental health professionals believed that mental distress as a result of exam pressures was particularly common in high achieving schools.

"The pressure from teachers, parents and myself from being at a grammar school and expected to achieve the highest grades possible...often heightened my anxiety. Exam periods were met with a lot of stress and anxiety/panic attacks from fear of not succeeding or being smart enough."

Young person

“In the classroom, I hear myself say, ‘In the exam,’ and, ‘If you use this, this is an eight or a nine phrase,’ kind of thing. I hear myself saying it and I try not to. If they’re getting that in five lessons twice from each teacher, then that’s the expectation, isn’t it? That they should be getting a nine... Loads of them want to go into medicine of some kind where they need really great grades. We do have a lot of children who are sadly very perfectionist.”

Pastoral Lead



Part 3:

The response from secondary schools and mental health services to young people's needs

Mental health and discipline in schools

Young people's experiences of discipline

If your mental health problems contribute to a change in your behaviour or make taking part at school difficult, then you might hope that you would be offered support, rather than punishment. Yet, almost half (48%) of young people responding to our survey told us they had been disciplined at school for behaviour that was due to their mental health. Over one in four (27%) of those who had been subjected to these interventions said that they had been placed in isolation and one in ten (10%) had been physically restrained by staff.

The use of isolation as a punishment is likely to fall disproportionately on young people experiencing mental

health problems, especially those struggling to manage their behaviour. Segregating young people can have the opposite of the intended effect, making them feel distressed, traumatised and potentially worsening their mental health, behaviour and ability to excel in school.

The current Department for Education guidance on discipline in schools²¹ is failing to protect young people from punitive measures that risk traumatising, or in some cases, re-traumatising them. It does not limit how long a young person can be kept in isolation or the number of days they can be sent to an isolation booth in a single term. In addition, there is no requirement to provide education to a young person while they are in isolation.



“I stole a scalpel from science once so I could hurt myself. They excluded me for two days. I was then put into isolation for a week.”

Young person

We found that the risk of being disciplined for behaviour related to your mental health does not fall equally on all groups. Young women (49%) were more likely than young men (40%) to be disciplined for behaviour that was caused by their mental health. A common theme in survey responses from young women was of being disciplined for failing to complete work or attend lessons due to the impact of mental health problems. Some described being given detentions for a lack of effort, or failing to complete homework or meet deadlines, when they were anxious or depressed. Others recounted the humiliation of being shouted at or disciplined in front of classmates. One told of how they were disciplined for leaving class to calm themselves down after experiencing panic attacks. Another described being punished for not taking part in class when they felt too anxious to speak.

Young people identifying as lesbian, gay or bisexual were more likely than those who identified as heterosexual to report being disciplined at school for behaviour that was caused by their mental health (lesbian/gay 57%, bisexual 62%, heterosexual 43%). We found that those already disadvantaged through poverty were more likely to experience worse outcomes. Young people who received free school meals were more likely to have been disciplined at school for behaviour that was caused by their mental health – over half (57%) compared to 47% of respondents who did not receive free school meals.

“It was so hurtful getting detentions and told off for not completing work when I was obviously so drained that I didn’t have the energy to complete it.”

Young person

“I was classed as a naughty child. The root cause of me lashing out and getting angry was never addressed.”

Young person

“I struggled to complete all of my work and homework and was often punished for this. There was never any question around why I was repeatedly falling short and no offer of extra support.”

Young person

The interviews we commissioned with a group of seventeen young White British people – the majority of whom were or had been looked-after children – identified how mental health impacts on behaviour at school. Over a third (6) of this cohort said that problems at home had a negative impact on their wellbeing at school. Most (14) recalled incidents when they felt angry at school and when this led to behaviour at school or college which got them into trouble. More significantly, over half (9) provided information to suggest that their anger and subsequent behaviour was a result of their mental health being affected by what was happening in their lives.

Young people in this group described not being listened to, being misunderstood, shouted at, sent out of lessons and excluded. This was not the case for all of the young people.

“Was sent to isolation for a panic attack and not allowed out...”

Young person

“...When a teacher saw my SH [self-harm] marks I was told to be ashamed and cover it up, another told me off for it.”

Young person

One of those interviewed felt that their school responded helpfully. This young person recalled how a teacher recognised their behaviour was out of character and supported them to access therapy.

“They could have given me a break, not shouted at me all the time and literally said to me that I could go and sit somewhere and chill out, and then come and talked to me about the situation and how I was feeling later on.”

Young person



Josh's story

Josh* is a looked-after young person, who has been attending school during the pandemic.

School is a frustrating place for Josh. He feels that he isn't listened to and is angry about the lack of control he has over his life as a young person in foster care.

Josh argues with teachers and has difficulties managing his anger, resulting in him being violent towards other students. This has led to Josh being disciplined by his school. When teachers respond to his behaviour, he would like them to ask his view on what happened and whether he was okay, as well as to try and understand the reasons behind his behaviour.

He has been referred for mental health support but moving between different foster placements and social workers has meant it has been difficult to get meaningful help.

Josh would like to have one-to-one support from someone at school. It is hard to receive help from teachers as they are often busy with managing the whole of his class.

All the young people who had experience of the care system were clear about the kinds of responses they wanted and needed. They all wanted someone to listen to them and help them talk about their behaviour and what was happening in their lives.

* Name has been changed

“I feel like the way that the teachers react to situations just adds fuel to the fire because a lot of the children who do act up in school, most of the time they have some sort of issues at home. Maybe they're living in poverty, maybe they're in a bad family et cetera... For our teachers to be, for example, excluding students or giving them detentions or reprimanding them, that's obviously not going to help their situation. The way that they just react to stuff is going to make it worse.”

Young person

“I think he could have asked me what my view of what happened was, he could have asked if I was okay, and why I was doing what I was doing.”

Young person

“The head of year should ask me daily if I am ok, but we have to make an appointment to see them and this takes three days when we are in school! The school should hire someone that can do this if the head of year is too busy, someone who is paid to talk to people. I have a counsellor from a local charity who has been very helpful. We need this all the time and not just for a little while.”

Young person

Both teachers and parents who took part in this inquiry recognised that young people affected by mental health problems at school can face a punitive response. Half (50%) of school staff and parents and caregivers (52%) were aware of

young people at their school being disciplined for behaviour that was related to their mental health. Parents described incidents of their child being threatened with or experiencing exclusion and being shouted at or told off in front of other students.

