Mental Health and schools
PMHA July 2020

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Mental health and well-being trends among children and young people in the UK, 1995–2014: analysis of repeated cross-sectional national health surveys

Increased reporting of mental health problems not consistently supported by scores on validated questionnaires among 4-24 year olds
But consistent increase in parents and young people reporting that they / their child had a mental health condition
CYPMH 2017: 5 to 19 year olds in England

• 1/8 (12.8%) 5 to 19 year olds had a mental disorder.

• 1/20 (5.0%) met the criteria for two or more individual mental disorders at the same time.

Source: NHS Digital. 5 to 19 year olds identified with one or more mental disorders, England.

Preschool children (2 to 4 year olds)

1/18 (5.5%) preschool children had a mental disorder.

The prevalence of mental disorders for two to four year-olds in England has been surveyed for the first time so these figures are experimental statistics.

Source: NHS Digital. 2 to 4 year olds identified with any mental disorder, England.
Any disorder in 5 to 15 year olds, 1999 to 2017

Trends in Disorders, 1999 to 2017
Mental disorders were detected more frequently among older children

Differences between boys and girls

Source: NHS Digital. 2 to 19 year olds identified with any mental disorder, England.
Disorder types differed by age

Source: NHS Digital. 2 to 19 year olds identified with a mental disorder, England.

Current psychotropic medication use in 5 to 19 year olds by disorder, 2017

Base: Parent report (5 to 16) and young person (17 to 19) in those with disorder

Source: NHS Digital
### Type of professional service contact in past year for mental health reason in 5 to 19 year olds with a disorder, 2017

<table>
<thead>
<tr>
<th>Type of professional</th>
<th>Proportion in contact with services 1999-2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teachers</td>
<td>48.5%</td>
</tr>
<tr>
<td>Primary healthcare specialist</td>
<td>33.4%</td>
</tr>
<tr>
<td>Mental health specialist</td>
<td>25.2%</td>
</tr>
<tr>
<td>Educational support services</td>
<td>22.6%</td>
</tr>
<tr>
<td>Physical health specialist</td>
<td>15.4%</td>
</tr>
<tr>
<td>Social care services</td>
<td>8.0%</td>
</tr>
<tr>
<td>Youth justice services</td>
<td>1.3%</td>
</tr>
</tbody>
</table>

Source: NHS Digital

Base: Parent report (5 to 16) and young person (17 to 19) in those with disorder.

### Proportion in contact with services 1999-2002

- **% in contact in total sample**
- **% in contact amongst those with a psychiatric disorder**
The potential benefits of universal interventions may be valuable for all children.
Post Lockdown?

(Pierce et al., in press Lancet Psychiatry)

- April 2020, the **UK Household Longitudinal Study** administered a Covid-19 web questionnaire to adults (16+) in 42,000 households
- Data from the Covid web-survey participants were linked with responses from the same participants to waves 6-9 (2015-2019)
- **Young people, women, low SES all increased above temporal trend**
  - COSPACE study (Cresswell & Waite)
  - Increased behavioural disturbance among children
  - Anxiety amongst adolescents

### Recognition of special educational needs in 5 to 19 year olds by disorder, 2017

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional disorder</td>
<td>26.8%</td>
</tr>
<tr>
<td>Behavioural disorder</td>
<td>42.4%</td>
</tr>
<tr>
<td>Hyperactivity disorder</td>
<td>62.9%</td>
</tr>
<tr>
<td>Other disorder</td>
<td>64.8%</td>
</tr>
<tr>
<td>Any disorder</td>
<td>35.6%</td>
</tr>
<tr>
<td>No disorder</td>
<td>6.1%</td>
</tr>
</tbody>
</table>

Source: NHS Digital  
Base: Parent report (5 to 16) and young person (17 to 19)
### Adjusted analysis found disorder more common among 5-10 year olds if:

<table>
<thead>
<tr>
<th>Any disorder</th>
<th>Emotional disorder</th>
<th>Behavioural disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td>Boys</td>
<td></td>
</tr>
<tr>
<td>White ethnicity</td>
<td>White ethnicity</td>
<td></td>
</tr>
<tr>
<td>Unhealthy family functioning</td>
<td>Unhealthy family functioning</td>
<td></td>
</tr>
<tr>
<td>Poor parental mental health</td>
<td>Poor parental mental health</td>
<td>Poor parental mental health</td>
</tr>
<tr>
<td>No parental qualifications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cohabitng / Lone parent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step-siblings</td>
<td>Step-siblings</td>
<td></td>
</tr>
<tr>
<td>Low income / disability benefits</td>
<td>Low income / disability benefits</td>
<td></td>
</tr>
<tr>
<td>Midlands, EoE &amp; South vs London</td>
<td>Midlands &amp; EoE vs London</td>
<td></td>
</tr>
<tr>
<td>Rented housing</td>
<td>Rented housing</td>
<td></td>
</tr>
</tbody>
</table>

### Adjusted analysis found disorder more common among 11-15 year olds if:

<table>
<thead>
<tr>
<th>Any disorder</th>
<th>Emotional disorder</th>
<th>Behavioural disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>girls</td>
<td>Boys</td>
<td></td>
</tr>
<tr>
<td>White ethnicity</td>
<td>White ethnicity</td>
<td></td>
</tr>
<tr>
<td>Unhealthy family functioning</td>
<td>Unhealthy family functioning</td>
<td>Unhealthy family functioning</td>
</tr>
<tr>
<td>Poor parental mental health</td>
<td>Poor parental mental health</td>
<td>Poor parental mental health</td>
</tr>
<tr>
<td>Lone parent</td>
<td>Parent manager / professional</td>
<td></td>
</tr>
<tr>
<td>Low income / disability benefits</td>
<td>Low income / disability benefits</td>
<td></td>
</tr>
<tr>
<td>Middle vs high income</td>
<td>Middle vs high income</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Outside London</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rented housing</td>
<td></td>
</tr>
</tbody>
</table>
Exclusion from school

• One boy in ten with a disorder had been excluded from school

• One child in twenty with a hyperactivity or behavioural disorder had been excluded on three or more occasions.

Predicted probability of exclusion by 2007 from parent SDQ total difficulties scores in BCAMHS 2004

Clinical cut-point (16)
Predictive Margins for Boys Excluded at 8 Years with 95% CIs

Predictive Margins for Girls Excluded at 16 Years with 95% CIs

http://www.bristol.ac.uk/alspac/participants/

Mental health trajectory for children excluded by age 8 in the ALSPAC cohort

Mental health trajectory for children excluded by age 16 in the ALSPAC cohort
Exclusion in 2007 according to psychiatric disorder in 2004 among 5-16 year olds

Adjusted for:
- age, gender, social class, 
- neighbourhood deprivation, ethnicity, 
- general health (parent), 
- learning disability, 
- mother's highest education, 
- baseline total difficulties score SDQ

The strong cross sectional association between emotional disorder and attendance at school is moderated by age

BCAMHS 2004
• Know and understand your pupils and their influences
• Teach learning behaviours alongside the management of misbehaviour
• Use classroom management strategies to support good classroom behaviour
• Use simple approaches as part of your routine
• Use targeted approaches to meet the needs of individuals in your school
• Consistency is key

The Incredible Years® Teacher Classroom Management (TCM) Programme

Operant conditioning
★ (Children’s) behaviour influenced by attention, rewards and incentives

Bandura’s modelling and self-efficacy theories
★ live and video modelling
★ rehearsal
★ self-management
★ cognitive self-control and self reflection

Bowlby’s attachment theory
★ importance of warm and nurturing relationships in children’s development
★ building teacher-child relationships through social and emotional coaching, praise and incentives
# Content of the Incredible Years® Teacher Classroom Management (TCM) Programme

