**Relate’s response to the Transforming Children’s and Young People’s Mental Health Provision: a Green Paper consultation**

Relate is the UK’s leading relationship support charity, serving more than 1.85 million people every year through information, support and counselling services delivered to individuals, couples and families. Our vision is a future in which healthy relationships are actively promoted as the basis of a thriving society. We aim to develop and support healthy relationships by:

* Delivering inclusive, high-quality services that are relevant at every stage of life
* Helping couples, families and individuals to make relationships work better
* Helping both the public and policy makers improve their understanding of relationships and what makes them flourish.

Through our children’s and young people’s counselling service, we supported 7,800 children and young people in schools and dedicated young people’s mental health services in 2016/17. Based on this experience of delivering counselling to families and children and young people, as well as our research and 80-year track record of expertise in relationships, we are responding to this Green Paper with seven recommendations for improving mental health outcomes for children and young people.

**Recommendation 1: Tackling *root causes* not just *managing* *symptoms*: Family relationships**

Relate is pleased to see that the Green Paper recognises that good inter-parental relationships are protective factors for children’s and young people’s mental health, and that children exposed to persistent and unresolved parental conflict are at an increased risk of emotional and behavioural problems. A wealth of research supports this, and the recent major evidence review for the DWP by the University of Sussex and the Early Intervention Foundation found that the quality of parental relationships and family functioning have a significant impact on children’s mental health and wellbeing – both in intact and separated families – and concluded that the quality of the inter-parental relationship is a ‘*primary* *influence’* on children’s outcomes.[[1]](#endnote-1) It showed that parents/couples who engage in frequent, intense, and poorly resolved inter-parental conflicts put children’s mental health and long-term life chances at risk, and children of all ages can be affected by destructive inter-parental conflict, with effects evidenced across infancy, childhood, adolescence, and adulthood.

Evidence indicates that relationship distress and inter-parental conflict are significant and prevalent issues:

* Relate’s analysis of Understanding Society survey data found one in five people (2.87 million people) in adult couple relationships in the UK are in distressed relationships.[[2]](#endnote-2)
* The Government’s data show that in 2013-14, 11% of children in couple-parent families lived in families where parents reported parental relationship distress.[[3]](#endnote-3)

The evidence also shows that family relationship problems lie behind significant levels of demand on children’s and young people’s mental health services:

* In a sample of more than 42,000 children seen in Children and Young People’s IAPT (mental health) services, ‘Family relationship problems’ were the number one presenting problem (52%), as rated by clinicians.[[4]](#endnote-4)
* Similarly, a meta-analysis of evaluations of counselling in UK secondary schools found family issues were the largest presenting issue (by a factor of almost two).[[5]](#endnote-5)

What is required is therefore a *relational* approach to children’s and young people’s mental health, which recognises the roots of many mental health problems in family dynamics and in relationships – and which therefore does not restrict itself to symptom management, but addresses these root causes.

**Recommendation 2: Provision of systemic and relational mental health support for children with mental health problems resulting from family relationship issues**

Relate is concerned that, despite this ample evidence that family relationships are a crucial root cause behind a significant level of presenting need in children’s and young people’s mental health services, the core proposals in the Green Paper do not reflect the strong evidence base on family relationships and inter-parental conflict as important causes of mental health problems. For example, in paragraph 77, the specific interventions listed that the proposed Mental Health Support Teams could deliver do not include children’s and young people’s counselling, family counselling, or family therapy. The services listed focus exclusively on addressing depression, anxiety and conduct disorders – which are often *symptoms* of deeper issues– and fail to address family relationships, which the evidence indicates are so often a root cause of mental health problems.

Given the strong indications that a high level of young people’s mental health demand stems from family relationship problems, it is vital that mental health provision includes systemic services that address these familial root causes. A relational approach to mental health provision for children and young people means offering family counselling and family therapy as well as one-to-one counselling for children and young people. Relational working in children and young people’s mental health services has the potential to reduce psychological distress and improve wellbeing. In order to address the dysfunctional family relationships which are often at the root of children’s and young people’s presenting issues in mental health services, Relate urges the Government to ensure that all children’s and young people’s mental health services include family-focused therapies such as family counselling and systemic family therapy as well as one-to-one interventions such as CBT.