“My son is traumatised from repeated restraint and isolation in school, including being put in a tiny room away from his class from his friends for a year.”

Parent

“The second student I mentioned, the very fact that that boy has been excluded at all is almost certainly tied to his Special Educational Needs (SEN) and his mental health.”

Teacher

School exclusions

An estimated 8,000 children and young people are permanently excluded from school in England every year²². They are overwhelmingly young men²³ – a finding which was reflected in our inquiry. While young women were at a greater risk of being disciplined for behaviour related to mental health, young men were more likely to have been excluded. Almost one in five (17%) had been excluded (either permanently or

temporarily) in comparison to less than one in ten (7%) young women. Almost one in four school staff (25%) we surveyed said that they were aware of a student being excluded from school because of their mental health. A 2017 report found that young people who have been excluded from school are ten times more likely to have poor mental health²⁴.

The risk of being excluded is greater for some groups. Gypsy, Roma and Traveller young people have some of the highest rates of exclusions from school among all ethnic groups²⁵. Young people from Black Caribbean backgrounds are also excluded at a higher rate, almost twice the rate of their White British peers²².

Both mental health and education professionals told us how young people typically experienced being excluded as rejection and not being understood.

“Part of my caseload is always young lads with anger difficulties. Typically, schools might start off quite supportive, but it doesn’t take very long for them to escalate to suspensions and that kind of thing.

25%

of school staff said that they were aware of a student being excluded from school because of their mental health.

“I didn’t care at the time. Exclusions don’t work. I didn’t care about not having to go to school, it did however get me in more trouble at home which was already chaotic and abusive. This led to somewhat of a cycle, with hindsight, I would act out, be excluded, be in trouble at home, feel hurt, act out etc.”

Young person

Basically, children are made to feel that they’re bad... That sets them off on a real downward spiral, particularly when these are kids that were really struggling with self-esteem anyway.”

Clinical Psychologist

The long-term impact on young people of being excluded is profound, affecting their education, career prospects and overall life chances far into adulthood. Only 5% of those who finish their education in alternative provision following permanent exclusion pass their English and

maths GCSEs²¹. An estimated 40% of prisoners in England and Wales have been permanently excluded from school²⁶. These findings were supported by those contributing to our inquiry. A social worker with experience of working in the youth justice sector told Mind that Pupil Referral Units often struggled to deliver an education to excluded young people. They also observed that being excluded from school was a common feature in the lives of young people they worked with.

“School exclusions feature high among many of the young people who were certainly going through the court systems time and time again... You talk to young people who are in custody and they themselves will say things like, ‘I did all right at junior school, but when I went to secondary school that’s when I felt like I was a bit lost.’”

Social Worker

Rachael's story

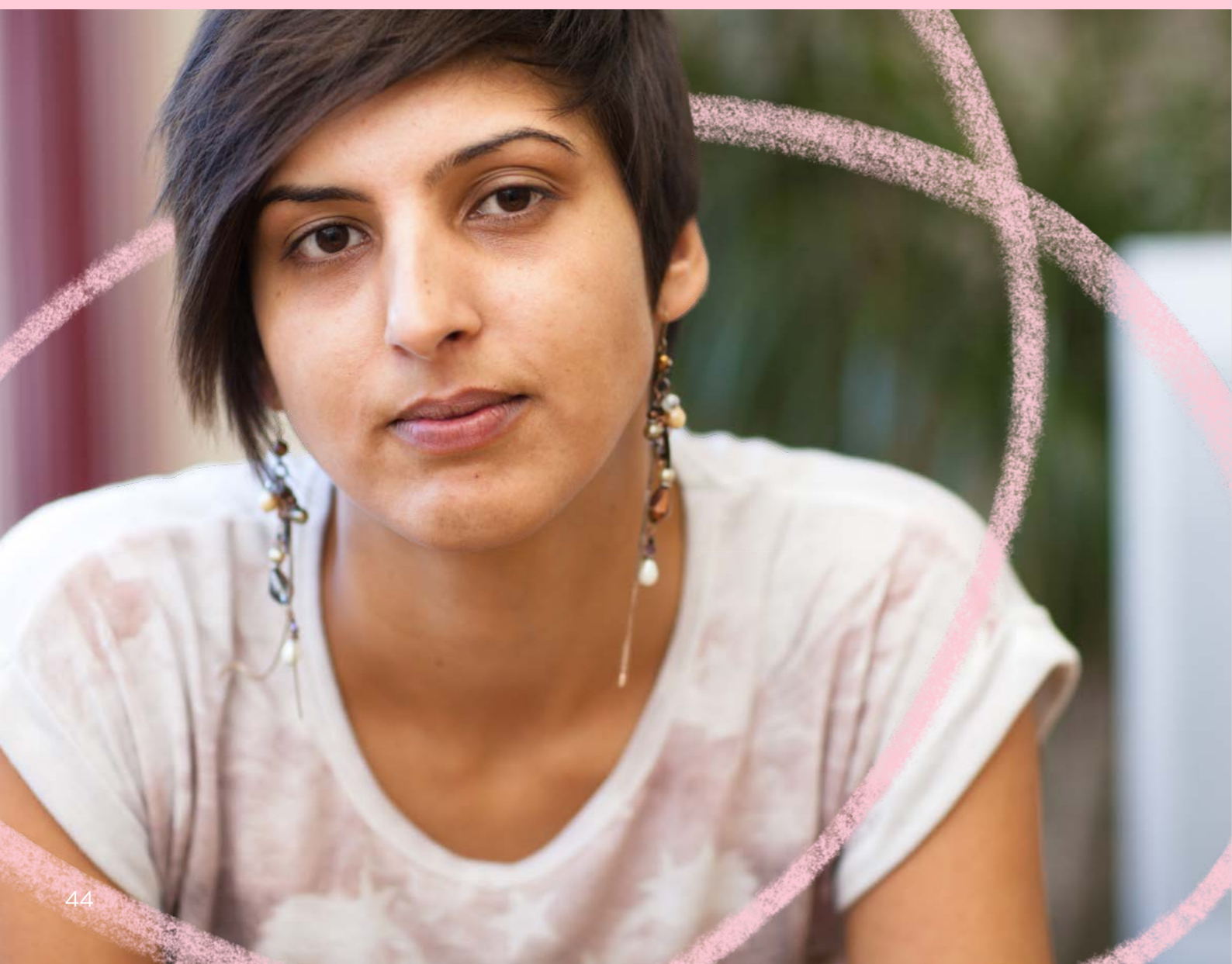
Rachael* was bullied at school and felt ignored by other students and teachers.

