

Referral to CAMHS increases significantly at the start of the school year. Are schools bad for young people's mental health?

Word count: 4972

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1. Introduction

Government legislation in the UK states that schools maintained by the local authority must be open for 190 days a year and, as of September 2024, must deliver at least a 32.5-hour school week (1). This results in children spending a minimum of 1,235 hours a year in school. Parents and guardians put their faith in the education system to fulfil their child's academic, social, and emotional needs. It is essential that these 1,235 yearly hours of schooling are having a positive impact on the physical and mental health of children. An increased incidence of mental health conditions (MHCs) in young people and the worsening subjective wellbeing (2), has left many wondering whether the current education model is fit for purpose.

Over the past approximately 25 years, rates of clinically diagnosed MHCs in 5–16-year-olds has almost doubled, and subjective wellbeing is also on a downwards trajectory (2,3). It is also reported that referrals to CAMHS spike at the start of a new school year. While school is just one of a multitude of factors that contribute to the mental wellbeing (or ill-health) of a child, the importance of school having a positive impact on the mental and emotional wellbeing of a child cannot be understated.

MHCs that develop in childhood often persist into adulthood and over 75% of adults who access mental health services had a diagnosable MHC before the age of 18 (2). It is suggested that early specialist intervention in childhood/adolescence can be pivotal in stopping the spiral of mental distress and the development of MHCs (4). It therefore follows that a positive schooling experience can not only benefit the mental

wellbeing of the child, but also their academic, social, and emotional wellbeing in later life.

There is no shortage of literature on child/adolescent mental health; the difficulty comes when attempting to isolate the effect that schooling alone is having over myriad other components of a child's life. Separating school from issues such as socio-economic disparities, the cost-of-living crisis and an impending climate emergency is impossible. These issues plus many more interact to have an impact on children's mental health and their experience of school.

In most of the literature on the subject, 'child/children' is generally used to refer to children of primary school age and below and 'adolescent/young person' is used to refer to high school age and below. Throughout this report 'child/children' and 'young people/person' is used more generally to refer to people under the age of 18 in full-time education. Most of the literature is focussed on mainstream, state-funded education within the UK so throughout this report 'school' will be used to represent this cohort.

Mental health problems cost the UK economy £117.9 billion a year due to costs of lost employment, healthcare provision and social care costs (5). Policy makers not only have a moral duty to safeguard the mental health of children in the UK, but also a financial incentive to do so. It is imperative to closely examine whether schools are protecting or worsening the mental health of children and young people. This will direct reformation if needed and will have wide-reaching effects on individuals, families and the wider society.

2. How does schooling benefit children and the wider society?

The United Nations Convention on the Rights of the Child gives every child the right to education (6). Although this target is not met globally, most children in the UK (9,073,832 as of June 2023) attend school from the age of 5 to the age of at least 17/18 (7). Education is imperative for both individual and societal development and no country has achieved continuous and rapid growth without at least a 40% adult literacy rate (8). In developing countries, for every additional year of education, a 10% increase in future income can be expected (8) and a UNESCO report also suggested that an additional 2 years of schooling could elevate nearly 60 million people out of poverty (9).

As well as individual and societal financial benefits, school can be a safe space for many children and can help to prevent and spot signs of abuse, neglect and exploitation. It can be a respite for young carers, provide a sense of stability for looked after children and give parents a safe place for their children while at work. It can help children to develop problem solving skills and empowers people to be self-reliant (10). Education is seen to be a 'contributor to peace' across societies (10)

and studies show that countries with higher literacy rates are more likely to progress in human and economic development (11).

Education is also linked to health outcomes. A report assessing the influence of health on OECD countries between 1995 and 2015 showed that individuals with higher academic attainment had better overall health and longer life expectancy (12). Although this link has been long established, it is complicated by a range of factors such as financial disparities that correlate to educational attainment, differing social landscapes of various demographics and structural policies related to health and education. While recognising the complex interaction of health determinants, even a small relative change to socio-economic status can improve health outcomes (12) and education is one of the most effective ways to do this.