**Recommendation 3: Coordination with – and expansion of – DWP’s Reducing Parental Conflict Programme**

The Green Paper also references the Department for Work and Pensions’ *Improving Lives: Helping Workless Families* paperand the new programme to reduce parental conflict. Relate welcomed the announcement in April 2017 of the new £39m Reducing Parental Conflict Programme. However, the programme includes only workless families. We are concerned that this will exclude the many more in-work families and parents (couple or separated) who may miss out on vital support to improve their relationships and reduce conflict with clear benefits for their children.

DWP’s data show that in 2013-2014, 11% of children in couple-parent families had at least one parent reporting relationship distress, and 32.4% of children in separated families never have contact with their non-resident parent. A further 9.6% of children in separated families live in families where their parents report ‘very unfriendly’ relationships and 28.7% of children in separated families live in families whose parents have no relationship (almost 40% of children in separated families therefore have parents with no relationship or very unfriendly relationships). The Government’s data show that approximately 1.1 million children are exposed to potentially damaging parental conflict, yet the same data set shows only five per cent of all children live in workless couple-parent families (the data do not show the proportion of all children in workless separated families), and 10% of all children lived in workless families in Q2 of 2017.[[6]](#endnote-6)

While we support the Government’s focus on providing support to the most at-risk families, we are concerned that too narrow a focus on workless families will have a limited impact on reducing parental conflict by neglecting a large proportion of children. This applies to both separated families where parents report no or very unfriendly relationships with the children’s non-resident parent, and intact couple-parent families where parents report relationship distress.

Given that family relationship problems and parental conflict are proven significant contributors to children’s and young people’s mental health problems, we strongly encourage the Government to develop more ambitious plans to tackle parental conflict and family relationship problems. We would urge the Government to ensure that the DWP’s Reducing Parental Conflict Programme extends beyond workless families to in-work families as well as workless families, in order to realize the Government’s laudable objective of reducing parental conflict to reduce mental health problems in children and young people that stem from witnessing such conflict.

Relate also welcomes the Green Paper’s proposal to commission research on how to engage vulnerable families at heightened risk of developing mental health problems or with greater problems in accessing services, and who may need extra support in parenting and parental conflict services. However, we would also highlight that this should address barriers to accessing parental conflict services (such as the availability and accessibility of services, including cost barriers where services are not commissioned) as well as looking at how to engage parents in the services that are available.

**Recommendation 4: Relationships and Sex Education should include how relationships affect mental health, and must be allocated timetabled space within compulsory PSHE**

We are pleased that the Green Paper states that the Government’s review of PSHE and implementation of relationships education and relationships and sex education will include a specific focus on how mental health and wellbeing can support healthy relationships. We welcome the proposals to make sure that **every child will learn about mental health** and wellbeing through compulsory RSE or PSHE lessons.

As well as recognising that mental health and wellbeing can support relationships, the Government should note that it works the other way around too. The evidence is very clear on the powerful contribution of relationships to mental health and wellbeing. The relationships education curriculum should therefore include the importance of relationship health for mental health. For example:

* The evidence is clear that relationship quality and mental health are closely linked, with relationship distress linked to depression[[7]](#endnote-7) and anxiety.[[8]](#endnote-8) People in distressed relationships are three times as likely to suffer from mood disorders (e.g. depression), and two-and-a-half times as likely to suffer from anxiety disorders, as people who do not experience such relationship distress.[[9]](#endnote-9)
* Some studies have found that over 60% of those with depression consider relationship problems to be the main cause of their illness,[[10]](#endnote-10) while others indicate that treatment of relationship distress may alleviate up to 30% of cases of major depression.[[11]](#endnote-11)

Given these inter-linkages between relationships and mental health and wellbeing, we would highlight that situating relationships education within compulsory PSHE (allocating this proper space in the school timetable rather than allowing it to be consigned to ‘drop-down days’) will be the most effective way to ensure all children and young people learn about healthy relationships and mental health.

**Recommendation 5: Access to school-based counselling must be made compulsory in all schools in England**

We are disappointed that the Green Paper contains no commitments to increase provision of school-based counselling. This is a major missed opportunity. There is a strong evidence base which shows that counselling for children and young people is effective at improving mental health and wellbeing. A substantial body of research shows counselling in schools reduces depression, anxiety, and a range of other mental health problems:

* International research shows that school-based counselling and psychotherapy interventions significantly reduce distress.[[12]](#endnote-12)
* Recent small-scale randomised controlled trials of school-based counselling have found that at 6 and 12 weeks young people showed significantly lower levels of distress than those in a waiting list control group, and data from ‘real-world’ settings similarly indicate that counselling is associated with a significant reduction in psychological distress.[[13]](#endnote-13)
* A meta-analysis of 30 UK studies found counselling in secondary schools was associated with large improvements in mental health (mean weighted effect size = 0.81) and counselling may indirectly benefit students’ capacities to learn.[[14]](#endnote-14) More than 90% of children and young people reported that counselling was helpful, and more than 92% were satisfied with counselling. 90% of teachers also reported that counselling had a positive impact upon pupils’ concentration, willingness to participate in class, and increased their motivation for young people to attend school and study, and concluded that counselling was perceived by children and pastoral care staff alike as a highly accessible, non-stigmatising, and effective intervention for reducing psychological distress.
* A more recent study by Prof. Mick Cooper using data from controlled trials to predict the improvement in psychological distress over non-intervention change (improvements which may have happened anyway, and which may not be attributable to the intervention) found that counselling was associated with large and significantly greater change than would be expected without the intervention (Cohen's d = 0.91).[[15]](#endnote-15)
* A controlled trial of 73 young people undergoing school-based counselling found it was effective at reducing severity of depression, suicidal risk, and anxiety.[[16]](#endnote-16)

The *We Need to Talk* coalition has reported that providing early and easy access to counselling in schools can prevent mental health problems developing or becoming more serious, and can help to build up trust and confidence to enable young people to access more specialist services if required.[[17]](#endnote-17) However, many children do not have access to a counsellor at school,[[18]](#endnote-18) and the Green Paper states that only 61% of schools provide counselling.

School counselling must be at the heart of an integrated whole-school approach to mental health and wellbeing. School-based counselling has a strong evidence base, and is a broad intervention that does not depend on diagnoses of clinical problems such as depression or anxiety. This is important, because if school counselling is not available, children and young people who need support may be excluded from NHS provision if they do not meet ‘clinical’ thresholds.

All secondary schools in Wales and post-primary schools in Northern Ireland provide access to school-based counselling services, and there is a statutory duty in Wales for authorities to provide access to school-based counselling services. In order to ensure availability of support for all who may need it, we urge the Government to follow Wales and Northern Ireland’s example and make access to counselling compulsory in all schools in England.

**Recommendation 6: Utilise the skilled workforce and clinical expertise that already exists**

Relate welcomes the Green Paper’s proposal to increase the children’s and young people’s mental health workforce. However, we are concerned that the roll-out of the Mental Health Support Teams will be restricted only to a few ‘trailblazer’ areas. The Government’s proposals in the Green Paper to roll out these teams to 20-25% of the country by 2022/23 is an unambitious target. What is needed, as mental health demand increases, is a substantial increase in the mental health workforce across the country – including staff qualified to deliver counselling services.

Relate has a ready and waiting workforce capable of delivering school-based counselling services. We currently have 649 counsellors qualified to deliver Young People’s Counselling, and 267 counsellors qualified to deliver Children’s Counselling. We would encourage the Government to make greater use of the waiting workforce such as Relate counsellors that already exists to increase provision of mental health services for children and young people, instead of focusing only on creating new structures and establishing new Mental Health Support Teams.

We are also concerned about the Green Paper’s proposals to incentivise every school and college to train a designated senior lead for mental health. We agree that it is important that schools have designated mental health leads. However, we are concerned that some of the functions specified (such as oversight of the delivery of interventions, and oversight of the outcomes of psychological interventions) requires clinical expertise. Yet the Green Paper’s proposal is that the Teaching and Leadership Innovation Fund will be used to support training providers to develop training packages to build skills of designated senior leads. This Innovation Fund is only accessible to teachers and school leaders. We are concerned that this introduces the potential for high clinical risk and unsafe practices that could lead to harming already vulnerable young people. Untrained teachers or school leaders without clinical expertise simply cannot undertake this important function of oversight of clinical interventions safely or effectively. This is, however, something that that the existing skilled, experienced and underused counselling workforce, including Relate counsellors, could fulfil.

**Recommendation 7: Ensure equality of access to high quality and timely support across all schools in all areas**

We welcome the Government’s ambition to implement a four week waiting time for Children and Young People’s NHS Mental Health services. However, we are deeply concerned that this waiting time target will only be delivered in the small number of trailblazer areas involved in the initial roll out of the Mental Health Support Teams, which will result in a postcode lottery for children, young people and their families in getting timely access to mental health services. Alternative provision must be made available outside these trailblazer areas to ensure that children and young people across England have equal access and equal waiting times. Making counselling in schools compulsory would ensure that children and young people outside the trailblazer sites have timely access to support.

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