She found that her school was focused on ensuring young people achieved good grades, but did not understand her mental health needs or know how to provide support. Asking for support was difficult, as she struggled to talk to people. When she wanted help,

Rachael found that teachers were in the staff room or in lessons and was disciplined for interrupting them.

Rachael was branded a 'bad child' and permanently excluded, later attending a Pupil Referral Unit, followed by a Special Educational Needs (SEN) school. Rachael was unable to get the mental health support she wanted at all three schools she attended.

* Name has been changed



A trauma-informed approach

Mental health problems and the behaviour caused by poor mental health must never be met with punitive measures at the expense of understanding and compassion. Action should be taken to understand and explore what young people are communicating about their experiences, rather than responding only to the behaviour itself²⁷. This approach recognises how trauma and attachment issues can underlie poor behaviour and ensures that young people who have experienced these difficulties are properly supported at school²².

Mental health and education professionals we interviewed identified a range of factors that are barriers to schools using a trauma-informed approach. These included teachers feeling stressed, overworked and

not having the time or resources to understand what was happening in young people's lives. The challenges of maintaining order in a large class were also highlighted. Interviewees described how schools identified behaviour as the main problem, rather than trying to find out about what lay behind it. The UK Government must work with schools to address these barriers and ensure that all schools have the resources and skills to adopt a trauma-informed approach. The current focus on zero tolerance behaviour policies – including through the Department for Education's behaviour hubs programme²⁸ – risks leading to young people in immense distress being forced out of education and not reaching their full potential in adulthood.

“It makes a difference because people can look at a behaviour that we've been taught to see as bad, wrong and disrespectful and they can see that it's actually coming from fear...If you've got that bit of your brain that says, 'Yes, okay, this young person is terrified for these really, really valid reasons', then you have some space to be different in the interaction so you can give a different response.”

Mental health therapist

Mental health support at secondary school

Experiences of trying to access and receiving support

Young people told us that mental health support at secondary school is hard to access or did not meet their needs. Less than four in ten (38%) young people surveyed said they had received support from school for their mental health. Over a third (36%) of young people told us that they did not want mental health support from their school. For some, school was not a trusted setting. Stigma associated with seeking support and concerns about confidentiality were identified as reasons for not seeking help.

We found that young people who are already disadvantaged are less likely to be getting help. Those who received free school meals were far more likely to tell us they were not able to get support from school (34% compared to 24% of those who did not receive free school meals).

“There was very little confidentiality... My issues were written off as bad behaviour and I was frequently taken out of class to see a senior member of staff as if I had done something wrong. Their ‘support’ was more like punishment.”

Young person

“We had one school counsellor, which in hindsight was not enough to support every student’s needs. There was always a long waiting list and it was highly secretive. It almost felt like

you couldn’t let anyone else know that you were seeing the school counsellor for fear of embarrassment.”

Young person

“Sometimes the support given by a safeguarding lead is seen as more a form of punishment, like you’ve done something wrong.”

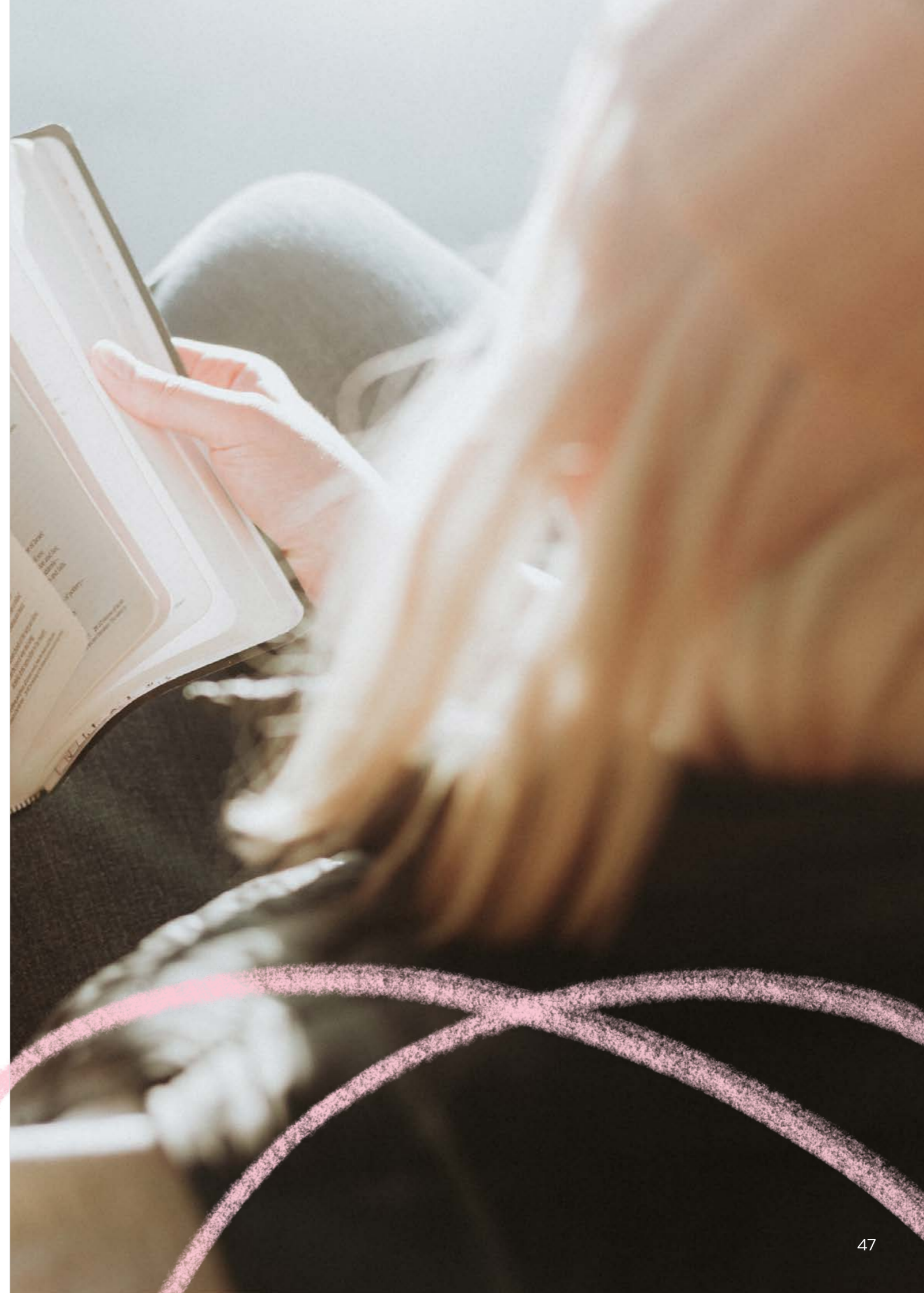
Young person

“Didn’t see them often. They were usually for people with bad behaviour or struggling academically.”

