

**Healthy London
Partnership**

Mental health in schools: Positive practice report

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Executive summary

London's programme of Mental Health in Schools Teams (MHSTs) was established in 2017, through a Trailblazer Programme. The teams have remained in place throughout the pandemic, working in different ways to continue to deliver services to young people and their families to support mental health needs.

This report draws together learning from MHSTs' collective experience, in particular examples of innovation and best practice gained during the periods of lockdown associated with Covid-19, as well as challenges.

Operational and strategic innovations and challenges are described, with many of the experiences common across different areas. Sharing the learning from both will be beneficial to existing teams and those that develop in the future.

A common theme, and one which all areas have focussed on, has been the need to increase access to services – because of the necessity of staying home, and also because Covid-19 itself has increased the need for mental health support. MHSTs have responded to the crisis by vastly increasing their online offering, adapting referral routes and pathways to treatment, and developing new service models. Services have considered the needs of children and young people (CYP), parents and carers, as well as school staff and MHST staff themselves, producing general and Covid-specific resources.

Some areas have focussed on targeting marginalised groups; many have developed a greater awareness of the needs of certain groups – both CYP themselves and their families – who may struggle to access virtual consultations due to digital deprivation, as well as those who face other barriers. A whole-school approach, described by many as a key aim in the work of MHSTs, will continue to be vital in overcoming some of these barriers.

Lockdown has required MHSTs to think differently about ensuring the safety of students and staff and to develop new protocols in relation to delivery of services and assessment of risk. Different methods of engagement have also been employed, and innovations in ways of engaging CYP and families, as well as school staff, have been described by many areas.

The MHST programme is a strong example of joint working across health and education sectors. In addition to the higher education institutions (HEIs) that are integral to the programme, many other partners are involved in the delivery of services through MHSTs across London, both directly, such as the voluntary sector provider Bromley Y, and indirectly, through involvement in MHSTs' governance arrangements. As elsewhere in the NHS, joint working, and the involvement of the third sector makes a valuable and important contribution to the success of the programme.

There are challenges common to most if not all of the programmes underway in London, and these no doubt will affect future waves of MHSTs. Contractual challenges are described here, alongside significant problems relating to recruitment and retention of staff. Many areas have reported repeatedly advertising posts or losing staff once training is completed. Future waves of funding allocations have been agreed, to ensure that the good work of MHSTs is spread wider across London. There is an opportunity, before these future MHSTs are established, not only to ensure that positive practice is embedded in future practice, but that challenges are addressed so that others do not have to navigate the same difficulties.

Recommendations cover the need to:

- **Target specific groups**
- **Review borough governance to ensure adequate representation**
- **Ensure a whole school approach**
- **Use a blended model to deliver services**
- **Maintain the lockdown innovations**
- **Form networks of MHSTs across ICS areas**
- **Share resources**
- **Revisit the funding and recruitment/retention model**
- **Ensure effective clinical supervision**
- **Ensure governance and terms of reference are in place**
- **Work closely with partners from the voluntary sector**
- **Consider what can be done to support schools that are not covered by the team**

Introduction

Mental Health in Schools Teams (MHSTs) have been in place in London since 2017, with successive waves seeing more successful bids each year.

The Covid-19 pandemic has led to severe disruption to children and young people's lives, not only in terms of learning and school attendance, but in relation to their social and personal development, support systems and mental wellbeing. Schools were shut to all students, except the children of keyworkers and those with specific vulnerabilities or additional needs, from March to June/July 2020. They reopened to varying degrees for the latter part of the summer term. Schools have again been closed for much of the spring term in 2021, and they have gradually reopened from early March. In addition, Covid-19 regulations have meant that whole classes or year groups have needed to close with little warning to allow students and teachers to self-isolate.

MHSTs have had a role to play in supporting and maintaining school students' mental health during these periods of lockdown and isolation. The programme is still relatively young, however, and not all areas have MHSTs in place. This represents an opportunity for a stocktake of positive practice and challenges experienced by the MHSTs that exist across the different areas of London.

This report draws together learning from MHSTs' collective experience, in particular examples of innovation and best practice gained during the periods of lockdown associated with Covid-19.

