



Healthy
London
Partnership

Children and Young People's Mental Health: London Trailblazer Workshop

Tuesday 1st October 2019

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Public Health
England



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Welcome

Dr Ann York

***Clinical Advisor, Mental Health and Well-Being
of Children and Young People
Healthy London Partnership***

Agenda

Time	Agenda	Presenter
09:10	The story so far: implementing the ambitions of the children and young people's mental health Green Paper – national policy update	David Lockwood; NHS England and Improvement and Jonathan Goldstein; Department for Education
09:30	The story so far: the 2018/19 trailblazer areas	Ann York, with 2018/19 Trailblazer area leads
10:35	Table discussions	Ann York/ All
11:00	BREAK	
11:20	Where next: education opportunities for implementing the children and young people's mental health Green Paper delivery and beyond	Roisin Clarke and Daniela D'Urso; Department for Education
12:25	Table discussions	Ann York/ All
12:50	Close and lunch	Ann York

The story so far:

Implementing the ambitions of the children and young people's mental health Green Paper – national policy update

David Lockwood

Deputy Head, Perinatal Mental Health, Children and Young People's Mental Health Support Teams and Vulnerable Groups

Mental Health Support Teams: The Story So Far

David Lockwood

Deputy Head, Perinatal Mental Health, Mental Health Support Teams and
Mental Health of Vulnerable Children and Young People

NHS England

Jonathan Goldstein

Head of Regional Improvement Team, Mental Health Delivery Division

Department for Education

NHS England and NHS Improvement



Summary

1. Key Reflections and lessons learnt from implementation to date
2. Critical Success factors for Sites/MHSTs
3. A typical week in the life of a MHST
4. Products/Support Offer
5. What next?

The programme is set in the context of progress to date



We have started to see significant progress in Children and Young People's Mental Health



- 377,866 children and young people accessed mental health services in 2018/19, an access rate nationally of 36.1%
- CYP eating disorder services are on track for 95% access target by 2020/21



- Over 180 new Mental Health Support Teams in the process of being established since 2018



- The 2018 survey of crisis services shows an increase in comprehensive offer (crisis assessment, brief response and intensive home treatment) being commissioned, as well as significant growth in services operating 24/7 or over extended hours.

- Mental health investment standard met in all CCG plans 2018/19
- CYP IAPT rolled out across 100% of the country and is now business as usual with existing and new staff trained to deliver evidence-based therapies
- Re-distribution of inpatient beds to provide more beds across a range of needs and in places where previously there were no beds



Future in mind

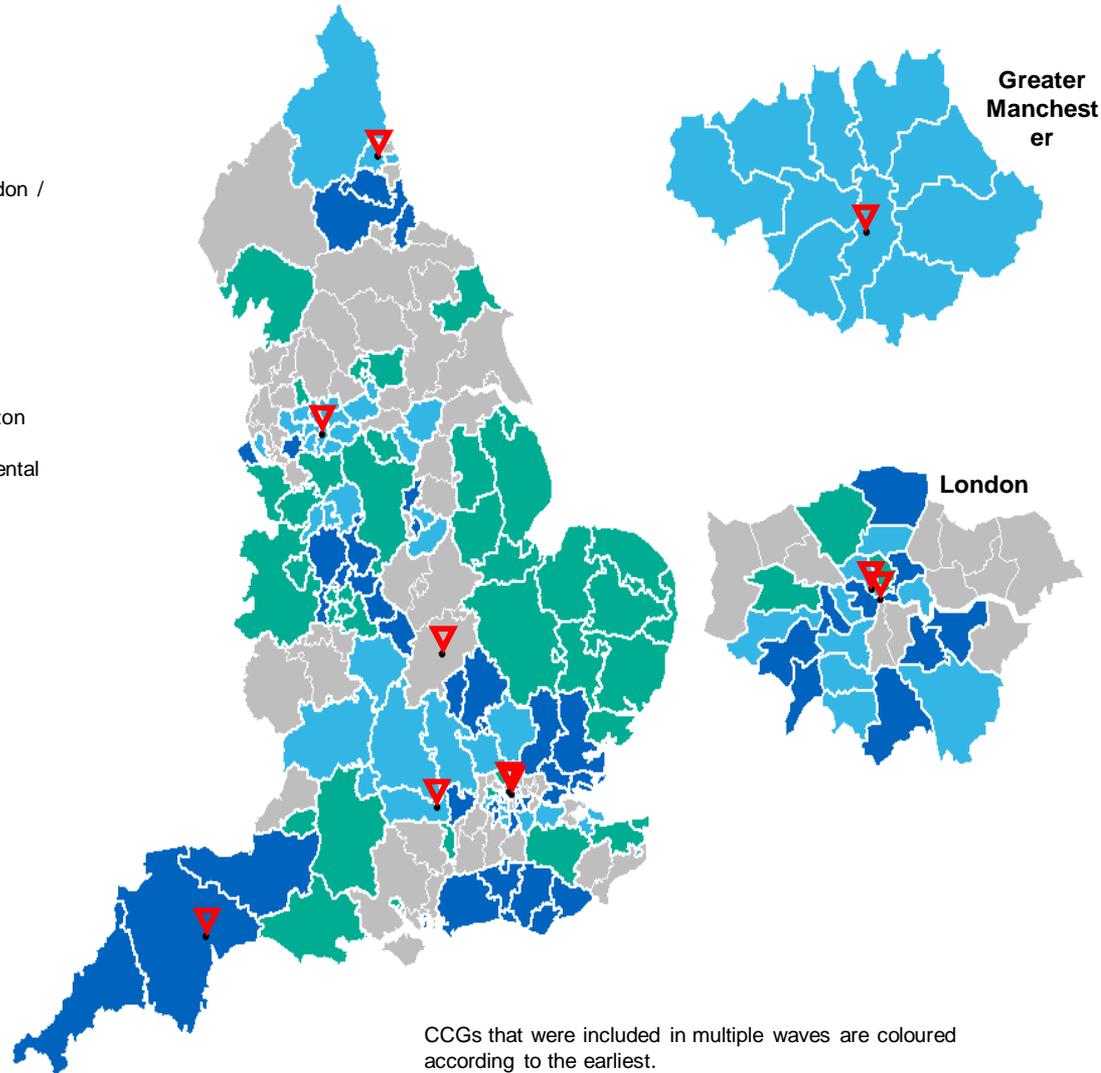
Promoting, protecting and improving our children and young people's mental health and wellbeing



Distribution of 18-19 and 19-20 Sites

Higher Education Institutions

-  University College London / Anna Freud Centre
-  Kings College London
-  University of Reading
-  University of Exeter
-  University of Northampton
-  Greater Manchester Mental Health NHS Foundation Trust
-  Northumbria University



CCGs that were included in multiple waves are coloured according to the earliest.