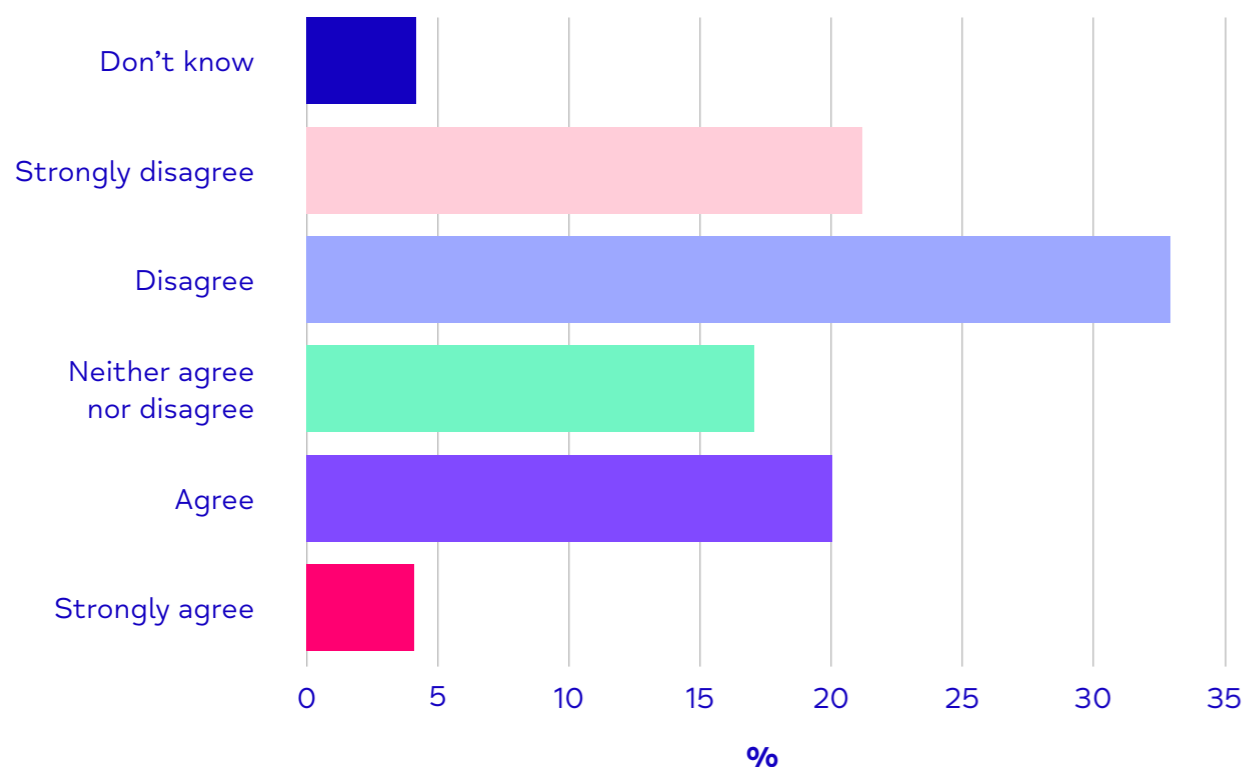
Young person

“They told me it was confidential then told all the other teachers what we spoke about. They only made me go so they were seen to be doing something to help. They didn’t actually care or really talk to me.”

Young person



**Level of agreement with the statement
'I got support for my mental health at school'**



Our findings support existing evidence that young men are less likely to seek help for their mental health²⁹³⁰. Mental health and education professionals told us that young men were more reluctant to acknowledge distress and talk about it to others and that young women were more likely to ask for mental health support.

"I don't want a mentor or a counsellor as it would make me feel something was wrong with me."

Young man

"I would say I've got one boy who has accepted a referral to go to the counsellor. I'm just trying to think if there's someone else. Only one and seven or eight girls. Boys don't want to seek help, particularly."

Pastoral Lead

"I have a lot more girls come to the office and say, 'Look, sir, I'm struggling with this.' ...If I know something's wrong with boys then I've really got to drag it out of them."

Special Educational Needs Coordinator

Statistically females get picked up more for self-harm, but then boys who are in an approved school banging their head against the wall will not be considered as self-harm in the same way that a young girl would be cutting. I think there's still a lot of work to be done around the perception of how girls and boys express their difficulties...

Manager, Mental Health Schools Team

There was also concern about a lack of understanding of how young men express their difficulties, which can lead to their mental health problems not being recognised.

Despite being more likely to have received support, we found evidence that mental health support at secondary school is not meeting the needs of young women. Of those who did receive support from school for their mental health, young men were more likely than young women to find it very helpful (26% compared to 6%). This could be because of the higher prevalence of trauma among young women and their need for a level of mental health support that schools are not equipped to provide.

Some young people highlighted how teachers supported them when they were struggling with their mental health. One young person described how teachers knew and understood if they needed to take a moment out of lessons. Another had an allocated

time each day to meet with a trusted teacher who was part of the school's Senior Leadership Team.

There was also recognition of the pressures that teachers are under and that it can be a struggle for them to have the knowledge and time to support young people.

My sociology teacher always went above and beyond for me. She was there to celebrate the highs with me and console me when I was at my lowest. She talked me out of so many plans to end my life and helped me to stay safe...

Young person

“...I remember in secondary school, they gave us these stupid things, these books, and they were like, ‘Write how you feel.’ No one’s going to write how they feel on a piece of paper that you printed out two minutes ago... They were saying, ‘Write your feelings down,’ or whatever but then the teachers that were causing the stress weren’t trying to change their behaviour... I think with that, a lot of students think ‘okay, cool but they’re not going to listen to me anyways so why would I tell them how I feel?’”