<table>
<thead>
<tr>
<th>Workshop</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workshop 1</td>
<td>Building positive relationships with students and the proactive teacher</td>
</tr>
<tr>
<td>Workshop 2</td>
<td>Teacher attention, coaching, encouragement and praise</td>
</tr>
<tr>
<td>Workshop 3</td>
<td>Motivating students through incentives</td>
</tr>
<tr>
<td>Workshop 4</td>
<td>Decreasing inappropriate behaviour – ignoring and redirecting</td>
</tr>
<tr>
<td>Workshop 5</td>
<td>Decreasing inappropriate behaviour – follow through with consequences</td>
</tr>
<tr>
<td>Workshop 6</td>
<td>Emotional regulation, social skills and problem solving training</td>
</tr>
</tbody>
</table>

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**Short Term Outcomes**

- Improved teacher-child relationships
- Improved teacher-parent relationships
- Improved school behaviour management policies and systems

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**Long Term Outcomes**

- Improved school behaviour management policies and systems
- Improved mental health
- Improved health and well-being
- Improved rates of bullying and other risky behaviours
- Improved academic and social skills
- Improved attendance
- Increased positive attitudes and social skills
- Decreased disruptive behaviour
- Decreased peer rejection
- Increased social skills
- Increased self-esteem
- Increased sense of belonging
- Increased confidence
- Increased competence
- Increased cooperation
- Increased academic achievement
- Increased peer acceptance
- Increased self-regulation
- Increased social skills
- Increased emotional regulation
- Increased prosocial behaviour
- Increased collaborative learning
- Increased class cohesion
- Increased class positive reinforcement
- Increased class discipline

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**Context**

- Wider government policy, curriculum changes, government priorities and educational policy
- School leadership structure
- School culture
- Social and economic demographic of school
- Teachers’ level of experience
- Teachers’ roles within school
- Flexibility of group leaders to adapt to each group
- Group demographics
- Group dynamics

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**Methods of change for Teachers**

- An improved focus on the child's perspective and their individual needs
- A more reflective practice
- Practical strategies and tools for classroom management
- Proactive behaviour management
- Teacher stress
- Warm and engaging classroom environment
- Pro-social behaviour
- Emotionally regulated students
- Positive relationships with students
- Improved communication skills
- Effective conflict resolution
- Improved self-regulation
- Understanding of positive cycles of reinforcement
- Sense of validation

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**Intervention**

- A methodology of curriculum containing components on:
  - Building positive relationships with students and being proactive
  - Teacher attention, coaching, encouragement and praise
  - Motivating students through incentives
  - Decreasing inappropriate behaviour – ignoring and redirecting
  - Follow through with consequences
  - Emotional regulation, social skills and problem solving training

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**How it is the intervention delivered**

- Intensive training (lecture, discussion, observation, feedback)
- Sessions are scheduled to ensure adequate time for new practices to be developed and embedded
- Peer support
- Collaborative learning
- Expert facilitation and support
STARS trial – Qualitative data

Randomisation
Intervention group
Receive TCM course; 6 session over 6 months

Control group
Teaching as usual

Baseline
80 schools
1 teacher from each
Measures –
teacher, child &
parent
Classroom
observation
(25%)

1st follow up
All schools
Measures –
teacher, child &
parent
Classroom
observation
(25%)

1st academic year

Intervention group
Receive TCM course; 6 session over 6 months

Control group
Teaching as usual

2nd follow up
All schools
Measures –
teacher, child &
parent

2nd academic year

3rd follow up
All schools
Measures –
teacher, child &
parent

3rd academic year

October

June

Feb/March

Feb/March

Oct

June

Feb/March
How I Feel About My School (HIFAMS)

On the way to school I feel…
When I am in the classroom I feel
When I am doing my work I feel
When I am in the playground I feel
When I think about the other children I feel
When I think about my teacher I feel
When I think about school I feel

http://medicine.exeter.ac.uk/hifams/

Pupil Behaviour Questionnaire

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Never</th>
<th>Occasionally</th>
<th>Frequent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talking out of turn (e.g. by making remarks, calling out, chattering)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interrupting other pupils (e.g. by distracting them from work)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Making unnecessary (non-verbal) noise (e.g. by scraping chairs, banging objects)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbal abuse towards other pupils (e.g. offensive or insulting remarks)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical aggression towards other pupils (e.g. by pushing, punching, striking)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cheeky or rude remarks to the teacher</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

http://medicine.exeter.ac.uk/research/healthresearch/childhealthresearch/child-mental-health/pbq/
STARS trial – What teachers say ...