1. Lessons Learnt - Themes

Project Governance

- The strategic education and healthcare systems are very different
- The importance of joint governance from the beginning
- The involvement of professionals experienced working in education settings such as educational psychologists is key

Workforce

- The service lead and senior MHST staff need to be in place at the same time if not before EMHPs start training
- Support for placement experience and is pivotal for the EMHPs and schools & colleges and needs to be prioritised
- There have been significant challenges meeting the requirements of the supervision course

Timelines

- The training calendar has determined the implementation timeline
- Many of the challenges for 18/19 sites were associated with the tight timescales – we can adjust that for future expansion
- Importance of mapping onto the education year

Communication/ Engagement

- More messaging is needed about ‘how’ to set up a MHST
- More clarity is needed on the MHST pathway
- Earlier communication between the provider and HEI support the recruitment process for EMHPs
- Information about funding via NHSE and HEE should be co-ordinated

1. Lessons Learnt - Themes

Engagement with education settings

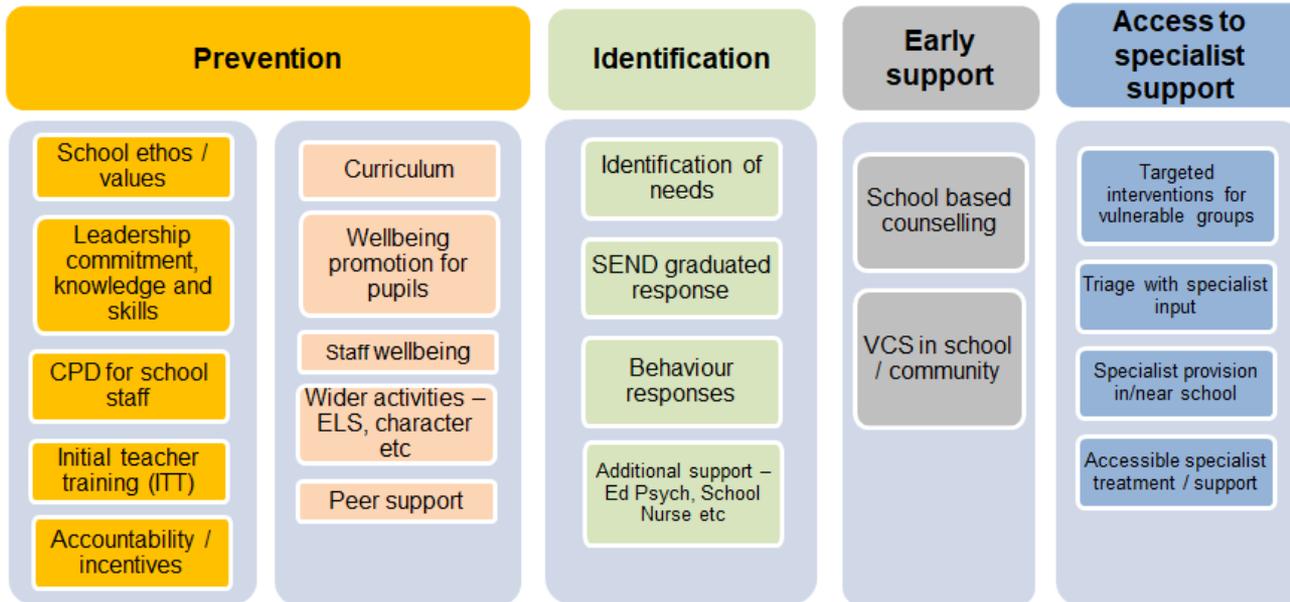
- The strategic education and healthcare systems are very different – there can be a cultural clash
- The importance of joint governance from the beginning – and joint work based on clear framework. The governance structure needs to allow for an effective feedback loop between education settings and MHST site leads
- Concerns about overburdening education settings
- Lots of guidance and service offers available
- Culture changes requires senior leadership buy-in
- Building staff confidence critical to change
- Schools not knowing how to make referrals or make sense of the referral forms
- Comms from trailblazer leads getting to the right place

Mental Health Support Teams: operating principles

- 1. There should be clear and appropriate local governance involving health and education**
2. MHSTs should be additional to existing support
- 3. The approach to allocating MHST time and resources to schools and colleges should be transparent and agreed by the local governance board**
- 4. MHST support should be responsive to individual education settings' needs, not 'one size fits all'**
5. Children and young people should be able to access appropriate support all year (not just during term time)
6. MHSTs' approach should be co-produced with users
7. MHSTs should be delivered in a way to take account of disadvantage and seek to reduce health inequalities.

Whole school approach

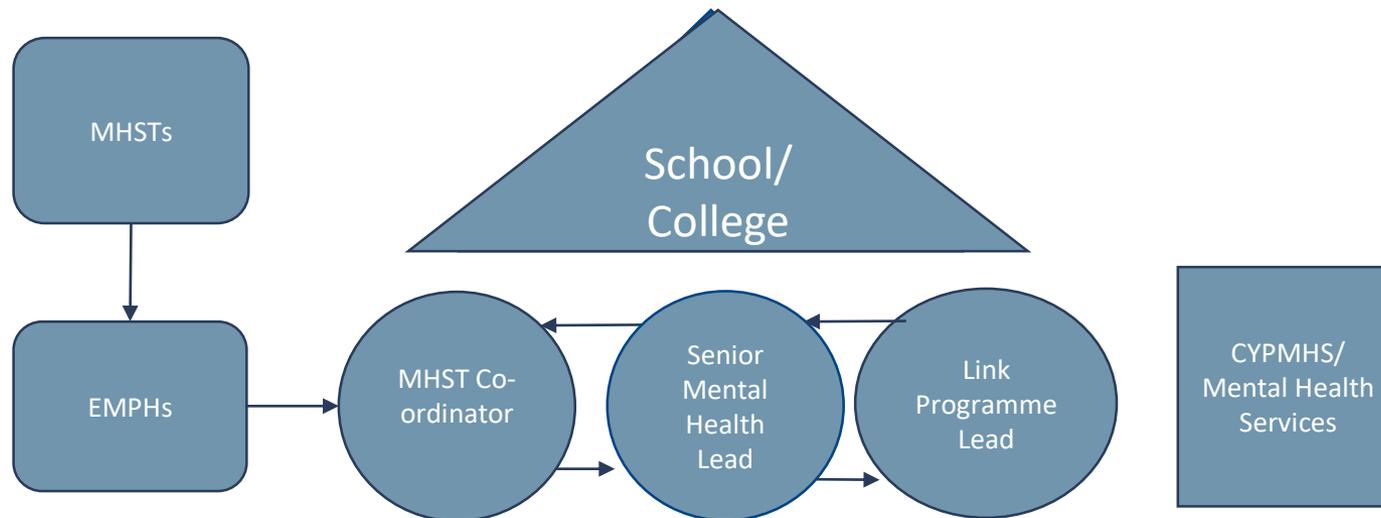
Engage parents/carers
Involve parents/carers