Schooling provides myriad social benefits for children and young people and it is suggested that the effect schooling has on social communication and emotion is of equal importance to academic success when predicting outcomes later in life (13). Interaction with peers helps children explore problem-solving and conflict resolution and research (14) has shown that friendship has positive impacts on mental health. In addition to being a protective factor for mental health, good social skills including a child's ability to share, listen and co-operate at age 5 has been linked to a greater likelihood of attending university and entering employment by age 25 (15).

3. The current state of child and adolescent mental health

To put into context the current state of child and adolescent mental health (CAMH) it is necessary to look at past trends and other significant events such as the COVID-19 pandemic. In 1999, a survey on the mental health of children and young people in Great Britain was commissioned by the Department of Health and the Scottish Executive and carried out by the Office for National Statistics (ONS) (16). Follow-up surveys were also done in 2004, 2017, 2020, 2021, 2022 and 2023 (17-22). These surveys provide critical insight into the general trajectory of children's/young person's mental health over the past 25 years.

In both 1999 and 2004, 1 in 10 children aged 5-16 were found to have a clinically diagnosed MHC (16,17). When comparing this to the later surveys we see that the rates of clinically diagnosed MHC were 10.8% in 2017 (18), 16% in 2020 (19), 17.4% in 2021 (20), 18% (of 7–16 year olds) in 2022 (21) and 20.3% (of 8-16 year olds) in 2023 (22). The stark rise in MHCs of approximately 10% between 1999 and 2023 suggest that the mental wellbeing of children has not been improving despite several proposed interventions.

It is important to note the impact of the recent COVID-19 pandemic on both CAMH and schooling. Prior to the COVID-19 pandemic, a report by the Education Policy Institute found that between 2013 and 2018, referrals to CAMHS rose by 26%

despite only a 3% population increase (23). Rejection rates for specialist mental health services were also relatively high (24.2%) meaning that many children were not able to access the mental health support that they needed (23). The main reason for these rejections was that the MHCs were not deemed serious enough to warrant assessment or treatment.

Studies described an initial drop of 53% in CAMHS referrals in the first lock-down (between March and May of 2020) compared to the same period in 2019 (24). Referral rates then drastically increased from September 2020, peaking at 180% in November 2020 compared to previous years (24). School closures, social isolation, financial pressures, and family conflicts are just some of the reasons for why CAMHS referrals could have increased over the COVID-19 period (24). However, with the relaxing of lock-down measures and schools reopening, the problem has not gone away.

Although there are arguments for a 'lag period' where mental health services are still seeing the effects of the COVID-19 lock-down, the mental health epidemic does not seem to be improving. In fact, NHS data shows that the current number of open referrals to CAMHS was the highest on record in November 2023 at 496,897 referrals (25). As of February 2024, 780,963 children/adolescents had been in contact with CAMHS in the past 12 months (25). Although COVID-19 had a large negative impact on MHCs and mental health services, it is not the sole cause of the problem and can be seen more as an acute-on-chronic acceleration of a pre-existing mental health crisis.

It is to be expected that factors affecting the wider UK population will impact schools and the children in them. Research for the NIHR School for Public Health Research found that between 2000 and 2019, the incidence of common mental disorders in the general population increased from 55.9 to 76.9 per 1000 person years (26). In 16–24-year-olds, rates more than doubled and were also higher in some minoritised ethnic groups and individuals living in more deprived areas (26). The current cost of living crisis is affecting many families and, by extension, children. The ONS has shown that rates of depression are correlated to families struggling to afford housing costs and energy bills (27). The ONS warns in the report that correlation is not necessarily causation, however it is fair to say that the cost-of-living crisis is leading to increased anxieties within the family unit and wider society.