It builds on a 2018 survey and report that mapped and described the mental health in schools' provision – not necessarily from MHSTs – delivered through local authorities (LAs), mental health trusts and CCGs. That report showed that:

- Most areas showed evidence of a considerable range of activity to support emotional wellbeing and mental health within schools
- The nature of this activity varied considerably within and between boroughs
- Degree of knowledge and awareness of services provided and commissioned by schools varied within CCGs and LAs
- The effectiveness of many initiatives had not been fully evaluated
- There was limited data on numbers of CYP accessing services

This document is divided into themes and details challenges as well as learning that may be relevant beyond individual teams. Some are operational, others are more practice-based.

Increasing access

Levels of activity and referrals

While reduced numbers of referrals have been reported in some areas, lockdown has meant increased levels of other types of activity – for example in relation to contact maintenance. The reduced personal contact that has necessarily resulted from school closures has made it harder for MHSTs to maintain current levels of activity and contact; they have in effect been running to stand still.

Examples of positive practice include the development of an “Improving school attendance” video workshop in Hounslow. It is aimed at parents of children and young people struggling with the return to education. Remote ways of working also allowed Hounslow to reconsider their current model of embedding practitioners in partner schools and allowed the MHST offer to be extended to all mainstream schools through remote delivery. This positively impacted access to services for CYP across the borough as it was no longer limited by practitioners' physical availability in a particular school for a specific number of sessions per week.

The South West London (SWL) cluster has initiated strategies that support inclusion and return to school for school refusers. It has also introduced self-referrals for parents and CYP to mitigate the reduction in numbers of referrals to MHSTs.

Lewisham services also remained open to referrals and worked with children and young people across the summer holidays, again to off-set any reduction in referrals and risks associated with reduced levels of contact.

Referral routes and pathways

Changes to how children and young people are referred to MHSTs have been made in several areas, to enable easier and more efficient referrals and to off-set the barriers associated with isolation and school closure.

In Lewisham, the MHST has begun to work collaboratively with other agencies and stakeholders, including on the development of referral pathways. An MHST staff support line has been established in that area, to allow easier referral to services, with referrals accepted from MHST staff, education staff, parents, and other professionals. SWL also now accepts self-referral from parents, children, and young people.

In Islington, an adapted referral route has been put in place to include referrals from the CAMHS Children's Wellbeing Practitioner (CWP) team. This may be an example of where close existing links between CAMHS and schools are supportive of MHSTs. In Islington, for example, the 2018 survey reported that all 83 schools had services commissioned through CAMHS.

Hounslow is developing a step up and step-down referral pathway with Tier 2 and Tier 3 CAMHS, linking up with the CAMHS Single Point of Access process to improve access for young people and families.

Targeting marginalised groups

It may be more difficult to engage with marginalised groups of children and young people. The 2018 survey found that addressing the needs of LGBTQ children and young people, for example, was a

challenge. A recent study by Oxford University¹ found that there were issues specific to Black, Asian, and Minority Ethnic (BAME) young people that could be a barrier to involvement with MHSTs, such as worries around higher mortality from Covid-19 in the BAME community. It also found that providing remote support was harder with young people with autism spectrum disorder (ASD) or other vulnerabilities.

In 2020 information returns, several examples of attempts to target specific groups were highlighted. Hammersmith & Fulham and West London described an adaptation offer to create culturally sensitive, appropriate, and flexible support to increase access to services to children and young people from BAME backgrounds, with a specific focus on black boys.

Islington reported difficulties in engaging with service users about service plans, especially vulnerable groups. To mitigate this, they have set up a steering group with schools, involved an experienced Participation Officer in planning and in the regular meetings with a participation working group, and used data to monitor and tackle inequalities of access.

New service models

Hounslow have implemented a new model to improve access to the service. This includes a dedicated practitioner for each school who maintains proactive engagement efforts via telephone, email, and weekly video call for school link workers.

Lewisham has also introduced a school link worker role, to provide a day-to-day contact with schools and enable the development of a bespoke MHST offer.

Haringey has developed a mild to moderate obsessive-compulsive disorder (OCD) offer to secondary schools.

¹ <https://minafazel.files.wordpress.com/2020/08/mental-health-support-in-schools-in-the-context-of-covid-19-summary-reportfinal.pdf>

Virtual support for students, families, school and MHST staff

In 2018, a survey showed that online counselling was available in 13 LA areas through commissioned voluntary sector providers. It also suggested that ensuring access to CYP not in school was difficult to achieve.