“...I think one thing I grasped is the idea that we are important, teachers, and how much we do mean to the children and how we can actually make a difference [...] it’s changed me I think and my relationship towards the children, I take far more interest in them as individuals and far more interested in their personal lives as well” [C1, 05]

“...my whole mindset has changed. Everything I’ve learnt at uni, it's not gone out the window but I think my mindset and my practice and the way I deliver and my lessons and my behaviour management has completely changed because of the things we’ve discussed, the way I’ve learnt from others here. And the Ed Psych said 'There’s no way I would have said you were an NQT watching your behaviour management’” [C3, FGP]

“It definitely has more impact and it leads to you know a happier classroom, the kids’ self-confidence is up, they are more willing to do things and try really hard because they know if they’re doing what you’ve asked them to do they’re going to get the praise, they’re going to get the rewards” [C2, 23]

STARS trial – What did we find?

• Primary outcome: teacher reported SDQ

<table>
<thead>
<tr>
<th>Follow-up</th>
<th>Intervention</th>
<th>Control</th>
<th>Adjusted mean diff.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>mean (SD)</td>
<td>mean (SD)</td>
<td>N</td>
</tr>
<tr>
<td>9-months</td>
<td>5·5 (5·4)</td>
<td>6·2 (6·2)</td>
<td>2001</td>
</tr>
<tr>
<td>18-months</td>
<td>6·7 (6·9)</td>
<td>6·5 (6·3)</td>
<td>1848</td>
</tr>
<tr>
<td>30-months</td>
<td>6·1 (6·0)</td>
<td>6·5 (6·6)</td>
<td>1756</td>
</tr>
</tbody>
</table>
**British Child and Adolescent Mental Health Survey 2004**

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### STARS trial – What did we find?

- Planned sub-group analysis comparing children who were struggling at baseline, scoring > 11 on SDQ

<table>
<thead>
<tr>
<th></th>
<th>Intervention</th>
<th>Control</th>
<th>Adjusted odds ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Baseline</td>
<td>19.9%</td>
<td>19.3%</td>
<td></td>
</tr>
<tr>
<td><strong>Estimate across all three timepoints</strong></td>
<td>16.7%</td>
<td>19.2%</td>
<td>0.70</td>
</tr>
</tbody>
</table>
### STARS trial – What did we find?

**• Secondary outcomes with short term impact only**

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Control</th>
<th>Adjusted mean diff. (I – C)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>mean (SD)</td>
<td>mean (SD)</td>
</tr>
<tr>
<td>SDQ Peer Relationships score</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9-months</td>
<td>0.8 (1.4)</td>
<td>1.0 (1.7)</td>
</tr>
<tr>
<td>18-months</td>
<td>1.1 (1.7)</td>
<td>1.0 (1.6)</td>
</tr>
<tr>
<td>30-months</td>
<td>1.1 (1.6)</td>
<td>1.1 (1.7)</td>
</tr>
<tr>
<td>SDQ Pro-social score</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9-months</td>
<td>8.2 (2.3)</td>
<td>8.0 (2.3)</td>
</tr>
<tr>
<td>18-months</td>
<td>7.8 (2.4)</td>
<td>8.0 (2.3)</td>
</tr>
<tr>
<td>30-months</td>
<td>8.1 (2.2)</td>
<td>7.6 (2.3)</td>
</tr>
</tbody>
</table>

### STARS trial – What did we find?

**• Secondary outcomes with impact across the full 30 months follow-up**

<table>
<thead>
<tr>
<th></th>
<th>Intervention</th>
<th>Control</th>
<th>Adjusted mean diff</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>mean (SD)</td>
<td>mean (SD)</td>
<td>Estimate</td>
</tr>
<tr>
<td>SDQ Overactivity score</td>
<td>2.7 (2.9)</td>
<td>2.8 (3.0)</td>
<td>-0.4</td>
</tr>
<tr>
<td>Pupil Behaviour Questionnaire</td>
<td>1.8 (2.4)</td>
<td>1.9 (2.6)</td>
<td>-0.3</td>
</tr>
</tbody>
</table>
STARS trial – Is it cost-effective?