PHE's eight principles to promote emotional health and wellbeing in schools and colleges:



Health and Education Roles and Timeline



September 2019:
MHSTs likely to start work in most MHST schools/ colleges

December 2019:
2018/19 trailblazer MHST Sites likely to be fully operational

August 2020:
2019/20 MHST Sites (wave 1) likely to be fully operational

2023/2024:
MHST support expected to be provided in a fifth to a quarter of all schools and colleges

July 2019:
Senior mental health lead training specification published
2019/20 MHST sites confirmed

October 2019:
Mental Health Services and Schools/College Link Programme training begins national roll out

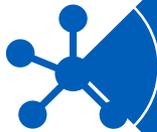
June 2020:
senior mental health lead training begins national roll out: subject to contract award

January 2021:
2019/20 MHST Sites likely to be fully operational

2. Critical Success Factors



Strong project management and early appointment of service lead



Strategic leadership and buy in across health and education



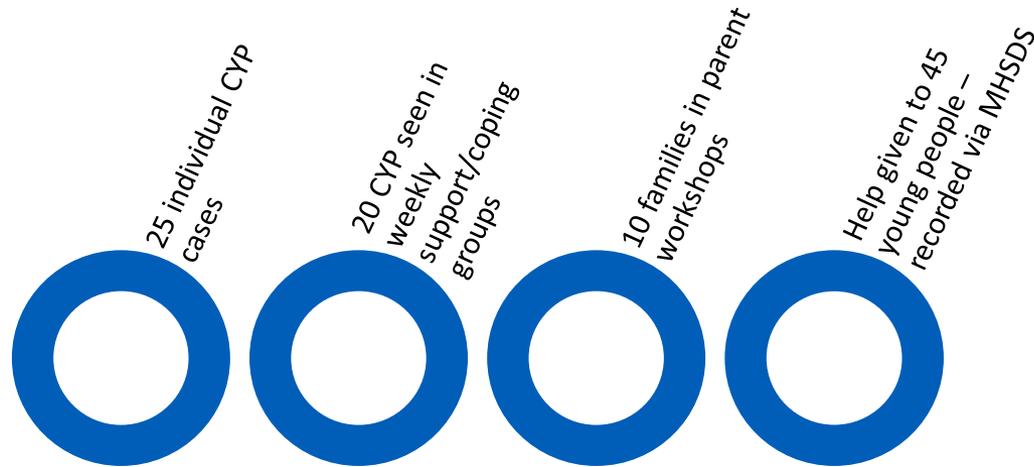
Quality of induction, support and supervision to EMHPs



Clarity of the offer to schools and colleges and engagement to tailor it to identified needs

3. A month in the life of a MHST –

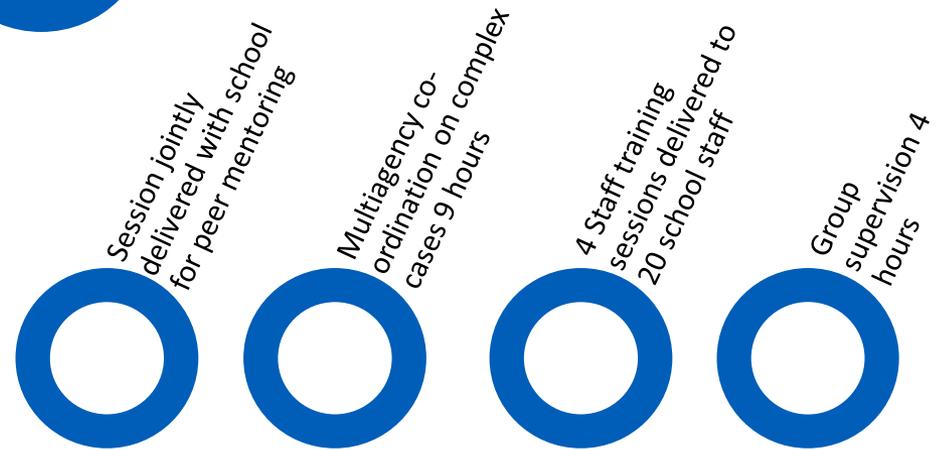
based upon our initial modelling of what a typical month may look like. We want to test this with the trailblazers.



Function 1 – Delivering evidence-based interventions for children and young people with mild-moderate mental health problems

Function 2 – Supporting the senior mental health lead in each education setting to introduce and develop their whole school/college approach

Function 3 - Giving timely advice to school and college staff and liaising with external specialist services, to help children and young people to get the right support and stay in education



4. The Support Offer

	National	Regional
Current	The NHS Future Collaboration Platform	Clinical Network support in EOI development
	Guidance Notes & Delivery Support Pack	EOI feedback
	FAQs	Implementation Regional Leads – NHSE, DfE, HEE
	Schools/colleges Pack	
	[New] MHST Operating Manual	
To come	MHST Lifecycle/pathway	Support offer for future sites
		Sharing local case studies

Question: what else should be on this list?

5. Mental Health Support Teams – Next Steps

- For the 2018/19 trailblazers – Supporting teams to become ‘fully operational’, delivering on their core functions with key data flowing into national datasets
- Embedding the lessons learned into our support offer for existing and new MHSTs
- Improving the MHST Manual based on feedback
- Refining the process for selecting new sites and establishing teams
- Health Education England is commissioning more Higher Education Institutions providing training courses across the country (Summer 2019)
- Phase One of the MHST evaluation to commence
- Further waves of MHSTs will continue to roll-out to at least 20% to 25% of the country by the end of 2023

4 Week Waiting Time Pilots



Work to mobilise so far:

- Delivery of two national learning events with sites to explore learning so far
- Reviews with Intensive Support Team (IST) to understand starting point and develop action plan for sites
 - Webinars on specific issues such as data flow

Challenges & Solutions:

- Workforce – managing culture change & working differently, recruitment, reviewing job descriptions and exploring non-traditional entry routes to join workforce
 - Measuring activity and outcomes – exploring MHSDS and SNOMED-CT
- Identifying and managing internal waits – working with IT systems and ensuring clear protocols
 - Ensuring ease of access to services and ease of re-entry by reviewing pathways
 - Whole system working, including voluntary sector & education, health & justice, etc

Thank you!
Any questions?

NHS England and NHS Improvement

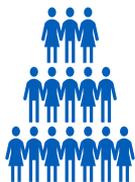


Annex: Reminder of CYPMH and associated programmes Long Term Plan commitments....