In response to Covid-19, all areas have risen to the challenge of providing services to children outside of school, moving to the delivery of sessions virtually. They have used differing degrees of online and telephone sessions with at least one (City & Hackney) using text.

Many areas reported that a blended approach was likely to continue in some form following the return to school, subject to schools' preferences. Some meetings lend themselves more readily to remote working – e.g. Islington reported that some types of training and meetings with schools could easily and efficiently take place online. Bromley are looking at an increased virtual provision following the return to school. Hammersmith & Fulham have held discussions around virtual versus live delivery with all schools. Camden are using a hybrid model, seeing people in school where possible and retaining online work (zoom or phone) where appropriate or desired; for example, meetings with school staff or parents are remote and with young people face to face where possible.

To support virtual services, online resource handbooks for both primary and secondary schools were made available in Ealing. Resources were designed with CYPs, parents/carers, schools and a range of other services and key professionals.

The experience of London MHSTs in relation to virtual working reflects findings from elsewhere. For example, a survey and interviews by the University of Oxford reported that, for people providing mental health services in schools (not limited to but including MHSTs)² there were both benefits and disadvantages to providing mental health support remotely. Most (82%) found working remotely to be a positive experience, with the majority suggesting that remote provision of services should be an option following the return to school. Remote working was also felt to have led to challenges in terms of building and/or maintaining therapeutic dialogue, especially with new clients, however.

Support for students

Different areas described the establishment of a variety of specific online groups or resources to support children and young people:

- Year 6 transition group (Bromley, Camden, Hounslow)
- Many online workshops/webinars were described – for example on return to school in Hounslow, Hammersmith & Fulham and SWL
- Webinars were recorded for a dedicated YouTube channel (Islington)
- Pre-recorded workshops/assemblies for pupils and parents (Islington)
- An anxiety group has been set up in Camden
- Creation of mental health support videos for Twitter and Facebook (Haringey)
- Self-care booklet for young people (Haringey)
- Support for children, families, and schools around self – harming (Haringey)

² <https://minafazel.files.wordpress.com/2020/08/mental-health-support-in-schools-in-the-context-of-covid-19-summary-reportfinal.pdf>

In some areas, the maintenance of face-to-face support was described, however. For example, drop-ins at a youth centre with youth workers in Haringey, and drop-in sessions at schools in Hammersmith and Fulham.

Support for school staff

The 2018 mapping exercise found that staff training on mental health was offered in most areas but that the extent of the training was variable. That report also highlighted challenges relating to support for teaching and other school staff, with support for staff mentioned by only four boroughs.³

The 2020 data suggests the development of many mental health resources for school staff, with particularly good use made of online resources, for example MHSTs have made online resources available to staff through access to online programmes e.g., Kooth (SWL) and my-mind.tv (West London, Hammersmith & Fulham). These applications are being used to support various aspects of staff wellbeing, such as sleep, routine, and preparing for return to work.

Other specific resources designed to support school staff include:

- Staff wellbeing workshops, webinars, and training (Haringey, Lewisham, West London, Islington)
- Staff support groups (Haringey)
- Drop ins for staff to discuss concerns around their wellbeing or around students (Hammersmith & Fulham)
- Mental Health awareness training for all schools to support their staff understanding the role of the MHST and the EMHPs (Hammersmith & Fulham)
- Development of supportive toolkits and guidance by partners (e.g., Anchor and the Educational Psychology Service, EPS) to support teachers and staff (Haringey)
- Shape Up with Spurs (Haringey)
- Staff training delivered by the speech and language therapist (Haringey)

Changes to how and where individuals work have affected practitioners and supervisors in the same way as many others working in health and education. MHSTs described several examples of how they have adapted to support MHST staff during the response to Covid-19.

Hounslow have developed a schedule of supervision sessions, hub and management meetings, a monthly wider service team meeting, and a range of informal opportunities for team members to touch base remotely. These supporting sessions were initiated by team members and were designed to allow the service to continue to work closely and minimise feelings of isolation whilst working remotely.

Bromley are providing more virtual supervision and informal support on line using a variety of meetings and 1:1s.