14% of scatter points in NW quadrant
7% of scatter points in SW quadrant
50% of scatter points in NE quadrant
29% of scatter points in SE quadrant

Difference in cost

95% confidence ellipse

More costly
Less costly
Less effective
More effective

STARS trial – Is it cost-effective?

Probability TCM is cost-effective

Willingness to pay for unit change in SDQ Total Difficulties Score
STARS trial Summary:

- Small but statistically significant improvement on teacher reports of child mental health at 9 months, also peer relationships and prosocial behaviour
- Those with poorer mental health improve more on teacher reported mental health: sustained over 30 months
- Better classroom behaviour and concentration sustained over 30 months
- Cost-effective in the short to medium term?
- Interaction between baseline mental health and academic progress but no impact overall
- Linkage to NPD going forwards

STARS trial Summary:

- Observations (only on 25%) suggest changed teacher behaviour and improved child compliance
- No impact on teachers’ mental health, professional self-efficacy and burn out
- No impact on parental reports of child mental health or child reported happiness at school
- Process evaluation suggest main impact on teacher pupil relationships and effects might be amplified in subsequent years & by training more staff, including TAs & SLT
Feeling calmer, more confident and in control

“I’m not so stressed out anymore, things like behaviour it has helped me in that way that I kind of don’t let it get me down when things have not quite worked out... I’ll look at it and try something different, rather than beating myself up about it”

“It’s a nicer environment to be in and it’s made me think now just about exactly what I say and how that comes across... just to make sure that they are phrased in a positive way and that I’m not always picking up on the negatives and that I am praising them when they’re doing things that they should be and that’s really helped. I feel happier and I think they do as well”

“I think if our head said ‘Is there anyone...prepared to now coordinate...some sort of behaviour support’, before I would have said no but now I would say ‘Yes go on then let’s look at that’ because I feel like I have got the confidence to do that”

**STARS 2**
- 140 schools
- Year 1 and Year 2 teachers
- Children exposed to TCM for 2 years
- Year 2 SATS as well as TPRs
STARS trial – What teachers say
(this teacher has not been to TCM....)
References

- Parker, C., Pajet, A., Ford, T., & Gwernan-Jones, R. (2016). ‘He was excluded for the kind of behaviour that we thought he needed support with…’ A qualitative analysis of the experiences and perspectives of parents whose children have been excluded from school. *Emotional and Behavioural Difficulties*, 21(1), 133-151.
References


Professor Tamsin Ford Chat Feedback

Are the surveys England or all UK? 2017

2017 is England, 1999 and 2004 were Great Britain

Are there any studies that looked into mental health in ethnic minorities—may be they are underreporting, because of cultural background? Any studies looked in this angle?

From the UK – the Millenium cohort oversampled those living in deprivation and Black and Ethnic Minority groups – the national surveys are carefully sampled and weighted to reflect the general population – there are studies like the cohort followed in the East End of London by Simon Stevens and the Born in Bradford study that do better for certain populations but we could do with more research in this area

From Bo Fischer: I am surprised by "outside London" being an associated factor for behavioural problems in the 11+

So were we! Epidemiological surveys have to gather brief data so difficult to explain – but options are chance, bias, confounding or a real effect – in which case why?

What percentage of families are low income nationally?

I am not sure, but suggest that you check the survey reports and the census

Are there an recommendation to change the name as Empowering parents from Parenting programmes- the moment we start discussing about parenting program, they become defensive.

Incredible years has most evidence for primary and preschool (including infants) – up to age 12

We badly need options for secondary school / teenagers – that said I think similar principles apply

As Paediatricians it is very hard to suggest to teachers what they should do to support the children at school. We are often told that this is beyond our remit. How do you think can we best communicate our recommendations with teachers?