Young Adult MH Services

- Comprehensive offer for 0-25 year olds which reaches across MH services for CYP and adults
- Integrated approach across health, social care, education and the voluntary sector



Mental Health Support Teams

- Mental Health Support Teams working in schools and colleges - early intervention and whole school approach across 20-25% of country by 2023
- Teams will receive information and training to help them support young people more likely to face mental health issues e.g. LGBT+ and children in care

Four Week Waiting Times

- Test approaches that could deliver 4WW times for access to NHS support, ahead of introducing new national waiting time standards for all CYP who need specialist MH services



Eating Disorders

- Over the next 5 years, we will boost investment in CYP Eating Disorder services. Extra investment will help us continue seeing 95% of urgent cases within 1 week and within 4 weeks for non-urgent cases

Annex: Reminder of Long Term Plan commitments - continued



Crisis Services, whole pathways including inpatient beds

- With a single point of access through NHS 111, all CYP experiencing crisis will be able to access crisis care 24 hours a day, 7 days a week
- Extension of New Models of Care/Provider Collaboratives continue to drive integrated pathways

Digital Therapies

- Endorse a number of digital technologies that deliver digitally-enabled models of therapy for depression and anxiety disorders... expand to include therapies for children and young people

Other commitments

- Additional investment in Youth Justice Services
- Reduced waiting times increased support for CYP with Autism and LD
- 6,000 highly vulnerable children with complex trauma will receive consultation, advice, assessment, treatment and transition into integrated services



Access

- By 2023/24, at least an additional 345,000 CYP aged 0-25 will be able to access NHS funded mental health services
- Over the next 10 years, we're aiming for 100% of CYP who need specialist care to be able to access it



- ²¹ Improve join up between mental and physical health

The story so far:

2018/19 Trailblazer Areas

**Key learning, challenges and successes
from London's 2018/19 children and
young people's mental health Trailblazer
areas**

Trailblazer area: Haringey

Progress and successes to date:

- Full recruitment – MHST, voluntary sector and Council partners. Educational Psychologist/Teachers are involved.
- As of end of summer term in half of Trailblazer schools with a weekly presence from autumn term.
- Head teachers promoting i-THRIVE through Networked Learning Communities.
- Secondary Head very pleased with whole school approach and has promoted the Anchor Project – trauma informed practice.
- School to coordinate activities so that schools feel more supported and that services are not offered in a “scatter gun” approach.
- First wave Schools Link Programme.
- Kooth being mobilised.

Challenges and issues:

- Haringey does not have a mental health schools programme..
- Recruitment to MHST leadership roles had a knock on effect in EMHPs feeling unsupported
- MHST staff were not fully utilised within schools and need to ensure that schools are fully engaged.
- Several partners are doing excellent work, however schools are not always recognising Trailblazer activity.
- Haringey has a range of excellent but not coordinated work. Key programmes, such as the Healthy Schools do not address mental health.
- Changes within the local Council and therefore need to ensure work continues as planned.

Key learning to share:

- The project had not been mobilised and so no supervisor in post for EMHPs. Therefore, within the mental health trust the EMHP supervision and training programme were not well understood or supported.
- Organisational cultures of CAMHS and schools are very different. Communication needs improving.
- Team building exercises to ensure effective working. A range of organisations that have not worked together previously.
- Use the Trailblazer Pilot to coordinate activity within schools and coordinate with other services.
- One school has a complete change of its senior leadership team bar one person. This made it very difficult to implement agreed work with this school.

Trailblazer area : Bromley (Mental Health Support Teams – Bromley Y)

Progress and successes to date:

- Team recruited and settled
- Partnership agreements with 49 schools set up and palette of support agreed
- Launch event successfully held with representation from most schools
- Class based and staff workshops to over 400 have been held in schools since June
- Detailed agreed programme commenced as from beginning of September as agreed with schools
- Local trailblazer steering group has given leadership and direction.

Challenges and issues:

- Competing messages between course, provider and employer about on going employment after training
- Course v provider expectations especially around course requirements
- Retaining EMHP's - travel from home to work and expectations of EMHP
- Work load with 49 schools-quality v quantity
- Assumption nationally that all providers are NHS providers, and the impact of capacity of services

Key learning to share:

- Partnership agreements and agreed palette of support plus visit to all schools to set scene enabled a positive relationship and engagement with all schools
- Not over promising but building to ensure sustainability giving clarity to both schools and to staff
- Improved care path ways between providers and services and greater understanding of roles and responsibilities.
- Learning event and sharing good practice planned-schools welcomed this idea (March/April 2020)

Trailblazer area : Bromley (4 Week Wait – Oxleas NHS Foundation Trust)

Recruitment Update

3.6 WTE are now in post or being covered by agency, with a following 2.6 WTE due to start in the next 2 months. 2.0 WTE are still out for advert and not being covered (B7 Clinical Psychologist posts):

- **Consultant Psychiatrist** (0.6 WTE) – **agency cover secured, post currently out for advert**
- **Band 7 Clinical Psychologist** (3.0 WTE) – **1.0 recruited** (October start date), **2.0 out for advert**
- **Band 7 Child & Adolescent Psychotherapist** (1.0 WTE) – **started 23rd September**
- **Band 7 Family Therapist** (1.0 WTE) – **started 2nd September**
- **Band 6 Nurse** (1.6 WTE) – **1.0 started 30th September, 0.6 recruited (November start date)**
- **Band 4 Assistant Psychologist** (1.0 WTE) – **1.0 recruited, awaiting start date**

Challenges and issues

- Although much progress has been made in recruiting to vacant posts, we are still struggling to recruit to **Band 7 Clinical Psychology posts** – this is an issue that is not unique to Bromley CAMHS.
- The **delays to recruitment** have had an impact upon capacity to reliably implement new pathway developments
- Delivering service transformation during a period of **heightened demand** and pressure on the service
- Systemic challenge of **measuring waiting times** from point referred to **Single Point of Access** to specialist CAMHS assessment in Bromley.

Next Steps

- Review of vacant 4WW posts to consider change of discipline and/or banding
- NHS Improvement systems review due to be undertaken in October across Bromley CAMHS and Bromley Y
- Implement learning from NHS Improvement systems review, with a particular focus on administrative processes
- Continue to explore use of Systemic Dynamic Modelling Tool in the context of waiting list management in Bromley CAMHS
- Mobilise assessment clinic model in Bromley CAMHS Generic & Neurodevelopmental Teams.