³ Waltham Forest - One off commissioned service 'Place2think' supervision for staff supporting mental wellbeing in schools but the funding was one-off and has not continued. CAMHS offered mentoring training and supervision for 20 pastoral staff over 2 terms and staff wellbeing groups for 50 staff in 2 schools

Bexley - Wellbeing Award for Primary School

City of London - Academy Protocol developed for staff wellbeing

Camden - School wellbeing survey undertaken

Haringey and its partners delivered webinars for emotional wellbeing leads in primary and secondary schools. Haringey also described the development of a youth worker led mentoring programme.

The Anna Freud centre has developed a [peer support programme](#) piloted in 89 schools, funded by the DfE which includes a programme about how to run your own peer support scheme.

Support for parents

Links to parenting programmes was highlighted as a difficulty in 2018, whereas many areas have demonstrated attempts to support and engage parents and carers with their children's mental health by the MHSTs. Examples include:

- Regular virtual coffee mornings to engage with parents/carers (e.g., Camden, Hammersmith & Fulham, Lewisham, West London)
- Parenting groups established (Camden primary schools), e.g. covering psychoeducation (West London and Hammersmith & Fulham)
- Webinars and workshops for parents (Lewisham, Haringey, Bromley, West London, Ealing)
- EPS and CAMHS joint planning to deliver specialised parenting classes in Haringey
- Mental Health Support Line set up offering advice and support to schools and parents (Haringey)
- Info Line for schools and parents (Central London)
- Development of supportive toolkits and guidance by partners (e.g., Anchor and EPS) to support parents and children (Haringey) and anxiety resource pack and monthly newsletter (Central London)
- Support for schools, families, and children around self-harming (Haringey)
- 'How to zoom' Support for MHST staff

Case study - Universal workshops in West London MHST

The West London MHST has developed a universal workshop programme offering psychoeducational workshops to parent/carers and school staff across all West London MHST schools. Content has been developed by the team and sessions delivered by EMHPs/children's wellbeing practitioners (CWPs) via Zoom. The aim of the workshops is to provide multiple opportunities for parents/carers and staff to access support throughout the academic year including during half term breaks. Parent workshop topics include:

- Managing challenging behaviour (primary only)
- Managing your child's anxiety (primary only)
- Sleep hygiene, routines & self-care
- How to talk about mental health with your child
- Mental health awareness & five ways to wellbeing
- Supporting children with their transition from year 6 (primary only)
- Supporting your child with exam stress (secondary and colleges only)
- Supporting children with their transition from year 13 (secondary and colleges only)

Access challenges

While virtual solutions have in some ways increased the potential to receive services provided by MHSTs, a lack of devices or private space will impact upon the ability of some children and young

people – and their parents and carers – to access these services. A number of issues have been reported by the MHSTs:

- Digital poverty was mentioned as a significant issue in Tower Hamlets. In response, the service adapted their 8-week interventions into a brief 3 telephone session intervention to increase accessibility of the service and available support. Tower Hamlets has undertaken a trial of self-referral in selected schools to address the issue of decreasing referrals. This includes setting up remote hubs in schools, using a computer in a quiet space within schools for pupils to access a remote intervention.
- Other challenges associated with access were reported by the specialist speech and language school in West London which involved adapting the EMHP manuals through the purchase of 'Communication in Print' to support the language and communication needs of CYP.
- Hounslow reported challenges with virtual sessions. For example, online interactions take longer, poor connections and other malfunctions can have a detrimental effect on engagement and rapport-building can be more challenging. Some schools have been hesitant to facilitate a remote offer while the young person is at school. This has been mitigated by offering a safe space, IT equipment and access to a link worker during virtual sessions. Hounslow has increased the level of planning and communicated expectations about what would happen if connections failed or there is poor call quality.
- An additional issue around remote access in Hounslow is client preference for video appointments outside school hours (compared with face to face in schools). Hounslow has adapted by flexible working to increase later appointments, to ensure this does not put pressure on practitioner diary slots and narrows accessibility. They have worked with schools and parents to remind them that appointments will often fall within school hours, as would have been the case pre-COVID.

