

Cynulliad Cenedlaethol Cymru | National Assembly for Wales
Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and
Education Committee

Blaenoriaethau ar gyfer y Pwyllgor Plant, Pobl Ifanc ac Addysg |
Priorities for the Children, Young People and Education Committee

CYPE 29

Ymateb gan : Samariaid Cymru

Response from : Samaritans Cymru

Question 1 – Within the remit set out above: what do you consider to be the priorities or issues that the Children, Young People and Education Committee should consider during the Fifth Assembly?

Samaritans Cymru exists to reduce the number of people who die by suicide. We believe that the prevention of self harm and suicide in children and young people should be a key issue for the Children, Young People and Education Committee in the next 12 months.

In the past two years we have contributed to the development of the Welsh Government suicide & self harm prevention strategy for Wales, Talk to Me 2. We have welcomed this strategy and believe its effective implementation should be a priority for the Committee.

We have also welcomed The Donaldson Report in 2015, with particular support for the proposed ‘Health and Wellbeing’ area of learning and the additional remit to ensure that all children and young people will be ‘healthy, confident individuals’ who ‘are building their mental and emotional wellbeing by developing confidence, resilience and empathy’¹. We believe that implementing the Donaldson Report recommendation through placing emotional health and wellbeing at the heart of the new curriculum should be an integral priority for the Committee.

Finally, in conjunction with Talk to Me 2 and the new curriculum, we believe that both the high-level outcome of having access to early intervention services and the outcome delivery of working with schools to make sure people have healthy and supportive education environments as stated within ‘Together for Mental Health’ should remain a key priority.

These priority areas relate to the resilience and mental health and wellbeing of children and young people which adheres to the wider public health remit in Wales.

¹ Professor Graham Donaldson CB (2015) *Successful Futures: Independent Review of Curriculum and Assessment Arrangements in Wales*

Question 2 – From the list of priorities or issues you have identified, what do you consider to be the key areas that should be considered during the next 12 months (please identify up to three areas or issues)? Please outline why these should be considered as key priorities.

We believe that the prevention of self harm and suicide in children and young people should be a key priority for the next 12 months. We also strongly believe that the actions required to do this are outlined in Talk to Me 2, Together for Mental Health and The Donaldson Report, and it is the implementation and collaborative coordination of all three which will ensure effective outcomes. This should be considered as a main priority because:

- In Wales, we are witnessing a significant rise in precursory factors which can contribute to suicidal ideation or intent in adolescents. According to Welsh Government figures, self harm is at its highest in five years, with more than 1,500 children and young people treated at Welsh hospitals between 2013 and 14.² Admissions for eating disorders are at a record high among children and young people; an average 36% increase over the last decade.³ Alongside this, the number of children referred to Child and Adolescent Mental Health Services (CAMHS) has more than doubled in just four years – with a total of 2,500 under-18s waiting for their first appointment in September 2014.⁴
- The effective delivery of this key area would meet the objectives and high-level outcomes of Welsh Government strategies and legislation (Talk to Me 2, Together for Mental Health, The Social Services and Wellbeing Act, The Mental Health Measure (2010))

Implementation of Talk to Me 2

During our involvement in the development of this strategy, we were supportive of the move to ‘identify priority care providers to deliver action in certain priority places to the benefit of key priority people’⁵. This mechanism identifies the necessary local and national work and partnerships required to reduce suicide and self-harm rates in Wales.

Children and Young people have been identified as ‘people at risk’ and ‘priority people’ within Talk to Me 2, with specific focus on ‘looked after children, children and young people in the youth justice

² Sarah Hibbard ‘Self-harm among Wales young hits five year high’, BBC News, <http://www.bbc.co.uk/news/uk-wales-32614952>

³ ‘Teens referred to hospital for eating disorders hits high’, BBC News, <http://www.bbc.co.uk/news/uk-wales-32220339>

⁴ Mark Smith ‘Referrals to mental health services for children and young people more than doubles in four years’, Wales Online, <http://www.walesonline.co.uk/news/health/referrals-mental-health-services-children-8729281>

⁵ Welsh Government, Talk to Me 2, Suicide and Self Harm Prevention Strategy for Wales 2015-20, (2015) (p4)

system and bullied or victimised children and young people.’⁶ In addition to this, the strategy highlights particular risk factors which make suicidal ideation and suicide more likely. These include ‘adverse childhood experiences, socio-economic deprivation, low educational attainment, drugs and alcohol misuse and mental health issues’⁷. Finally, self-harm is identified as a risk factor, with approximately half of those who complete suicide having a history of self harm. This is particularly relevant when we consider that the ‘highest rates of self harm are in children and young people, particularly, females aged 11-19.’⁸ Self harm among children and young people is currently at a five year high in Wales.