Young person

The experiences of young people from Black, Asian and Minority Ethnic backgrounds

The ten young men from Gypsy, Roma, and Traveller backgrounds identified a number of barriers to getting support. A lack of confidence was the most common reason given for not asking for help. Others talked about being self-conscious. Interviewees mentioned struggling to open up about how they felt, with two concerned this would show weakness. Another mentioned their difficulties in trusting someone. One interviewee identified stigma in the Roma community around mental health as a barrier. Another identified discriminatory attitudes towards Gypsies and Travellers as a reason for not asking for help.

Young people who took part in focus groups as part of this inquiry said that secondary school was made more challenging by the lack of Black school

staff and a belief that White teachers did not understand them or their culture. This meant that they were less likely to open up to teachers and ask for support. When support was provided, it frequently did not meet their needs and was undermined by a lack of trust between young people and staff.

“...It’s just weird how our school is 90% Black, but the teachers are also 90% White. It’s like the system is set up for us to fail. There’s no one for us to relate to...”

Especially when we have mental health or whatever, we don’t feel comfortable to talk to them. They don’t understand us... They don’t understand our culture...”

Young person



Access and support from Child and Adolescent Mental Health Services (CAMHS)

Accessing CAMHS

Young people, their parents, and mental health and education professionals, told us about huge challenges in accessing NHS support. When asked if they had ever felt that their child did not get the support they needed at school because they did not fit a certain criteria, nearly eight in ten (78%) parents and carers said yes. Over a third identified the threshold for accessing NHS support (36%) as a barrier to getting care.

For school staff who were aware of young people at their school being prevented from accessing support, nearly nine in ten (86%) said that this was in relation to seeking help from the NHS. Shockingly, 56% of school staff identified that young people who did not receive support experienced self-harm, and more than a third (37%) said young people experienced suicidal thoughts.

56%

Shockingly, over half of school staff identified that young people who were denied help experienced self-harm

37%

and more than a third said young people had suicidal thoughts.

“The schools do not have the resources to meet the needs of children with mental health problems and it took nine months to get support via CAMHS and by this time it was too late...”

Parent

“CAMHS rejected my referral and put me on a two-year waiting list so I had to self-study for my GCSES... I believe that if someone had intervened when I was still in school I wouldn't have the chronic mental health problems that I will now probably battle for the rest of my life.”

Young person

Research has found that barriers to people from Black, Asian and Minority Ethnic backgrounds accessing mental health services include discrimination, language barriers, as well as stigma around mental health^{31,32,33}. The Care Quality Commission's (CQC) 2019 review of CAMHS in England identified that providers had a widespread lack of understanding of local need, including among those from Black, Asian and Minority Ethnic backgrounds³⁴.



“Once they get a feel for what we can offer and what’s on the table for them, then they sort of feel that they’re either not ready for it or it’s not something that they wish to talk about.”

Mental health professional

One young person described cultural barriers and parental perceptions of mental health, making it more difficult for young people to access support:

“...There’s a lot of stigma and our parents have a different mindset or mentality. When you say mental health they say just pray, or they think that there’s something demonic in you... The understanding in the UK around children’s mental health differs from what’s actually going on at home...”

Young person

Some mental health professionals told us that young people from Black,

Asian and Minority Ethnic backgrounds were less likely to access their service. One psychiatrist described working in an ethnically diverse city but only receiving two referrals to their Community Mental Health Team from young Black people in a number of years. Another mental health professional explained that young people from Black, Asian and Minority Ethnic backgrounds did not believe that their service was able to meet their needs. This is supported by existing research that has found that Black and Asian people experiencing mental health problems are less likely to be receiving treatment³⁵.

“I’ve worked in [this area] with a large orthodox Jewish community for a while. We didn’t have very many young people from that community coming to CAMHS. On the few occasions that we did, there was a huge issue around cultural barriers. The views of the family and our team on what a good outcome was for the child were really at odds with each other...”

Consultant Psychiatrist, Community CAMHS



Quality of care

Young people who shared their experience of using CAMHS talked of the failure of the service to meet their needs. Some (7) of the group of seventeen young White British people interviewed – the majority of whom were looked-after children – had experience of CAMHS. All of these young people had negative views about the service.

“Didn’t find them useful.”

Young person

“I didn’t like it as I don’t like talking about my feelings and things.”

Young person

“...They just gave me the medicine and told me to f... off.”

Young person

“It was okay, but in terms of my anxiety I felt I was being helped more generally e.g. breathing exercises, rather than it being tailored to my individual needs... This is frustrating because you can go round in circles talking about mindfulness with no real positive change...”

Young person



Despite these findings, one parent described how CAMHS had provided effective support to their daughter.

“Under CAMHS, [my daughter] has been prescribed medication which is helping to regulate the anxiety to a more manageable level. The Pupil Referral Unit have been wonderful with her and this has enabled her to improve her attendance dramatically. In my mind this just reflects the fact that a small amount of informed adjustment would have led to a significant improvement before things got as bad as they did.”

Parent

There was consensus among mental health and education professionals that CAMHS is overburdened and often not delivering what parents and young people want.

“Families can be waiting in distress for many, many months. Then obviously, as you are waiting, your expectations

are building. By the time you get to a service you're onto a year's delay. You expect an amazing level of support. Then what they find, typically, are busy clinicians who can't give them the level of intervention that they want. I think a lot of families can feel quite disappointed.”

Clinical Psychologist

“The tier three, the most vulnerable kids with complex needs, you just feel like you're pissing in the wind sending a referral off...”

Clinical Psychologist

Early support hubs

Our inquiry has found that the current model of mental health support for young people is broken. Stigma and a lack of trust means that some are reluctant to ask their school for help, while CAMHS is inaccessible for many and often does not provide the support that young people want.

The UK Government must not solely focus on investing in mental health support provided within schools and the NHS. Early support hubs provide drop-in support on a self-referral basis for young people who don't meet the threshold for CAMHS or who have emerging mental health needs, up to age 25. There is increasing momentum for this type of support from voluntary organisations supporting young people experiencing mental health problems³⁶. It is a model of care which can be provided through the voluntary sector or working in partnership with local authorities. A range of services can be provided at one location. These can include psychological therapy, housing advice, youth services and sexual health clinics. Crucially, these services are designed based on local need and the preferences of young people³⁷.

Research on existing early support hubs in the UK found that, compared to CAMHS and school-based counselling services, they can attract a greater proportion of groups that are less likely to engage with NHS services. Analysis of Jigsaw Services in Ireland found that almost half of the young people who engage with the service are young men³⁸. It identified that the ability to self-refer to services rather than seek help through their GP was particularly appealing to young men.

