

Written evidence submitted by Ben West to The Children's Wellbeing and Schools Bill Committee (CWSB08).

Introduction

My name is Ben West, and I am a mental health campaigner with a focus on improving the mental health of young people and preventing suicide. After losing my younger brother to suicide in 2018, I have dedicated my time since to advocating for systemic changes to improve outcomes and have campaigned for improvements to ITT with the inclusion of standard training of all teachers in mental health and child development for 5 years. As part of this work I created a petition calling for this change which has currently received 315,000 signatures. I am submitting evidence to the committee as I believe it is crucial that improving teacher training and the preparation of teachers is considered as part of the Children's Wellbeing and Schools Bill. There is vast evidence and international precedent to support my claim for standard training for all teachers which I have outlined in this evidence submission.

Executive Summary

- Standard mental health training for all teachers is crucial: Teachers are often the first line of support for students facing mental health challenges and are already expected to safeguard children with mental health concerns.
- Significant gaps exist in teacher training: Current Initial Teacher Training (ITT) programs lack a standardised, robust curriculum on mental health meaning training is inconsistent and unreliable.
- Evidence supports the necessity of mental health training: Research highlights the positive impact of trained educators on student wellbeing, academic outcomes and teacher wellbeing. There are robust international examples of this training requirement which the UK should follow.

Recommendations:

- Mandate that ITT providers deliver a standard mental health and child development education to all trainees as part of ITT.
- Focus ITT mental health training on understanding child development, recognizing early warning signs, de-escalation strategies, and referring to appropriate support.

The Case for Mental Health Training in Initial Teacher Training (ITT)

1. Assumed Knowledge and Skills

Teachers are often the first to notice changes in students' behaviour and emotional wellbeing. Children are more likely to reach out to a teacher to talk about their mental health than any other person, including their friends and family. Teachers are already expected to act as primary responders to mental health issues and are jointly responsible for safeguarding children who have mental health concerns. In fact, they are already recognised as tier 1 Child and Adolescent Mental Health Service Professionals which considers them able to 'offer general advice and treatment for less severe problems ... contribute towards mental health promotion, identify problems early in the child or young person's development, and refer to more specialist services'.

However, this is assumed knowledge as many teachers have never received adequate training on mental health. Current safeguarding requirements assume knowledge that ITT does not consistently provide. The National Scoping Survey found that mental health training for staff was provided 'not at all' or 'a little' in most schools. Only 40% of teachers feel equipped to support students with mental health needs, and just 32% feel confident helping students access specialist support (Lowry et al, 2022). This gap leaves many educators overwhelmed and contributes to professional stress and burnout.

To address this, a standard mental health and child development training must be included in ITT as a foundational component. This ensures teachers are equipped with practical skills to recognize, respond to, and support mental health needs effectively.

2. The Current Deficiency in ITT Programs

ITT programs often fail to address mental health training adequately. Recent analysis show:

- Few training providers include significant mental health components. Instead, most focus on generic safeguarding policies, offering limited practical strategies for addressing mental health challenges.
- Teachers consistently report feeling underprepared to manage the growing mental health issues they encounter daily.

A review of ITT curricula reveals a lack of standardisation, leading to inconsistent preparation across training providers. Addressing this requires a standardised curriculum that equips all new teachers with the skills to handle mental health challenges proactively and confidently.

3. The Potential Impact of Mental Health Training

Evidence highlights the potential of comprehensive mental health training:

- **Smith's Churchill Fellowship Report (2024)** demonstrates that well-trained educators reduce student crises by 23% and improve academic outcomes by 17% through fostering a supportive environment, according to a survey of 1,000 educators and a meta-analysis of 25 school-based studies. (Smith, 2024)
- **The Carter Review of Initial Teacher Training (2015)** recommended including child development and mental health as statutory ITT components. The report outlined mental health education for teachers, including recognising atypical development and responding appropriately, as an important step towards improving both student outcomes and overall school environments, recommending it as a key priority for modernising ITT frameworks. This curriculum was accepted by the government at the time; however, these essential recommendations were excluded from the final version, in favour of a narrow focus on improving academic outcomes. (Carter Review, 2015)
- Research from the **Journal of the Royal Society of Medicine (2022)** highlights that rates of mental illness among children have increased by 50% in just three years, with teachers being recognised as tier 1 Child and Adolescent Mental Health Service (CAMHS) Professionals despite a lack of training. (Lowry et al, 2022)

Addressing Potential Challenges

Acknowledging concerns about workload and funding, this submission proposes a cost-effective implementation of mental health and child development training and prioritises teacher wellbeing. Integrating mental health modules into existing safeguarding training minimizes additional time demands.

Supporting Evidence for Mental Health Training in ITT

Research Findings

Carter Review (2015): Highlighted that ITT inadequately covers child development and mental health, particularly for secondary educators.

Journal of the Royal Society of Medicine (2022): Only 40% of teachers feel equipped to address mental health issues, despite being recognised as tier 1 CAMHS professionals, underscoring the need for standard training. The report also suggests that training in mental health would help improve teacher wellbeing.

Centre for Economic Performance (CEP): Found that teachers' ability to promote social and emotional learning (SEL) has long-lasting benefits, including improved mental health outcomes, education outcomes and economic gains for students.

International Best Practices

Australia and the USA: Require annual mental health training for all school staff, resulting in improved early interventions and reduced stigma. In the USA, 39 states have passed legislation mandating all teachers are trained in suicide prevention and, in many of these states, this training must be renewed annually through the Jason Flatt Act. This legislation has significantly improved teacher preparedness and confidence in addressing mental health crises, serving as a model for the UK. (Smith, 2024)

Finland: Embeds mental health education into teacher training, ensuring all teachers are equipped with foundational skills to support students.

Recommendations

1. Mandate Mental Health and Child Development Training as a Core Component of ITT

- Develop a standardized curriculum covering:
 - o Identifying early signs of mental health issues.
 - o Practical de-escalation strategies.
 - o Referral pathways for support.
- Align with recommendations from the Carter Review to include mental health and child development as statutory ITT content.

Provide Comprehensive Ongoing Training

- Implement continuous professional development on mental health for all educators.
- Equip senior mental health leads in schools with robust, practical training.

Establish Accountability and Funding Mechanisms

- Allocate specific funding for mental health training in ITT and ongoing development.
- Monitor and evaluate the effectiveness of mental health training programs.
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Support Teachers' Mental Health

- Address high levels of stress and poor mental health among teachers by integrating teacher wellbeing into ITT and professional development frameworks.

Conclusion

Incorporating mental health and child development training into Initial Teacher Training is essential and overdue. Teachers must be equipped with the knowledge and skills to safeguard children and refer concerns to the correct support. They are already recognised and responsible for doing so, but don't receive any specific training to validate the assumption of knowledge required to take on such responsibility. This is unfair for both teachers and children.

There is vast and well researched international precedent for this training which finds that such training results in improved children's mental health outcomes, education outcomes and teacher wellbeing. We should follow the example of the USA, Australia and Finland in providing adequate preparation to teachers as part of ITT.

The inclusion of standard mental health and child development training for ITT in the Children's Wellbeing and Schools Bill is a critical step toward achieving the progress that the Bill aims to achieve and recognises the important role that teachers have in enabling this progress.

This is for my brother Sam whom we were too late to save, and his teachers who will never know what they could have done differently. This training is essential. Thank you for the committee's consideration.

References

Smith, N. (2024). *School-based Suicide Prevention Strategies Overcoming Obstacles & Breaking Boundaries Contents Background*. [online] https://media.churchillfellowship.org/documents/Smith_N_Report_2023_Final.pdf.

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