Teachers, other school, school nursing and further and higher education staff have been identified as priority care providers within the strategy. Whilst we support the investment in school based counselling, we continue to place our primary focus on school based prevention programmes which are currently ‘not in routine use’⁹. We believe that emotional health programmes and lessons in schools should be viewed as a form of promotion, prevention and early intervention which could reduce pressure on Child and Adolescent Mental Health Services (CAMHS), reduce specific mental health problems and increase academic achievement.

Evidence shows that being taught about emotional health can reduce specific mental health problems and help with communication skills, social skills, cooperation, resilience, a sense of optimism, empathy, a positive and realistic self-concept and problem solving skills. We also know that children with higher levels of emotional, behavioural and social wellbeing have, on average, higher levels of academic achievement and are more engaged in their education.¹⁰ Finally, being taught about emotional health helps people become less prejudiced which reduces the stigma surrounding asking for help.

These programmes do not need to be restricted to school settings in terms of their educational reach; they should be used in youth offender settings and promoted through appropriate media channels for those who are not in education.

Achieving high-level outcomes in Together for Mental Health

⁶ Welsh Government, Talk to Me 2, Suicide and Self Harm Prevention Strategy for Wales 2015-20, (2015) (p19)

⁷ Welsh Government, Talk to Me 2, Suicide and Self Harm Prevention Strategy for Wales 2015-20, (2015) (p20)

⁸ Welsh Government, Talk to Me 2, Suicide and Self Harm Prevention Strategy for Wales 2015-20, (2015) (p20)

⁹ Welsh Government, Talk to Me 2, Suicide and Self Harm Prevention Strategy for Wales 2015-20, (2015) (p25)

¹⁰ *The Impact of Pupil Behaviour and Wellbeing on Educational Outcomes*, The Childhood Wellbeing Research Centre (2012)

One of the six high-level outcomes in Together for Mental Health is 'Access to, and the availability of preventative measures, early intervention and treatment services are improved and more people recover as a result'¹¹. In the context of children and young people, school and educational settings are the crucial opportunity to equip children and young people with the skills they need.

Building our emotional resilience and managing our mental wellbeing may seem like a natural part of life to some, but for many, it is not an intuitive act; it is one we must learn or be taught. Learning these skills can help us to develop an understanding of what emotional health is, they help us recognise when we need help and they teach us how to develop positive coping strategies. This is why it is so important that we teach young people how to take charge of their emotional health so they can face the future with optimism.

Whilst it is vital to ensure children and young people have timely access to school-based counselling and support, we believe a primary focus on prevention rather than cure alone is key. Emotional health and mental health lesson plans and programmes should be a key driver in achieving this.

Implementing the 'Health and Wellbeing' key area of learning in the new curriculum

Currently in Wales, PSE (Personal and Social Education) is compulsory for all students at Key Stages 1,2,3 and 4 and covers an extensive range of topics including sex education, spirituality and healthy eating. Lesson plans which focus on emotional and mental health, are also freely available to schools within this remit. However, with increasing pressure on schools to deliver such a robust PSE framework, emotional and mental health lessons are often excluded.

Alongside this key area of learning in the new curriculum, we are supportive of the key purpose which will ensure that children and young people are 'healthy, confident individuals' who 'are building their mental and emotional wellbeing by developing confidence, resilience and empathy'.

To successfully implement and fulfil the potential of the new curriculum, we must -

- Provide emotional and mental health awareness training to teaching staff across all schools in Wales to increase confidence in teaching the subject
- Increase confidence in new teaching staff and ensure basic mental health literacy by embedding emotional and mental health

¹¹ Welsh Government, Together for Mental Health: A Strategy for Mental Health and Wellbeing in Wales (2012) (p8)

awareness in Initial Teacher Training (ITT)

- Make sure the potential of the 'Health and Wellbeing' area of learning is fulfilled; The inclusion of emotional health and wellbeing on the curriculum should be mandatory and not optional.

It is vital that we realise the potential of the new curriculum. Its success will improve the future of public health in Wales and in turn, could save us economic, health and most importantly, human costs.

The implementation of Talk to Me 2, Together for Mental Health and the new curriculum are all central to the priority of self-harm and suicide prevention in children and young people. The framework for delivering this through a '3Cs'¹² approach, one that is cross-governmental, cross-sectoral and collaborative is key to its successful delivery and potential.

¹² Welsh Government, Talk to Me 2, Suicide and Self Harm Prevention Strategy for Wales 2015-20, (2015) (p4)