Trailblazer area: Hounslow

Progress and successes to date:

- 21 schools involved = 9 primary, 10 secondary, 2 through
- School hubs in development
- 12 EMHPs, 8 finishing in January 2020, 4 in September 2020
- Very strong relationships with schools
- Linking in with Early Help Hub

Challenges and issues:

- Recruitment & workforce
- Communication & location
- Timescales
- Engaging with schools who are harder to reach

Key learning to share:

- Partnership working & linking in with wider Early Help offer
- Schools engagement
- Managing schools' expectations

Trailblazer area: Camden

Progress and successes to date:

- Our new Clinical Intake team is developing and doing some good Advice and Signposting work with follow up calls to check families are accessing/receiving recommended support from services as well as to monitor service user satisfaction
- Our data shows the improvement on waiting time:
 - 2018/19, 68% of referrals had 1st contact within 28 days
 - 2019/20 from (April to August), 77% of referrals had 1st contact within 28 days
- We have established twice weekly referral meetings and now have a centralised referral process to speed up allocation to teams
- We have now gone live with Healios and are allocating young people for CBT treatment

Challenges and issues:

- We continue to experience difficulties around culture change. However, we have a plan around communication and developing dialogue with the teams to win the hearts and minds of staff and bring them on board with the changes
- Our current informatics systems are at present not set up to measure internal waits. This has been escalated with informatics and we have a work plan with informatics to set up a system to be able to measure internal waits
- We have been experiencing difficulties working out our capacity and demand due to complex and variable staff working patterns. However, we are working out an approach to job planning and are in process of using demand and capacity tool

Key learning to share:

- We have commenced the pathway mapping to review the patient journey in the service. The pathway mapping will also help us to identify the internal wait and the external wait when interfacing with other services
- We will be piloting a GP consultation line to provide advice for GPs when making CAMHS referrals

Trailblazer area: Tower Hamlets

Progress and successes to date:

- Successful integration and partnership between Tower Hamlets CAMHS and Step Forward.
- The Tower Hamlets MHST is now fully staffed.
- MHST currently covering 7 schools.
- The team has built on the experience of the CWP service in delivering and developing the manualised interventions and school based activities.
- MHST band 7 staff undertaking EMHP supervisor course, formally accredited.
- Training sessions include independent Islam school, as well as mainstream schools.
- Co-production with the Young Influencers project.
- Comprehensive operational policy drafted.
- Service Leave/Partnership Agreement drafted. A mutually negotiated agreement will be completed and used across all new Trailblazer schools.
- Data recording arrangements have progressed.
- Initial participating schools completed NHS baseline questionnaire.
- Plan for staff well being support in place.

Challenges and issues:

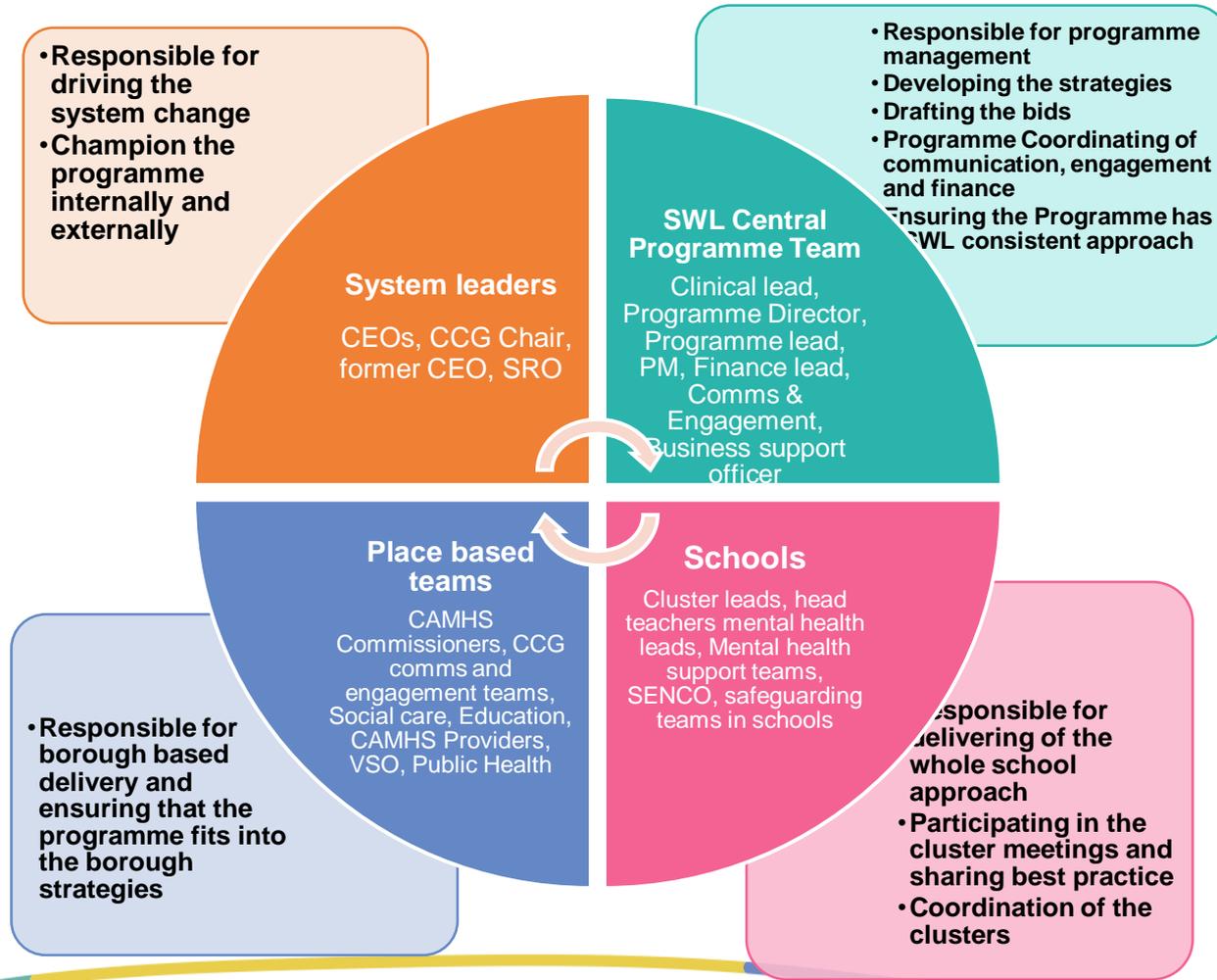
- Establishing processes and sufficiently positive relationships to enable mutual feedback, conflict resolution and clear escalation procedures.
- MHST formation out of sink with academic school year, maximum impact likely to be restricted as a result.
- Changing use of language to a more collaborative style.
- Explanations of confidentiality and understanding of risk.
- Teacher well-being is a challenge. It is hard for schools to give the time/attention to think about this, or for teachers to take advantage of what is available due to pressure of work.

Key learning to share:

- Enhancing the connection between EMHPs and other CAMHS services.
- The complexity and layers of school practice in relation to well being.
- The need to map, understand and co-ordinate with existing curriculums (PHSE, RSE, SMSC), learning and behavioural systems (e.g. growth mind sets, learning powers approach, restorative practice) and therapeutic provision in schools.
- The importance of each school having a named senior lead to link with the project, with protected time.

