

**PTUK Briefing Paper 2, Mental health Leads in Schools, Trauma-Informed Schools & Play Therapy.
Working Together for best practice.**

Hello Play Therapists, Supervisors, Trainer's and researchers across the UK. Thank you for being examples of the way that we understand child trauma and how to help, thank you for your contribution to the profession of Play Therapy and for championing our cause to provide therapeutic help to children who need it, through a therapeutic model that best suits them, by qualified staff.

As you know well, we continue to campaign for Play Therapy to be recognised as a vital part of therapeutic support for children, especially the youngest. On reading the literature about Mental Health Leads in schools, we want to keep explaining the need for different approaches to be available to children and young people. An argument which makes sense both due to the widely differing age bracket encompassed in this population, and due to the distinction between referral criteria which is being made in the new government literature.

New figures reveal that "Mental ill-health among children in England has reached unprecedented levels." With latest figures revealing that 1 in 6 had a probable mental disorder over the past year. NHS Digital calculate that during 2020 and 2021, "(17%) 6-to-16-year-olds had a probable mental disorder. The rate was the same for those aged 17 to 19." A significant increase on the last dataset from 2017. The article calls for investment in the mental health workforce serving children and young people, much in line with what PTUK have been calling for with our Child Mental Health Charter. (01.12.21, [Spike in children's mental health disorders reflects 'gaping workforce chasm' | Nursing Times](#))

The Trauma-Informed Schools website clearly explains the need for both therapeutic support and for earlier intervention. Both points with which we are of course in full agreement.

It continues "we offer training to schools to empower and enable key staff to be able to respond effectively to mild to moderate mental health problems. The government Green Paper 'Transforming Children and Young People's Mental Health Provision' (December 2017) wants a Mental Health Lead in every school (trained member of school staff). Their research found that appropriately trained teachers /teaching assistants can achieve results comparable to those of trained therapists. To quote, *"There is evidence that appropriately trained and supported staff such as teachers, school nurses, counsellors, and teaching assistants can achieve results comparable to those achieved by trained therapists in delivering a number of interventions addressing mild to moderate mental health problems (such as anxiety, conduct disorder, substance use disorders and post-traumatic stress disorder)"*

What stands out here is that the training being provided appears to be focused on mild-moderate referrals. We are as yet unclear as to how this is accessed, or where the threshold lies within the moderate band, but there is room for us to work together.

The website has an Evidence-Base page, where it lists academic journal articles linking adverse childhood experiences with adult mental health diagnoses. The articles describe and explain the long shadow unresolved early trauma can cast. Schools are so very well placed to notice which children need help, and the evidence-base papers referenced here argue for therapeutic support to be as early as possible. Play Therapy is designed to be an early intervention, to halt the reach of past trauma into a child's future, and to do so in a mode of learning and exploration natural to young children – play and creativity.

On p26 of the attached 'Promoting Children and Young Peoples Well-being', counselling is identified as a need within schools and colleges. *"School and college based counselling is also an effective form of targeted support for pupils. The DfE blueprint for counselling provides advice for education leaders on setting up and improving counselling services in schools, and sets out practical, evidenced informed advice to ensure counselling achieves the best outcomes for children and young people."*

Play and Creative Therapies are often needed for the youngest children, at any referral band, and for those who would find accessing support primarily through talking, unsuitable.

Across the entire document the word play (when used in the way we mean it) only comes up once, in a case study on p27 *"Kings Hedges Primary School has commissioned a local charity to provide a school based counselling service that provides one-to-one counselling and mentoring. Its work with young children uses a play and arts based approach to develop coping strategies which helps improve pupils' school performance."* PTUK could offer case-studies from or Masters Research papers or current practice to add more from a play and creative therapies perspective.