Early support hubs are more effective at engaging young people from Black, Asian and Minority Ethnic communities than NHS mental health services³⁹.

The Up My Street project provides a good example of how hubs could tailor support to young people. This supported young African Caribbean men aged 15 to 25 to build their mental health resilience and help them talk to each other and their families. Discussions were focused on exploring experiences of being young Black men in a predominantly White society and the impact of this on their identity, wellbeing, choices and aspiration⁴⁰. This project recognised that the traditional means of accessing services was not meeting the needs of young Black men. It used a ‘street-therapy’ approach, going out to talk with young people on the street, or in a youth centre. This approach enabled young people to get the support they needed flexibly and informally.

Another example of elements of early support hubs being implemented is the approach taken by the Women and Girls Network. This is an organisation which works to restore the mental health and wellbeing of women and girls who have experienced – or are at risk of experiencing – gender-based violence, including domestic violence and sexual abuse. The support they offer, which includes specialist advocacy and counselling for women with complex needs, is based on the outcomes young women want services to help them achieve⁴¹.

Part 4: Summary and recommendations

Young people have told us that they are being left without the help they need for their mental health. Those who are able to access support are often provided with inadequate care that does not meet their needs in a setting where many do not want to receive help. We cannot go on like this.

All young people have a right to mental health support, which is easily available, meets their needs and is provided in a trusted location.

Our inquiry has found that secondary schools struggle, with minimal resources and over-stretched staff, to support young people with behaviour resulting from their mental health. Traumatized young people are frequently experiencing a punitive response from schools, such as being placed in isolation or excluded. For some, this damaging

treatment has a devastating impact on their future lives. Every young person deserves to be listened to, have their needs understood, and be supported to address the underlying causes of their behaviour.



Recommendations in full:

Support schools to meet the needs of young people experiencing mental health problems

Recommendation: Take action to tackle racism in secondary schools

Department for Education should:

- Make it a legal duty for all secondary schools to monitor and report on racist incidents to ensure they are held accountable for effectively tackling racism.
- Provide training about gender and racial stereotyping and its impact on mental health as part of Initial Teacher Training (ITT)⁴² and for current staff as part of Relationships and Sex Education (RSE) and Health Education training modules. We support recommendations made by the Fawcett Society on this⁴³.
- Update the secondary national curriculum in England to reflect and be inclusive of Black, Asian and Minority Ethnic history.
- Work with the education sector to increase the number of trainee teachers and school leaders from Black, Asian and Minority Ethnic backgrounds.

Secondary school leaders should:

- Publish guidance for young people and staff on how to report and respond to racist incidents.
- Ensure that staff and young people have the skills and confidence to have open conversations about racism and its impact on their school community.
- Monitor racist incidents and challenge racist practices and attitudes among students, staff and parents.
- Take action to encourage more people from Black, Asian and Minority Ethnic backgrounds to apply for teaching roles and review recruitment and hiring processes to ensure they do not discriminate against people from these communities.

Recommendation: Improve support for school staff and parents

Department for Education should:

- Invest in wellbeing support which meets the needs of secondary school staff, informed by annual surveys. Staff who can access effective wellbeing support at work will be better positioned to assist young people who need mental health support.
- Ensure that Mental Health Support Teams have the skills and knowledge to offer advice and support for parents on supporting their child's wellbeing, as well as their own.

Recommendation: Create an attendance system which does not disadvantage or stigmatise young people experiencing mental health problems

Department for Education should:

- Reform the current national system for managing and recording school attendance so it doesn't stigmatise and disadvantage young people experiencing mental health problems. There must be greater clarity on when medical evidence is necessary to authorise absence due to mental health. The barriers that young people face to providing this evidence, including difficulties in identifying and receiving support for mental health problems, should also be recognised.

Recommendation: Improve education support for young people who are receiving support in hospital for their mental health

Department of Health and Social Care and the Department for Education should:

- Publish guidance for secondary schools on how to ensure young people who have been admitted to a mental health ward have the opportunity to access education and learning.

Provide mental health support that meets young people's needs

Recommendation:
Take action to understand and improve young people's experiences of mental health and NHS support

NHS England/NHS Improvement (NHSE/I) and NHS Digital should:

- Urgently make progress on developing metrics to measure the outcomes of young people accessing treatments. These should be routinely published as part of the existing Mental Health Services Data Set and should draw on data sources from across the whole system, including the NHS, public health, local authority children's services and education (as recommended in the Five Year Forward View).

The Department of Health and Social Care should:

- Commission regular prevalence surveys for young people that are updated not less than every seven years (as recommended in the Five Year Forward View). This is vital to understanding the long-term impact of the pandemic on young people's wellbeing, as well as whether the funding committed in the NHS Long Term Plan is sufficient to address mental health need. The surveys must assess the prevalence of diagnosable mental health problems, as well as expressions of emotional distress, such as self-harm.

Recommendation:
Transform mental health care by investing in early support hubs

Department of Health and Social Care and the Department for Education should:

- Invest in early support hubs in every community across the country. This will provide vital easy-to-access, drop-in support on a self-referral basis for young people who don't meet the threshold for CAMHS or who have emerging mental health needs, up to age 25.

Recommendation:
Take a cross-Government approach to mental health

UK Government should:

- Develop a cross-Government strategy for mental health to tackle the underlying issues contributing to poor mental health among young people. This strategy must consider the range of factors that contribute to young people experiencing poor mental health, including poverty, unsafe housing and a failing benefits system. The strategy must make clear that each Government department is responsible for actively promoting good mental health and preventing its policies from being detrimental to mental health.

Recommendation:
Be responsive to the needs of young people

All providers of mental health services should adopt the principles of help offered by early support hubs, including:

- Being responsive to the needs of the different communities of young people. Young people have different needs and services must reflect this. For example, services need to be responsive to the different ways young men and women typically express their mental health problems and respond to trauma, or the differing needs of young people from Black, Asian and Minority Ethnic backgrounds.
- Ensuring young people are able to self-refer for support and to make decisions about their care. Providers and commissioners must support young people to feel empowered and in control of their lives.
- Designing and co-producing services alongside young people. Negative perceptions of mental health services deter some young people from accessing support.