Our programme matrix team

- Our programme team is made up of people from different teams and organisations.
- We have been successful because we work as matrix teams across teams and organisational boundaries
- We have invested time and effort in understanding our different organisational cultures and languages
- We have agreed on a common strategy for delivering the whole school approach and pooled CCG funding together with new government funding to deliver the programme
- We have based our programme on the Children and young people voice which has helped us come together and focus on finding the solutions to the issues that matter to our children and young people



Our achievements to date

Leadership and management

- SWL's prevention priority – visibility across SWL at Board level and resources identified by CCGs to support
- Oversight of programme by Health and Wellbeing Board
- Cross sector HCP leadership in place
- Dedicated clinical lead for programme
- Whole system steering group established
- Ring-fenced HCP programme team established
- Cluster leads in each borough leading group of schools in Whole School Approach
- Designated MH leads in all schools

Additional targeted support for children

- Mental health support teams (MHSTs) mobilised in 3 boroughs
- In non-trailblazer boroughs schools are also benefitting from additional support
- Emotional wellbeing practitioners have started to deliver support to children

Support for teachers

- Youth MH first aid rolled out in cluster schools
- Cluster schools developing range of supplementary support e.g. mindfulness and yoga



Our achievements to date continued

Support for parents

- Parent workshops being developed
- Empowering Parents, Empowering Communities commissioned across 6 boroughs. The trainers have completed hub familiarisation training

Digital offer

- Kooth online counselling service has gone live on the 1st September 2019 in the pilot schools
- Digital Directory of Service go live October 2019

Cross-sector governance arrangements

- Memorandum of Understanding signed by most schools (and governors)
- Governance arrangements for programme agreed with TORs developed
- Budgets agreed at Finance Committee in Common

Voice of children and young people

- Engagement framework for the programme that has been agreed by cluster schools and partnership steering group
- CYP engagement in cluster schools action plans
- CYP engagement for digital offer
- Commissioned insight work across 6 boroughs on mental health language to develop and test comms materials
- Developed a campaign to promote digital offer

Review and evaluation

- CORC surveys being undertaken for baseline (years 5 and 8 across the clusters)
- CAMHS data to map emotional wellbeing needs
- Starting to collect delivery data for MHSTs

Schools, teaching and curriculum

- All schools have undertaken an audit to assess their “as is” position and cluster action plans have been developed off the back of these.
- Each cluster group has considered what additional resources are valuable e.g. to support PHSE.
- Wide-range of products available.
- Wandsworth – PATHs, Merton – Jigsaw.
- Fantastic Fred will be trialled in 5 clusters in September 2019

What we have learnt so far

- Focus on one thing and pick the right thing
- Looking at the root cause might change your focus
- There is wide variation and multiple parallel work streams
- Working across a large complex system is slow and difficult
- Engaging with CYP and stakeholders made it even slower but was effective
- Senior leadership commitment matters
- Milestones help
- Working with schools is complex and different
- Relationships and trust are critical
- Viewed as novel and innovative – this has helped our success in accessing external transformation monies

Table Discussions

**To inform future work, engagement
and communications**

Table Discussion 1

- How have your local education and health systems shaped their approaches to children and young people's mental health?
- What are the challenges and opportunities for your local model?

Table Discussion 2

- How can we best support strong collaboration and communication between local health and education systems?

Break and coffee

Please return for 11.20

Where next?

Education opportunities for implementing the children and young people's mental health Green Paper delivery and beyond

Roisin Clarke and Daniela D'Urso

Department for Education



Department
for Education

Mental health and wellbeing in schools

Daniela D'Urso

Pupil mental wellbeing team leader

School's role in relation to mental health and wellbeing:

- **Prevention:** improving the mental health and wellbeing of the whole school population and equipping pupils to be resilient so that they can manage the normal stress of life effectively. This will include teaching pupils about mental wellbeing through the curriculum and reinforcing this teaching through school activities and ethos;
- **Identification:** recognising emerging issues as early and accurately as possible;
- **Early support:** helping pupils to access evidence based early support and interventions; and
- **Access to specialist support:** working effectively with external agencies to provide swift access or referrals to specialist support and treatment.