Covid-specific resources (virtual and physical)

MHSTs have produced a variety of resources specific to Covid-19, relating to the disease itself as well as the impact that the response to the pandemic has on children and young people's mental health. Haringey, for example, has produced the following:

- Safety resources, for example relating to PPE
- Self-care leaflets have been published for parents
- The Brain Buddies app, a group intervention to support emotion regulation, has been made available to children and young people (also in Islington)
- Face to face workshops for secondary school pupils to reflect on the impact of coronavirus on them and to share commitments to support themselves or others have been established
- An online photography project has been developed to explore emotional wellbeing through images

In addition, a Covid-specific resource hub has been developed in SWL for staff, CYP, parents/carers. Hammersmith and Fulham have developed a Covid return to work handbook.

Approaches to learning: Whole school approach

The 2018 survey indicated that many schools had taken action to improve the culture of the school in relation to awareness of mental health issues, for example through classes and assemblies with a focus on mental health. Involving all members of the school rather than focusing on those suffering with mental health aimed to reduce stigma and develop a school culture that is more supportive and invites CYP (and staff) to talk about their feelings in order to improve emotional wellbeing throughout the school. This represents a whole school approach methodology.

This type of approach also includes an element of staff support – the need to support staff who are in turn offering support to CYP. There were fewer examples offered of programmes that included this element.

Information from MHSTs indicates that they are developing resources that aim to provide additional support for CYP and Whole School Approach activities:

- In West London and in Hammersmith & Fulham a whole school approach worker offered staff support workshops during lockdown to support staff wellbeing and the return to work
- A whole school approach consultation model is being developed in Hounslow to allow school staff a reflective space to consider their whole school approach and how the MHST can support this.

Barnet's individual school needs assessments informs how the MHSTs contribute to the whole-school approach and the delivery of non-individual interventions (e.g., groups and workshops, consultations). In the Oxford study, planning for a whole school approach to mental health was felt to be important as students and staff return to school after Covid. The survey suggested that workshops aimed at schools and/or parents and focusing on general difficulties for students as well as Covid-specific difficulties (e.g., health anxiety, refusing to attend school refusal or direct experiences around trauma and bereavement) were ways in which schools could be supported going forward.

Safety

Development of protocols to ensure safety of service delivery.

Remote delivery of services brings with it specific safety issues, which London MHSTs have been addressing in a variety of ways.

A 'safe online' protocol has been developed by Hounslow. This involved the establishment of a new model, and dedicated EHMP. Processes were adapted to support safe remote working in line with local information governance guidance such as accepting e-referrals via email or phone.

Islington developed a pathway script to encourage access to a Social, Emotional and Mental Health (SEMH) central point of access through a Covid helpline. MHSTs in this area liaised with an Emotional Wellbeing Service to develop protocol for a 'call-back' service for parents.

Central London MHST also developed a new protocol for the remote delivery of sessions, and telephone check in sessions have been established in Hammersmith & Fulham. Hammersmith & Fulham have also developed organisational and individual risk assessment processes.

Risks

A number of risks were cited by MHSTs, such as knowledge of clinical risk and safeguarding among EHMPs. Others cited risks associated with EMHPs who are not yet qualified but are practising in the mental health field under pressure (Central London). New starters have faced specific challenges of not being able to meet colleagues in person, build rapport, and integrate themselves in the way they would usually. Hounslow has mitigated this risk by developing first month induction schedules, a new starter buddy system, local induction pack and additional remote Facetime sessions to ensure new starters have access to colleagues and feel well orientated in their new setting and role.

EMHPs and CWP make up a sizeable portion of many MHST workforces. The EMHP and CWP training programmes are one year duration and it is unlikely that all core mental health knowledge can be included within this time frame. Supervision is essential to support this workforce, but this may not be widely understood, and risks being eroded over time. Some areas commented that the wider knowledge and understanding of the remit of EMHPs and CWPs may not be present. Camden have been working with stakeholders to ensure there is sufficient supervision time for less experienced clinicians working with young people and families with mental health concerns and within complex school systems. There is a recognition of the importance and benefit of experienced senior clinicians working in schools and supporting less experienced staff. Camden have raised with stakeholders and commissioners that there needs to be substantial levels of supervision for EMHPs and CWPs in their post trainee year.

A further good example of positive practice to mitigate these issues is in Hounslow, which has run additional training sessions and provided reflective space for staff regarding 'managing risk', as well as a dedicated supervision group for online group working. Risks associated with returning to face-to-face sessions, and returning to school generally, were mentioned by several areas. This is echoed by the Oxford study.