Improve access to NHS mental health services

NHSE/I should:

- Undertake a national review of gaps in service provision caused by current thresholds and criteria. National recommendations, including the possibility of national service specifications, must then be developed to ensure that young people experiencing mental health problems are not denied access to support.

NHS providers and local authorities should:

- Ensure that Integrated Care Systems provide seamless mental health pathways for young people across health and social care services, including those provided by the voluntary, community and social enterprise (VCSE) sector. The design and delivery of services should be co-produced in partnership with the VCSE sector and young people.

Radically rethink the approach to discipline in secondary schools

Recommendation: Tackle the use of restrictive interventions at secondary school

Department of Health and Social Care and the Department for Education should:

- Ban the use of isolation as a disciplinary measure.
- Develop statutory guidance on reducing the need for restrictive interventions in mainstream schools. This must set out a protective framework for young people and make specific reference to the needs of those experiencing mental health problems.
- Set out duties in legislation that require schools to record and report restraint and restrictive interventions and inform parents/carers or the local authority.

Recommendation: Provide trauma-informed care at all secondary schools

Department for Education should:

- Make attachment and trauma training a mandatory element of Initial Teacher Training, the Early Career Framework, and training for Designated Senior Leads for Mental Health and Mental Health Support Teams. The training should include the different ways that young men and women typically express their mental health problems and respond to trauma.

Recommendation: Ensure that all secondary schools adopt a whole-school approach to mental health

Ofsted should:

- Focus future joint target area inspections (JTAs)⁴⁴ on young people's mental health. This should assess secondary schools on whether they are taking a whole-school approach to mental health, which tackles mental health stigma and prioritises the wellbeing of both young people and staff. Given the impact of the pandemic on wellbeing, there must be a longer-term commitment to focus on young people's mental health beyond the current inspection round.

Recommendation: Tackle injustices related to school exclusions

Department for Education should:

- Update the legislation and statutory guidance governing exclusion to ensure there is a robust and Article 6 of the European Convention on Human Rights (ECHR)-compliant process for challenging exclusions, which fully takes into account the views of the young person.
- Amalgamate the Independent Review Panel into a newly formulated First Tier Tribunal (Education) – based on JUSTICE's recommendation (para 7.9)⁴⁵ – to provide an effective process to challenge exclusions. This Tribunal would have the power to direct the reinstatement of young people as well as have the necessary expertise and independence to ensure that the process is compatible with the young person's Article 6 ECHR rights. The Tribunal would provide an accessible further route of appeal that does not require costly and complex judicial review proceedings.
- Require schools with above average exclusion rates to conduct internal audits of their exclusions practices and policies to identify patterns in their use of exclusions and at-risk cohorts. They should use the findings to better support those students to access learning and thrive at school.
- Publish data on all types of student moves out of school, including their last known destination when a young person is removed from the school roll.



Endnotes

- 1 Centre for Mental Health (2020). Covid-19 and the nation's mental health. Available at: www.centreformentalhealth.org.uk/sites/default/files/publication/download/CentreforMentalHealth_COVID_MH_Forecasting3_Oct20_0.pdf
- 2 UK Parliament written questions for the Department for Education (23 March 2021). Available at: questions-statements.parliament.uk/written-questions/detail/2021-03-23/174220
- 3 Mind (2019). The Timpson Review of School Exclusion. Available at: www.mind.org.uk/news-campaigns/legal-news/legal-newsletter-june-2019/the-timpson-review-of-school-exclusion/
- 4 Commission on Race and Ethnic Disparities (2021). Commission on Race and Ethnic Disparities: The Report. Available at: assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974507/20210331_-_CRED_Report_-_FINAL_-_Web_Accessible.pdf
- 5 Department for Education (2019). School exclusion: a literature review on the continued disproportionate exclusion of certain children. Available at: assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/800028/Timpson_review_of_school_exclusion_literature_review.pdf
- 6 Lawrence, D., Dawson, V., Houghton, S., Godsell, B and Sawyer, M. (2019). Impact of mental disorders on attendance at school. Australian Council for Educational Research. Available at: journals.sagepub.com/doi/full/10.1177/0004944118823576
- 7 Finning, K. et al., (2019). Review: The association between anxiety and poor attendance at school – a systematic review. Child and Adolescent Mental Health. Available at: acamh.onlinelibrary.wiley.com/doi/full/10.1111/camh.12322
- 8 Smith, N and Marshall, L. (2020). The influence of mental health on educational attainment in adolescence. NatCen. Available at: <http://natcen.ac.uk/our-research/research/the-influence-of-mental-health-on-educational-attainment-in-adolescence/>
- 9 Department for Education (2020). School attendance: Guidance for maintained schools, academies, independent schools and local authorities. Available at: assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/907535/School_attendance_guidance_for_2020_to_2021_academic_year.pdf
- 10 Crowley, J., Lubian, K., Smith, N and McManus, S. (2019). Patterning of mental health needs and support in England: a latent class analysis of the Adult Psychiatric Morbidity Survey 2014. Mind: London [unpublished]
- 11 NHS Digital (2019). Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England 2014. Available at: digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014
- 12 Hu, J., Feng, B., Zhu, Y., Wang, W., Xie, J and Zheng, X. (2016)., in Alvinus, A. (ed.) Gender Differences in PTSD: Susceptibility and Resilience, Gender Differences in Different Contexts. Available at: www.intechopen.com/books/gender-differences-in-different-contexts/gender-differences-in-ptsd-susceptibility-and-resilience
- 13 Greenwald, R. (2008). The Role of Trauma in Conduct Disorder. Journal of Aggression, Maltreatment & Trauma. Available at: www.tandfonline.com/doi/abs/10.1300/J146v06n01_02
- 14 National Institute for Health and Care Excellence; NICE (2017). Antisocial behaviour and conduct disorders in children and young people: recognition and management. Available at: www.nice.org.uk/guidance/cg158/chapter/Introduction#:~:text=The%20prevalence%20of%20conduct%20disorders,boys%20and%205%25%20of%20girls
- 15 Joseph-Salisbury, R. (2020). Race and Racism in English Secondary Schools. Runnymede. Available at: www.runnymedetrust.org/uploads/publications/pdfs/Runnymede%20Secondary%20Schools%20report%20FINAL.pdf
- 16 UCL Institute of Education (2020). 46% of all schools in England have no BAME teachers. Available at: www.ucl.ac.uk/ioe/news/2020/dec/46-all-schools-england-have-no-bame-teachers
- 17 Haque, Z and Elliott, S. (2016). Visible and Invisible Barriers: the impact of racism on BME teachers. NUT and Runnymede. Available at: neu.org.uk/media/2936/view
- 18 Mind (2021). Trying to Connect. Available at: www.mind.org.uk/media/7592/mind-20582-trying-to-connect-report-low-res.pdf
- 19 Lee, J. (2020). Mental health effects of school closures during COVID-19. The Lancet: Child & Adolescent Health. Available at: [www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(20\)30109-7/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(20)30109-7/fulltext)
- 20 Mind (2020). The mental health emergency. Available at: www.mind.org.uk/media-a/5929/the-mental-health-emergency_a4_final.pdf
- 21 Department for Education (2016). Behaviour and discipline in schools: Advice for headteachers and school staff. Available at: assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/488034/Behaviour_and_Discipline_in_Schools_-_A_guide_for_headteachers_and_School_Staff.pdf
- 22 IntergratED (2020). Fewer exclusions. Better alternative provision. Available at: www.integrated.org.uk/wp-content/uploads/2020/12/IntegratED_V0.1.14-Proof-DIGITAL.pdf
- 23 Timpson, E. (2019). Timpson Review of School Exclusion. Available at: assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/807862/Timpson_review.pdf
- 24 Institute for Public Policy Research; IPPR (2017). Making The Difference: Breaking the link between school exclusion and social exclusion. Available at: www.ippr.org/publications/making-the-difference
- 25 The Traveller Movement (2020). Gypsy, Roma and Traveller experiences in Secondary Education: Issues, barriers and recommendations. Available at: travellermovement.org.uk/phocadownload/TTM%20GRT%20in%20Secondary%20Education_2021.pdf
- 26 Ministry of Justice (2012). Prisoners' childhood and family backgrounds: Results from the Surveying Prisoner Crime Reduction (SPCR) longitudinal cohort study of prisoners. Available at: assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/278837/prisoners-childhood-family-backgrounds.pdf
- 27 Young Minds. Trauma informed practice. Available at: youngminds.org.uk/media/3831/trauma-informed-schools.pdf