In addition to COVID-19 and the cost-of-living crisis, research has shown that today's children/young people are also worrying about the climate emergency. A report published by Save the Children suggested that of 3000 children surveyed in the UK, 60% believe that the climate emergency is affecting their mental health (28). Overall, even excluding any impact that school might have on mental health, in the current economic, social and political landscape, there are many things that are increasing stress levels in children.

Schools, governors, and Members of Parliament are not unaware of the mental health crisis facing today's young people. Various ventures have been proposed to alleviate the suffering of young people by the government, the NHS and schools themselves. In 2017, the government published a green paper to assess what might improve CAMH and in 2018 confirmed that they would establish NHS-funded Mental Health Support Teams (MHSTs) in schools, designate senior leads for mental health and pilot a 4-week waiting time target for children to access specialist support (29).

The NHS long term plan also committed to giving more funding to CAMHS (3). They planned that by 2023-24, at least 345,000 additional children would have access to CAMHS or MHSTs (3). In 2021, the House of Commons Health and Social Care Committee made an inquiry into child and young person's mental health and found that children in England were facing a 'mental health crisis' (3). They argued that 'heightened academic expectations and the ubiquity of social media' had contributed to the crisis and isolation, in part from three COVID-19 lockdowns, had exacerbated the issue.

While the Committee commended the progress that has been made with the roll out of new MHSTs they reiterated that it was unacceptable that more than half of young people were still not receiving the mental health support that was needed (3). They also recommended that the government should focus on implementing a system of early intervention and prevention within schools (3). In response to this enquiry, the government planned to increase the number of MHSTs in the 2022-23 financial year, however as MHSTs are still a fairly new initiative, research has been limited by sample size and has been inconclusive on whether they are improving mental health within schools (30).

The Department for Health and Social Care (DHSC) also proposed a 10-year plan that would encourage 'cross-governmental action and accountability for children's health' (2). However, in January 2023 this was replaced by the government's 'Major Conditions Strategy'. This strategy combines physical and mental health and although promises to urgently address these issues, The Good Childhood Report (2) worries that it will not provide sufficient change and assistance to have a positive impact on reducing the mental health crisis.

Despite the interventions put in place by schools, the government and the NHS, CAMH has not seen significant improvement. In June 2023, a report by the Local Government Association and the Children and Young People's Mental Health Coalition called for a full, national roll out of MHSTs in schools/colleges and an increased provision of early intervention support through community based early support hubs (31). With increased MHSTs nationally, their efficacy could more

accurately be assessed and more children would have access to some form of support.

4. How does the school environment affect mental health?

We have already observed that the mental health of the UK population has recently been trending downwards and that children are not immune to this. We must now consider whether school is acting as a protective factor or whether it is, in fact, worsening the mental health of children. According to data from the 'Understanding Society' surveys reported by 'The Good Childhood Report', since 2009 when the first survey was done, children's subjective wellbeing has declined. In 2023, 10% of children surveyed reported low wellbeing and over a third were unhappy with at least one aspect of their lives (2).

The surveys look closely at six broad aspects of children's lives – appearance, schoolwork, school, life as a whole, friends and family. Since 2009, appearance has been the aspect of life that the highest proportion of children have been unhappy with. After this, however, is school and schoolwork, with the proportion of children unhappy with these things rising since 2009 (2). When broken down further, within the school/schoolwork category, children continually quote examination stress as one the main reasons for their subjective deterioration in mental health (32).

Across all ages, when looking at standardised testing, children and young people are reporting increased levels of stress. 'Test anxiety' has risen in recent years and it is suggested that between 10% and 40% of students experience it (33). It has also been argued that General Certificates of Secondary Education (GCSE) exams are more pressured than ever before due to increased competition for future opportunities and more teacher/school accountability for grade achievement (33). Test anxiety not only has a detrimental effect on academic attainment (34), but also worsens physical health, self-esteem, mental health and wellbeing (32,35).

