



Press Release

For Immediate Release

9 September 2022

An Insight into Hospital Education for Young People Admitted for Mental Health Problems

Education plays a huge role in the recovery of young people suffering from mental health conditions. School is one of the biggest occupations in a young person's life. Our vision is to continue or rebuild the relationship they have with education as it is an integral factor in their onward recovery journey. Ambition, hope, belonging, wellbeing – the benefits we see are huge and it is important we recognise this.

Ed Hall is Head of Education at Cygnet Health Care, overseeing hospital school provision for young people accessing their Tier 4 Child and Adolescent Mental Health Services (CAMHS). Here, Ed talks about how education is provided to those receiving hospital treatment for their mental health.

Young people admitted to our tier 4 CAMHS services at Cygnet Health Care are often in mental health crisis, meaning they are highly vulnerable. They are often hospitalised due to the high risk they pose to both themselves and to others. Depression is the most common diagnosis, along with anxiety and underlying neurodevelopmental disorders.

It's vital that they don't miss out on their right to an education while they're in hospital and unable to attend their own school. Cygnet Health Care runs three schools across its services in Coventry, Bury and Sheffield. We want to provide continuity and seek to minimise disruption so that academic progress and an interest in learning will continue, as far as medical circumstances permit.

Due to the emergency nature of most admissions, young people arrive with very little handover of their current or previous schooling. We complete a prompt and thorough information gathering exercise within 72 hours of their arrival at hospital, also helping to promote the importance of education during their stay, and demonstrating our personal commitment to them. This involves speaking to their school or college and their parents or carers to find out their current study programme, their academic levels and attainment, any special educational needs, strategies which work well for engaging them, their previous attendance record and any safeguarding issues which we need to be aware of. The young person will remain on roll with their home school or college in a dual registration arrangement, with the aim that they will return once they are discharged.

We speak to the young person as quickly as possible when they arrive. The sooner we see them, the easier it is to build a positive relationship. Once we know about their likes and dislikes and how they like to be supported, we can start to establish trust and really make a breakthrough as early as

possible. Specialist subject teachers will then use diagnostic assessments to identify specific areas for development – this ensures we aren't making assumptions about what they know. It is often the case that our students have not attended school consistently for a period of time due to the impact of their mental health conditions. They will have gaps in subject knowledge that need to be addressed before moving on to the next stage of learning.

All of this comes together in a detailed 'individual education plan' (IEP) which is very bespoke to each learner. This level of personalisation helps prevent them from falling behind with their education during admission, as this would create more stress for them. Ultimately, we want to prepare them to go back into their community and be successful. In so many of the cases where a young person is readmitted into a mental health hospital, there has been a breakdown somewhere in their community education transition.

Our schools are integrated with the hospital care, and teachers attend multidisciplinary meetings with doctors, nurses, psychologists, occupational therapists etc. Here they feedback progress in education which means the IEP can be adjusted if necessary, and the teaching team are aware of treatment pathways and the holistic care plan. In school we can be flexible and go with their interests, and even adopt an entirely different approach for those who are acutely unwell. Our model for these young people constitutes activities that serve as a vehicle for improving mental health functioning in education (MHFE). These are educational activities which aim to develop communication (with adults/peers), concentration, motivation or hope for the future. This might include board games with someone anxious around peers. The flexible nature of our curriculum helps accommodate changeable mental health presentations and means young people who are judged to be high risk can still participate.

We try and focus on mental health within our PSHEE program. For example, with nutrition we will talk about foods that boost mental health and with first aid, we tend to focus on handling minor injuries because of the prevalence of self-harm amongst these young people in our care.

We start the school day at 10.00am as quite often the young people have problems with sleep patterns and medications can impact on their alertness. Each session is 45 minutes long and students attend three a day. If the young person is too unwell to come to school, it doesn't mean we stop educating them. We just adapt. Students are occasionally taught on a one-to-one basis on the wards because of their individual health needs, or where their level of risk prevents access to the school environment.

Education provides young people with a sense of normality and routine. When you are in a hospital, participation in community associated activities can provide comfort through familiarity. Education is enjoyable for a lot of children, people (in general) do like to be challenged and like to solve problems. We get a release of positive brain chemicals when we are successful at something that has been pitched at the right level of challenge, and this has a longer sustaining impact on mental wellbeing. It is the job of our school staff to make sure we pitch the work at the right level – not too easy or not too hard, and make support available should they need it. We want to give them the support they need to be challenged and to be successful.

It can be so rewarding when you see a young person slowly start to engage and have fun when initially they were reluctant. I find it really fulfilling looking back over young people's work with them at the end of a long stay. It's an important part of their journey, going through their work and seeing what they've achieved, in what has been quite a difficult time for them. Ultimately we try to give them hope. Teaching is a rewarding job and it's a real privilege to work in this setting.

Ends

Notes to Editors:

For more information, please contact Gemma Attew, External Communications Manager, on gemmaattew@cygnethealth.co.uk or 07718 244811.

About Cygnet Health Care

Cygnet Health Care has been providing a national network of high-quality, specialised mental health services for the NHS and local authorities for the past 30 years.

Cygnet Health Care's pioneering services support people with complex and acute mental health needs across the UK.

As one of the best quality providers in mental health services in the country, Cygnet Health Care's focus is always on the best outcomes for those who use or commission its services. 85% of Cygnet's facilities are rated as good or outstanding, which is above the national average.

www.cygnethealth.co.uk