In their article on Mental Health Leads in schools, to ensure a 'whole-school approach', Willis Palmer write ([Training starts for mental health leads in schools to deliver whole-school approach to mental health \(willispalmer.com\)](https://willispalmer.com)) The Minister for Children and Families, Will Quince, explains: *"I'm always impressed by the resilience and tenacity of our young people, but we know they have faced huge challenges during the pandemic, so we owe it to them to prioritise their mental health and wellbeing as we build back better."*

"This training is part of the £17 million package we've put in place to build on the mental health support available in schools, which also includes work to help education staff respond to children who may have experienced trauma, anxiety, or grief."

"Today marks an important step forward in our commitment to making wellbeing a central part of education recovery, by giving school and college staff the confidence to not only teach about good mental health but also understand what steps to take if they feel a pupil is struggling," he added.

PTUK would propose that having trained Play Therapists as part of the mental health support available would add greatly to therapeutic provision and best practice within the aimed for 'whole-school approach'.

The points that I hope we can explain to Commissioners and Ministers are:

- a.) The differences between creative therapies and talking therapies – that there is space for both. It might be that many of children the Head Teacher/MH Lead is planning to refer to a Trauma-Informed practitioner, they have already tried talking to, and it has been slow and difficult to affect change this way. Or that they are simply too young to talk through their experiences, or discuss and reflect on their behaviour and how it is linked to trauma that they have suffered. **In these cases, a Play Therapist to refer to would help.**

To help explain this point, I can direct to the pages we have written for our website: <https://playtherapy.org.uk/what-is-play-therapy/> & <https://playtherapy.org.uk/how-does-play-therapy-work/>. I hope that these pages could be helpful for Ministers to understand what we do and why. And for schools, especially those who will be Trauma-Informed and have MH Leads, we wrote: <https://playtherapy.org.uk/for-teachers/>, with explanations such as *"Unlike talking therapies, play creates a three-way process between the child, the therapist and the piece of play, music or art. The play offers the opportunity for symbolic expression and communication through metaphor, which can make all the difference to a child who finds it hard to put their thoughts and feelings into words, or may be worried about doing so."*

- b.) That Trauma-Informed practitioners work with mild-moderate referrals is well documented in their literature. This implies that they will need somewhere to refer more serious cases to, that they cannot work with. Therapists trained to work up at the severe band of referral criteria. There is also the implication that these practitioners would also need a therapist to refer on to if they discover a current case is more severe than first thought. **In both of these cases a Play Therapist to refer to would help.**

- c.) Perhaps we need a triage system at the point of referral in a school; where referrals are considered together by the Trauma-Informed practitioner and Play Therapist. Children might then be referred for Play Therapy if they are either: a moderate-severe referral, very young, or a creative therapy is thought to be the best choice. Children would be referred to the Trauma-Informed practitioner if they are: a mild level referral, able to talk through their experiences/articulate well enough about how they are feeling, and are old enough to engage with the model. This would create a collaborative multi-disciplinary approach, which the school could be very proud to house, and could be copied elsewhere. **Again, what helps is having a Play Therapist as part of the team, to refer appropriate cases to.**

- d.) These arguments fit with our lobbying of government, with the help of Dr Lisa Cameron MP, to allocate some of its school-based MH funding and post pandemic help specifically to PT. We have been asking Registrants to contact their MPs about this, with 3 questions to ask their MP to table when parliament reconvenes on the 18th of October. We aim to secure some of the funding for MH Leads/ Trauma-Informed Schools to be for Play Therapy, working alongside other practitioners to best provide for the children in need of support.

I would hope that any Trauma-Informed school promoter would be interested and motivated to understand how different practices could serve the whole school/a cluster of schools as a model of best practice for the 'Whole School or College Approach' promoted in the HM Government papers. Not only as best practice to have choice across such a wide age range, but so as not to depend on CAMHS for all moderate-severe referrals at a time when resources are so very strained.

I do hope that we can lead explanations on these distinctions between models of work, and the room and necessity for collaboration. In order to best meet the needs of our children and young people, who so desperately need it.