Endnotes (continued)

- 28 Department for Education (2020). Guidance: Behaviour hubs. Available at: www.gov.uk/guidance/behaviour-hubs
- 29 Lynch, L., Long, M and Moorehead, A. (2018). Young Men, Help-Seeking, and Mental Health Services: Exploring Barriers and Solutions. American Journal of Men's Health. Available at: www.ncbi.nlm.nih.gov/pmc/articles/PMC5734535/
- 30 Rice, S., Purcell, R and McGorry, P. (2018). Adolescent and Young Adult Male Mental Health: Transforming System Failures Into Proactive Models of Engagement. Journal of Adolescent Health. Available at: www.sciencedirect.com/science/article/pii/S1054139X1730407X
- 31 Chui, Z., Gazard, B., MacCrimmon, S. et al., (2020). Inequalities in referral pathways for young people accessing secondary mental health services in south east London. European Child and Adolescent Psychiatry. Available at: doi.org/10.1007/s00787-020-01603-7
- 32 Memon, A., Taylor, K., Mohebati, L., Sundin, J., Cooper, M., Scanlon, T and de Visser, R. (2016). Perceived barriers to accessing mental health services among black and minority ethnic (BME) communities: a qualitative study in Southeast England. BMJ Open. Available at: bmjopen.bmj.com/content/bmjopen/6/11/e012337.full.pdf
- 33 Broussard, B., Goulding, S., Talley, C and Compton, M. (2012). Social Distance and Stigma Toward Individuals With Schizophrenia: Findings in an Urban, African-American Community Sample. The Journal of Nervous and Mental Disease. Available at: journals.lww.com/jonmd/Abstract/2012/11000/Social_Distance_and_Stigma_Toward_Individuals_With.5.aspx
- 34 Care Quality Commission (2019). Are we listening? REVIEW OF CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH SERVICES. Available at: www.cqc.org.uk/sites/default/files/20180308b_arewelisting_report.pdf
- 35 Cooper, C., Spiers, N., Livingston, G. et al., (2013). Ethnic inequalities in the use of health services for common mental disorders in England. Social Psychiatry and Psychiatric Epidemiology. Available at: link.springer.com/article/10.1007/s00127-012-0565-y
- 36 YoungMinds, Youth Access, and Children's Society (2020). Open-access mental health drop-in hubs: Investing in early community mental health support for young people. Available at: youngminds.org.uk/media/4240/open-access-hubs-briefing.pdf
- 37 Children's Society (2021). The case for open access well-being services. Available at: www.childrenssociety.org.uk/information/professionals/resources/case-for-open-access-hubs
- 38 O'Keeffe, L., O'Reilly, A., O'Brien, G., Buckley, R and Illback, R. (2015). Description and outcome evaluation of Jigsaw: an emergent Irish mental health early intervention programme for young people. Irish Journal of Psychological Medicine. Available at: archive.headstrong.ie/wp-content/uploads/2014/01/Final-version-IJPM-Paper.pdf
- 39 Duncan, C., Rayment, B., Kenrick, J and Cooper, M. (2018). Counselling for young people and young adults in the voluntary and community sector: An overview of the demographic profile of clients and outcomes. The British Psychological Society. Available at: bpspsychub.onlinelibrary.wiley.com/doi/full/10.1111/papt.12206
- 40 Centre for Mental Health (2017). Against the odds. www.centreformentalhealth.org.uk/sites/default/files/2018-10/Against%20the%20odds%20-%20Up%20My%20Street%20evaluation.pdf
- 41 Women & Girls Network. Young Women Services. Available at: www.wgn.org.uk/young-womens-services/professionals
- 42 Department for Education (2019). ITT Core Content Framework, Available at: assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974307/ITT_core_content_framework_.pdf
- 43 Fawcett (2020). Unlimited Potential: Report of the Commission on Gender Stereotypes in Early Childhood. Available at: www.fawcettsociety.org.uk/Handlers/Download.ashx?IDMF=17fb0c11-f904-469c-a62e-173583d441c8
- 44 Ofsted (2019). Guidance for joint targeted area inspections on the theme: children's mental health. Available at: assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/820890/Guidance_for_joint_targeted_area_inspections_on_the_theme_childrens_mental_health.pdf
- 45 JUSTICE (2019). Challenging School Exclusions. Available at: files.justice.org.uk/wp-content/uploads/2020/08/06165917/Challenging-Report.pdf





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