The increasing focus on 'target culture' or 'audit culture' can also be seen to affect teachers. With league tables and OFSTED reports, there is more pressure on teachers than ever before to prepare children for exams. Multiple reports have discussed how increased managerialism encompassing performance targets, increased workload, and pay disputes is creating work-place stress and affecting the commitment and mental health of many teachers in the UK (36,37). Studies have also shown that even if teachers believe they are successfully hiding their stress, students are still attuned to the shift in mood and can be affected (37). Furthermore, it has been shown that students' perception of teachers' mental health is significantly linked to students' attitude, motivation and mood (38).

In addition to academic pressures, social pressures are also rife within school environments. Research from the Department for Education showed that over a 12

month period, just under 40% of young people had been bullied (39). It was also found that children with special educational needs (SEN) were significantly more likely to be frequently bullied (39). It has been reported that childhood bullying can have lasting effects on mental health, body image and relationships (40). As school is where most childhood bullying takes place, it is an important factor to consider when thinking about the impact of school on mental health.

5. Why do referrals to CAMHS spike at the start of the school year?

The start of a new school year is a period of transition and change for many children and young people. New teachers, changes to friendship groups and different topics can make adjusting to a new school year a challenge for many children. It is important to consider multiple factors when thinking about why CAMHS referrals spike after children return to school. Is it that the academic environment itself is causing mental unrest, or is it that problems that existed over the summer break are being recognised by teachers?

Summer break in the UK usually consists of an approximately 6-week period where children don't attend school. While it can be an opportunity for increased family interaction and leisure activities, it can also be a stressful period for some children and families from disadvantaged backgrounds. While it is accepted that academic achievement falls globally over the 6 weeks (41), research has shown that socio-economic disparities compound the effect of the break and put students from disadvantaged backgrounds even further behind their peers (42, 43). There are multiple reasons that children from lower socio-economic backgrounds are more at risk of falling behind in both academic ability and mental wellbeing over the summer holidays including issues such as food security, social isolation, and physical inactivity (41).

Estimates predict that 1 in 5 children under the age of 15 exist in a state of moderate to severe food insecurity (44). More and more families are having to turn to food banks (41) for necessities and research has suggested that over 50% of UK teachers perceive hunger as a problem (and an increasing concern) in their school (41). Children that may have received free school meals during term time risk undernutrition over the summer holidays and the additional meal can add financial pressures to the family unit (42). This is often referred to as 'holiday hunger' and while measures have been put in place to prevent this, a study looking at 103,971 adolescents from 193 secondary schools in Wales found that 1 in 16 young people reported that they 'often' or 'always' went to bed hungry (41).

Mental wellbeing is also affected by boredom and loneliness over the summer holidays. Nearly 1 in 6 children reported feeling 'loneliness' over the school holidays and this was also linked to poorer socio-economic status (41). This is consistent with

research suggesting that childcare costs and limited availability of affordable activities leads to children from more disadvantaged backgrounds being alone for several hours in the day (45). Of all factors, loneliness had the strongest association with poorer mental health in children returning to school after the holidays (41).

It is reported that internalisation of feelings related to various experiences of loneliness, food insecurity and boredom can lead to worsening mental health on return to school. When the school environment is already plagued by exam anxiety, bullying and staffing shortages, it is no surprise that children can struggle and mental health can dip. It makes sense that teachers often identify children struggling on returning to school and may refer them to CAMHS to access specialist help if they are unable to deal with them in the classroom. This leads to a spike in referrals at the start of the school year which, although is in part due to internalisation of symptoms over the summer holiday, is not helped by a period of transition and a potentially harmful school environment.