Prevention

School context

Universal / Pastoral Support

**Relationships Education,
Relationships and Sex Education,
and Health Education**

**Children and young people's
mental health and wellbeing
research programme**

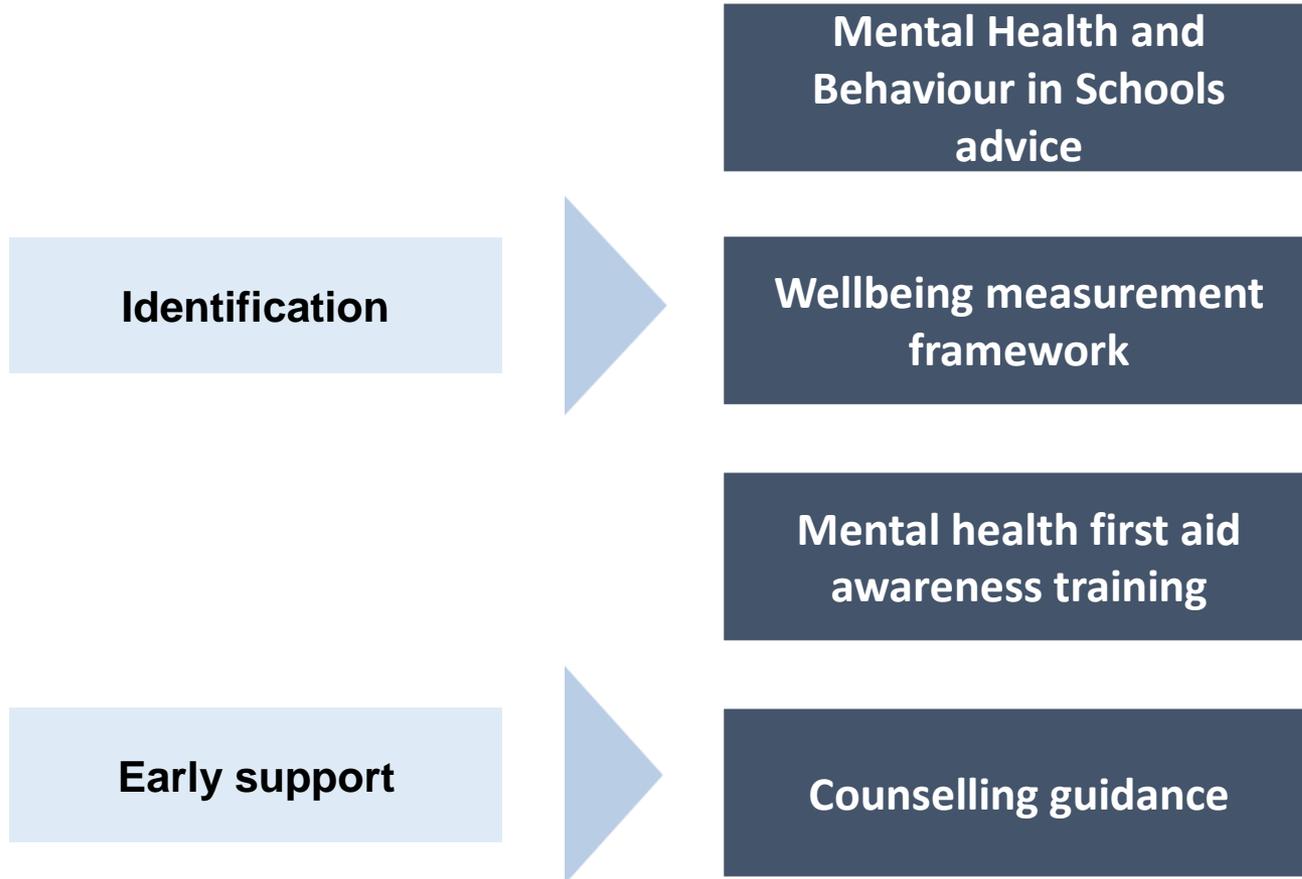
Character education

Peer support pilot

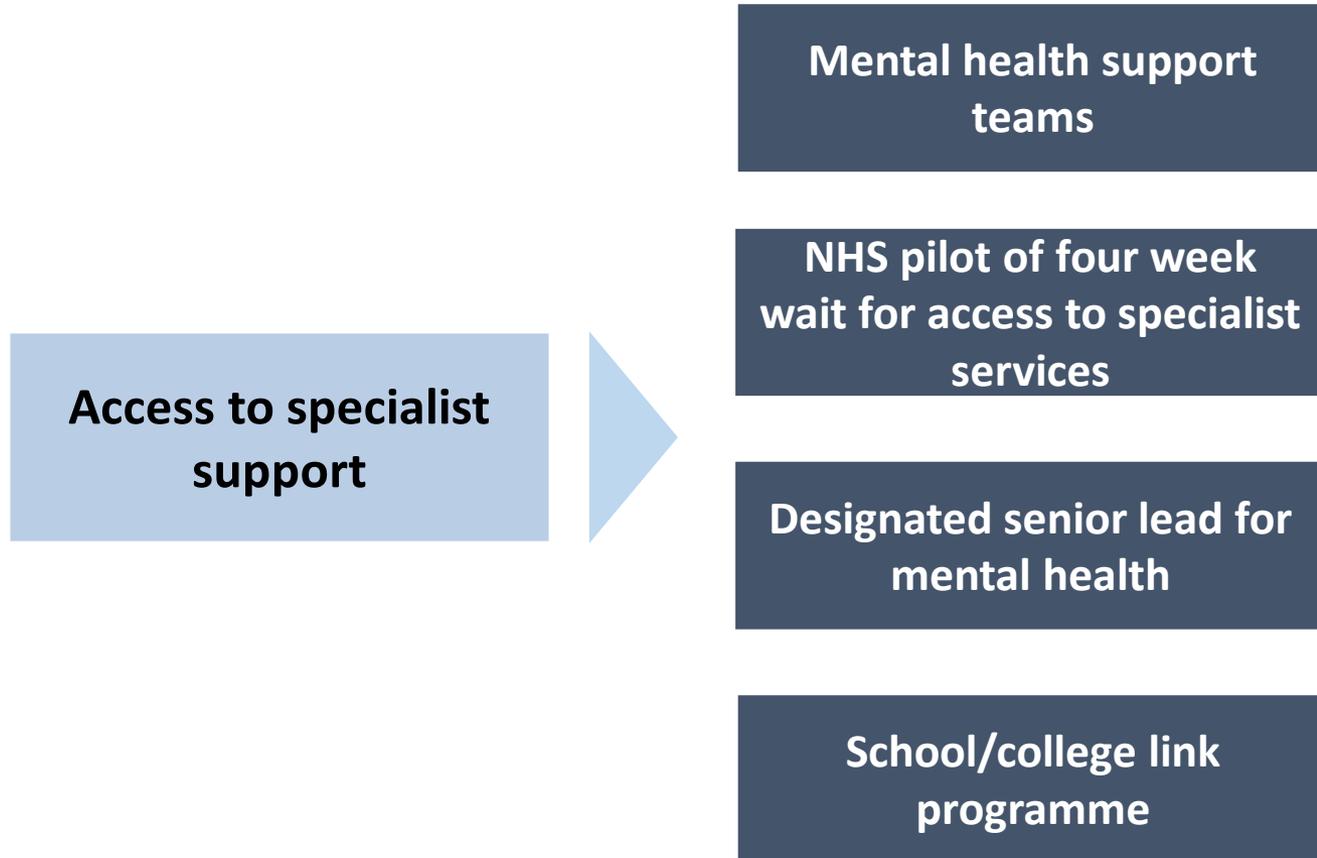
Anti-bullying programme

Teacher wellbeing group

Identification and early support in schools



Referral to external specialist support



Education opportunities in implementing the CYPMH Green Paper commitments and beyond

Roisin Clarke

Regional Mental Health Implementation Lead for London

Department for Education

Mental Health Support Teams (MHSTs): Core functions

NHS England is responsible for delivering the Mental Health Support Teams and Four-Week Waiting time pilots

Delivering evidence based interventions for mild to moderate mental health issues

The new teams will carry out interventions alongside established provision such as counselling, educational psychologists, and school nurses building on the menu of support already available and not replacing it. The MHST will provide:

- Individual face to face work: for example, effective brief, low-intensity interventions for children, young people and families experiencing **anxiety, low mood, friendship or behavioural difficulties**, based on up to date evidence
- Group work for pupils or parents such as Cognitive Behavioural Therapy for young people for conditions such as **self-harm, and anxiety**.
- Group parenting classes to include issues around **conduct disorder, communication difficulties**

Supporting the senior mental health lead in each school or college to introduce or develop their whole school or college approach:

- Work with the **senior mental health lead and existing service providers**, to map what provision is already in place in settings and where the gaps are.
- Provide targeted help as agreed with the lead, e.g. to support monitoring of well-being across the schools and colleges, teaching about mental health (in the context of health education becoming compulsory from September 2020), understanding how peer support and interpersonal relationships impact on children and young people well-being and mental health, train others to help children and young people, parents/carers and teachers to identify and manage stress and anxiety.

Giving timely advice to school and college staff, and liaising with external specialist services, to help children and young people to get the right support and stay in education:

- Work as part of an **integrated referral system** with community services to ensure that children and young people who need it receive appropriate support as quickly as possible.
- External support could include more specialist NHS mental health support, support for Autism Spectrum Disorder, Learning Difficulties or physical needs, or for issues such as substance misuse.
- Ensure **smooth transition from specialist services**.

Mental Health Services and Schools/College Link Programme

- Designed to **improve communication and facilitate joined up working** between schools, colleges and CYPMHS
- Delivered to **named points of contact** in CYPMHS mental health leads in education settings
- Pilot evaluation findings included **increased satisfaction** with working relationships, **better understanding** of referral routes, **improved knowledge and awareness** of mental health issues among school lead contacts, and **improved timeliness and appropriateness** of referrals
- Will be **rolled out to all schools and colleges** over four years from October 2019
- **Trailblazer schools/ colleges* will be prioritised** in first phase of delivery
- Key senior CCG and LA leads in children's education and health services will be **invited to nominate schools and colleges to take part** in the training

* Applies to schools/ colleges that have not already received the training as part of the pilots in 2015/16 and 2017/18.