Diplomatic discussion and suggestion – by phone or in meetings backed up by writing and get others to reinforce including parents

Would you advise parents who are struggling with their child's behaviour to read "The incredible years" by Carolyn Webster-Stratton? I have read it and found it useful as a mother and paediatrician...

Yes – also MindEd and the Royal College of Psychiatrists have some good information sources for parents

From Gina Gomez de la Cuesta: I agree Nicola, I worked within a school as a clinical psychologist, and experienced huge resistance to change and advice for children who were struggling. I think it does depend on the school though. Perhaps teachers engage more in new ideas or different ways of working if they are part of a research study. A major barrier is that teachers have such little time to pause and reflect.

Agreed – but I think we should not be deterred from trying to encourage them to change – explaining the child’s condition and how it effects their ability to cope in school is the foundation –
resistance may be about funding – but I don’t think we should collude with a turning away and blaming the child or family for failing to cope if they are not provided with support

In this study, children who were on medication for ADHD, was there any relation or findings of them coming out of medications?

Too few to study but if interested, paper on learning level and probable ADHD just accepted by British Journal of Educational Psychology – so will be on line in a few months – first author Felix May

From Bo Fischer: Schools refuse spending money on an educational psychologist assessment, similar in range (£500). I wonder what would make them spend to access this course which by the way sounds very good.

Interesting comment – I think we need more economic evaluation and modelling of cost savings -

From Bo Fischer: Teachers are underpaid, stressed, have to do a huge amount of safeguarding and other paperwork. It can not be easy to regulate their own emotions in a noisy classroom with several children with additional need. But anything like this course which serves as a reminder, and respectfully highlighting that it is not easy, is worth it.

Agreed – and we need to support teachers as we burn through them at an alarming rate but also burnt out depressed teachers are not effective educators – Mark Greenberg and Tish Jennings have an interesting paper on what they call the burn out cascade

Do we have enough evidence for teachers in training to have a module on behaviour?

Our teacher training is nearly entirely PGCE – ie one crammed year with little on child development and classroom management learned by experience on placement – there are moves with teach first etc to make the formal training an even slighter component (we are short of teachers) – this is very different from other high income countries (not the USA) but certainly Scandinavian countries and Australia and is a large mistake I think to detriment of both teachers (50% leave within 5 years of qualifying) and children

From Una Mac Fadyen: Children in Scotland have some great webinars on their website on supporting children with autism out of and returning to school - all free or £25 each

Any private schools included?

Not in STARS – in the national survey the sample was children (1999 and 2004 using child benefit as then universal; 2017 from GP records) so yes some went to private school

From Shiv Rajdev: any Comparison of prevalence of Emotional and Behaviour problems in Stable families ie all children from 1 stable partner vs Families where Mum has children from more than 1 partner/partners

Family structure (single parent, complex / reconstituted versus traditional) is associated with higher prevalence BUT also very confounded with SES – family function and parental mental health is probably more important as a risk / protective factor

It is still not clear to me who manages children with Emotional behaviour issues?

Huge range of people – health visitors for under 5s, children’s centres and voluntary sector often offer support like the IY groups, within schools SENCo’s have responsibility for children with additional needs but many schools have counsellors and learning mentors – in terms of supporting
children to access the curriculum (ie fitting the child into school, educational psychology) and if a full blown clinically impairing mental health condition CAMHS

From Bo Fischer: I had a lovely experience where parents of a 5 yo boy with ASD were really keen for an ADHD diagnosis, and I have had some difficulty repeatedly keeping them sitting on the fence as it seemed more related to his attention being poor for non chosen activities. 2 weeks ago they have written to me saying lockdown has been great and they have now realised that their son is a lovely and calm little boy with good attention to the parents teaching guidance, and that they now don’t at all think he has ADHD. Had it not been for their experience of home teaching we would still be having these discussions.

I particularly worry about children with ASC who struggle with school (and school struggles with them) – often high levels of anxiety which can mimic the inattention and fidgetiness of ADHD and often associated with struggles attending school – I think we may struggle to get many of them back into school after lockdown and need to think about what is wrong with our education system if many children are coping so much better in lockdown