6. Case study

The case study presented below is just one of many children that have recently been referred to CAMHS after struggling with mental health and schooling. This is an anecdotal experience of an 11-year-old boy's first presentation to CAMHS after 1.5 years on the waiting list. The parent of the child (who is anonymised and will be referred to as JP) gave consent for JP's experiences and story to be shared in this report:

About 1.5 years before JP's first interaction with CAMHS, JP's mother had started to notice that JP's behaviour at home was getting worse and she was finding it increasingly difficult to manage. She thought that JP was being purposefully obstructive and said that he wouldn't listen to anything that she told him. She had noticed that he was always running about and jumping on things and would snatch things from his younger sibling. JP's mother reported that JP had always had 'a lot of energy', but that it seemed to be getting worse. She had thought that JP would 'calm down' as he got older, but she said that his behaviour was getting more and more disruptive.

At this point, JP's school also got in contact with JP's mother regarding his behaviour and asked if she had ever considered that JP might have a condition called ADHD. JP's mother had not heard of this before but after doing some of her own research, she thought that it was a possibility. Over the next few months, a referral was made to CAMHS, but JP's mother was informed that the waiting list was quite long.

While waiting to speak to CAMHS, JP started to struggle more and more at school. JP told his mother that some of the other children were 'being mean' and calling him 'weird'. As time went on, JP started telling his mother that he didn't want to go to

school. This started off with JP telling his mother that his stomach hurt and that he felt sick. After a short while, his mother realised that JP was only telling her that he had a stomach-ache to miss school.

When JP presented for his first CAMHS appointment, JP's mother said that she was particularly worried about JP underperforming in his upcoming SATS exams. She felt that if JP didn't do well in his SATS, he would be put in a lower set in secondary school the following year and this would 'set him off on the wrong foot'.

JP's mother also expressed that she felt that the school would not offer JP any support unless he had an official diagnosis of ADHD. When asked to expand, JP's mother was referring both to support for JP's mental health as well as academic support. She said that the school environment was making JP's behaviour worse, but that there was no other option available.

7. Case study discussion

The case study outlined above is not unique and is only one example in a flood of children experiencing similar things. JP provides an example of children that fall into a trap exacerbated by an inability to access timely support for mental health difficulties. JP's mental health difficulties were at best not helped and at worst magnified by his school environment, which in turn caused further worsening of his mental health. This has previously been referred to as 'the cycle of stress and distress' and has been observed by various studies (46,47).

According to JP's mother, his teachers empathised with JP and his struggles, but a lack of confidence dealing with MHCs, a lack of time and resources to support JP and over-stretched CAMHS meant that JP was struggling with his mental health for a long time before speaking to a specialist. His mother reported that JP's mental distress also affected her and the rest of the family. They felt frustrated that they didn't know how best to support JP and JP's mother said that she felt the need to speak to her GP about her own mental health as a result of this.

It was interesting to hear that JP's mother only felt inclined to push for a diagnosis for JP when the school would not implement supportive measures without one. JP's mother was frustrated with the school, but did not blame JP's teacher. She said that JP's teacher had a massive workload and although was trying her best to help JP, did not have the time or resources to do so.

JP's story suggests that some CAMHS referrals and mental health difficulties could be avoided if sufficient measures in the classroom were implemented. There are, however, many reasons why this is extremely difficult in the current educational landscape. Teachers are not experts in dealing with mental health difficulties and have neither the time nor resources to do so. With staffing shortages, increasing

workloads and more accountability, teachers are already over-stretched without the added pressures of the mental health crisis facing children today. It is clear that widespread changes must be made in order to make school a protective factor for children's mental health rather than adding to the plethora of factors making it worse.

8. Is there a better way?

It is evident that there are many shortfalls in terms of the educational system and its approach to childhood mental health. Its own inherent structuring, one of standardised examinations and constant performance pressure, can lead to a pathological environment for child mental health, and it has thus far been arguably causing more harm than good (34,35). That being said, there are ways that can be explored to support schools and the children in them to improve mental health.