Senior mental health leads

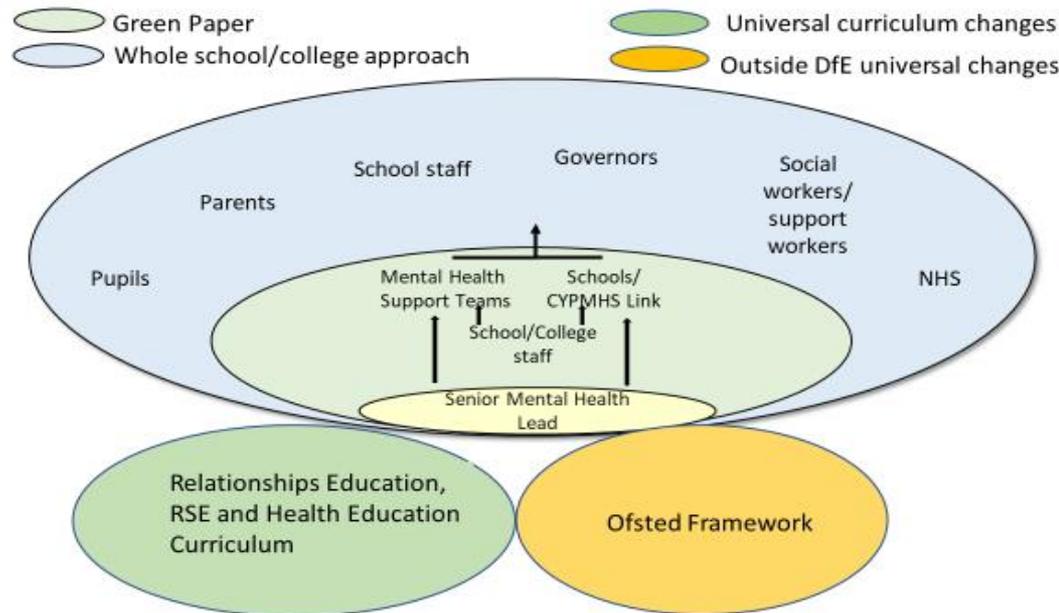
- All education settings signed up to Trailblazer areas were required to provide a **named contact** to work with the CCGs in setting up the MHSTs
- Expected to be **existing school/ college staff from** - or with the **express endorsement** of - their Senior Leadership Team
- Expected to **oversee** their school/ college's **strategic, whole school approach to mental health and wellbeing** - for staff as well as for children and young people (CYP)
- **Not** expected to carry out **direct interventions** with CYP
- Exact nature of **role will vary according to size, make up and specific requirements of the setting**
- Training **specification now** available online; **bids from training providers** now being considered; **successful provider(s)** expected to be **announced in December 2019**
- Training to **commence** in **June 2020** (subject to contract award)

Senior mental health lead training

Will equip senior mental health leads to establish a positive **whole school or college approach to mental health**, so that they:

- Can support the **identification** of children and young people at-risk and those exhibiting signs of mental ill health.
- Know how to **access** children and young people's mental health services, **and refer** children and young people into NHS services where appropriate.
- Can **improve the coordination of support** for the mental health needs of young people within the school or college.
- **Know how to support staff** in contact with children and young people with mental health needs.
- Can **support the delivery and measurement of outcomes** of interventions on children and young people's education and mental health.

How does all of this fit together?



- **Ofsted framework and guidance:** MHSTs can help the school/ college to identify need, implement support and measure impact – helping them to articulate the ‘intent’ behind the approach it has taken
- **Mental Health First Aid training:** on track to be rolled out nationally to all mainstream secondary schools by March 2020; further supports teachers in identifying and responding to students’ mental health issues
- **RSHE - Health education Early Adopters:** can reinforce content taught on mental health through other aspects of school life - including MHST activity
- **DfE evidence base:** what works in supporting CYPMH wellbeing (e.g. mental health awareness, mindfulness, peer support) and how it can be delivered effectively in schools/ colleges

What does a school or college need to ensure it's ready to receive MHST support?

- ✓ **Named lead or contact** to work with your local Clinical Commissioning Group (CCG) and the incoming Mental Health Support Team.
- ✓ **Clear lines of communication** established between school/ college and MHST
- ✓ **Protocol in place** between school/ college and MHST, endorsed by the SLT
- ✓ **Shared understanding** of what the school/ college needs and how MHST activity could meet that need
- ✓ Suitable **accommodation** set aside for **1-1 interventions**, with a commitment to protect it for this purpose
- ✓ Plan for **raising awareness amongst and involving** children and young people, their parents and carers, and school/ college staff in developing the school/ college's mental health and wellbeing service
- ✓ **Supportive environment** for EMHP/ other MHST staff, e.g. mentor
- ✓ Sign up to the [FutureNHS Collaboration platform](#).
- ✓ Confirmed commitment that the Mental Health Support Team will be **additional to existing provision**.
- ✓ Commitment to **participate in evaluation**.

Contacts and further information

- [FutureNHS Collaboration platform](#) you can sign up by emailing your details to england.cyp-mentalhealth@nhs.net and requesting access to: the Collaborative Working in Education Settings, and; the School and College Information and Resources areas.
- You can also email MHGP.Delivery@education.gov.uk if you have queries for me (DfE London lead).
- New [OFSTED inspection framework](#) from September 2019, with greater focus on resilience, confidence, independence and keeping healthy, including assessments of “behaviour and attitudes” and “personal development”.
- Curriculum reforms to make relationships, sex and [health education compulsory from September 2020](#).
- [The Online Harms White Paper](#) sets out the government’s plans for a world-leading package of measures to keep UK users safe online.
- [Initial Teacher Training Standards](#) to equip teachers to identify and respond appropriately to children with mental health needs, and work with colleagues to ensure they get the right support, and a new [Early Career Framework](#)
- [Mental Health and Behaviour Guidance](#) and [respectful schools tool](#).
- [Trials](#) of evidence on school-based interventions to support children and young people’s mental health and wellbeing.
- [Pilots of peer support for mental wellbeing](#).
- [Guidance on effective school-based counselling](#), which can be an important complement to what MHSTs provide.
- [Chief Medical Officers’ advice on screen and social media use](#).
- [The Timpson Review of exclusions](#)

Questions?

Table Discussions

**To inform future work, engagement
and communications**

Table Discussion 3

- Which of these education support offers might best supplement existing mental health and wellbeing provision for children and young people in the education settings you work with?

Table Discussion 4

- How can we further raise awareness, increase engagement and address stigma with children and young people, parents and carers and partners?

Final Questions and Feedback

Ann York

Close and Network Lunch

Thank you!