Several countries have recognized the importance of addressing mental health in children and have implemented initiatives within their education systems to provide support. A notable example is that of Finland (48), which is often cited for its progressive education system, which emphasises holistic development rather than strict academic achievement. Schools in Finland focus on promoting student well-being and providing ample time for breaks and outdoor activities. They also have a strong emphasis on promoting social and emotional skills alongside academic learning. (49)

There are a few key points implemented by the Finnish system that could translate well in the British education system. Finnish schools place a strong emphasis on play and outdoor activities as part of the learning process and students have regular recesses and longer breaks throughout the day, which allow them to relax, socialise, and engage in physical activity. (49) Research has definitively shown that regular physical activity and time spent outdoors can have positive effects on children's mental health by reducing stress and promoting overall well-being. (48) An increased commitment to building outdoor play and exercise infrastructure and an increase in the mandatory timetabling of sports and physical activity more in line with other countries will likely help improve student mental health overall.

Furthermore, the Finnish curriculum focuses not only on academic subjects but also on promoting skills such as creativity, critical thinking, and social-emotional learning. (49). This holistic approach aims to develop well-rounded individuals who are equipped to navigate the challenges of life beyond the classroom. By valuing a wide range of skills and abilities, Finnish schools help students develop a sense of self-worth and confidence, which are important factors in promoting mental health. These aspects of the education system are transferable to the British curriculum, which demonstrably has shown to be less focused on more holistic approaches than other European counterparts (49).

Overall, although it is impossible to directly transfer lessons from the Finnish education model to the British model due to factors such as scalability and cost, there are lessons that can be learnt. By addressing students' individual needs and providing them with the necessary support, students are better able to cope with the potentially overwhelming stresses of modern schooling. This heightened level of support lends itself well to directly helping improve mental health outcomes in students (50), and increasing funding for special needs services here in the UK is a surefire method of helping stem the rising tide of mental health pathologies arising from shortfalls in the British educational system (51), especially as relating to special needs students.

9. Conclusions

Education is necessary for the individual and society as a whole. It helps children develop the skills and knowledge that will help them navigate through life and provides a safe environment where social connections can be explored. It encourages teamwork and guides young people to explore interests and gain experiences that can shape their future. Increased education is linked to stronger economies, better employment opportunities and increased health outcomes.

Despite the multitude of benefits that education brings, child and adolescent mental health is at a historic low. Over recent years, children have reported more MHCs than ever before and subjective wellbeing is steadily worsening. Admittedly, multiple factors are contributing to this including the cost-of-living crisis, over-stretched mental health services, the recent COVID-19 pandemic, and fears about an impending climate emergency. However, while all these issues are creating a bleak backdrop for mental health, children and young people are still naming school and specifically examinations as one of the main causes of their worsening mental state.

It is imperative now more than ever that our education system does not add to the mental distress of young people. School should be a safe environment where children are encouraged to pursue their passions and develop into well-rounded and content members of the community. Instead, school is often a stressful environment for both students and educators and increasingly difficult exams are reportedly causing serious mental anguish. Increasing targets in the way of league tables and exam results is causing a tense atmosphere where the focus is not on the holistic wellbeing and attainment of children, but instead focussed on continuously assessing children in relatively narrow domains.

Children's mental health is worsening and in turn, this worsens school attainment, self-confidence, and attendance. This insidious cycle traps children in a state of misery and although the UK is still performing relatively well on a global stage in terms of the PISA education rankings, children are the unhappiest they have ever

been. On top of the already worrying socio-political climate of the UK, the current focus on achievement and exams above all else is sacrificing the mental wellbeing of children for very limited return.

A combination of factors such as funding issues, staffing shortages and a lack of mental health support all result in a harmful school environment for many children. For future considerations, lessons can be learnt from education systems that not only support academic attainment, but prioritise mental health and holistic development while removing a lot of pressure from both students and teachers to attain certain grades. Attending school should not mean sacrificing mental health and widespread change needs to happen to safeguard future generations against serious mental health conditions.

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