It was reported that some schools in Ealing have not been able to fully engage with the MHSTs, leading to a reduction in appropriate referrals as both parents/carers and young people would prefer to see practitioners face to face. To mitigate this, risk assessments have been completed and a format to be used within each school agreed. These risk assessments now need to take place with schools who wish for practitioners to return and practise onsite.

Engagement

User/family engagement

Several areas commented on the challenges associated with engaging with young people themselves, as well as their parents and carers, particularly during the Covid-19 response period. Some (e.g., Enfield, City & Hackney and Greenwich) reported involvement of parents/carers and CYP through focus groups, surveys, and regular feedback monitoring. In Tower Hamlets, a young person ambassador group has been established to ensure the voices of young people are being considered in the development of the MHST. In addition, they are developing a peer-led program which will allow young people to share and disseminate resources and signpost amongst their peers. Tower Hamlets are also planning to set up a parent ambassador group. Hounslow has commissioned a charity to identify gaps in user/family engagement to inform future working.

Barnet has plans for a designated engagement officer role to improve coproduction and engagement efforts. Camden has appointed a service user and community champion to ensure more user engagement and Lewisham has a named participation lead for the MHST. Camden are considering a name change of their team on the basis of anecdotal feedback from parents and staff in schools who have expressed concern the title of the team could be a barrier for some wishing to engage related to stigma around mental health. More detailed feedback from a greater range of school staff, pupils and parents will be sought.

Co-production was a strong theme that emerged from examination of the MHST returns. In Barnet, a virtual coproduction event was held during lockdown with representation from education settings and parent/carers to help inform the approach to returning to schools. Coproduction in relation to engagement activities was also present in Lewisham. Families in Hounslow were consulted for feedback and recommendations during the development of COVID resources for schools, CYP and families.

Student surveys have been used to inform the design of services in some areas (e.g., Camden, Enfield). Bromley have used a feedback survey to all schools to further inform their offer and to gain young people's feedback on what they may need. Furthermore, in Bromley all CYP and parents using the service are invited to complete a survey to provide feedback on the service they have received, which informs the services provided. They ask for feedback on a rated scale at the end of workshops and targeted groups whether delivered virtually or face to face and these are recorded to refine and develop workshops. Bromley's Young Leaders Group review all workshops and the website to ensure the "child's voice" within their work. This group also receives details of the data and feedback to ensure action is taken (if required), providing direct feedback to Trustees.

The use of newsletters as a tool for engagement with children and young people and their families was reported in Ealing, Tower Hamlets, and Islington. Working with local authorities to improve engagement was also reported by Islington, which has used the council's website to improve access to information for parents as well as a logo competition for young people to encourage engagement and try to help ensure resources are appealing to CYP.

In Hounslow, CYP representatives have continued to sit and play an active part on the vast majority of MHST recruitment panels in the last 3 quarters.

In SWL, the CCG PPE engagement leads are working with the clusters on how best to engage with CYP and their parents and carers.

Haringey CAMHS is consulting CYP and families about their experiences of services to form groups and stakeholder events to coproduce improved needs-led pathways. This will lead to greater CYP representation in future.

In West London and Hammersmith & Fulham a youth participation worker has been developing a CYP/parent/carer user group which, once established will actively feed into the future shaping and development of the MHST. In Hammersmith & Fulham users are asked to express their level of satisfaction, for example through the Chi-ESQ questionnaire.

School engagement

Difficulties in engaging with all schools within the local authority was reported in the 2018 report. Pressures on staff time and maintaining skills and knowledge were also highlighted.

Ideally, all schools involved in MHST work would be engaged with the programme, and would link in with mental health leads, and this engagement would inform the support offer. Patchy levels of engagement with schools were reported in some areas, however (e.g., Tower Hamlets), and some tension has been reported between MHSTs and schools in relation to what the EMHPs can deliver.

In terms of contact between teams and schools, some areas report good access, such as in Ealing where there is direct contact with nominated supervisor/project managers and schools. In other areas, such as Haringey, regular meetings with MH leads take place. In Barnet, all education settings complete a needs assessment as part of the initial introduction of MHSTs to the school/college. Barnet's communication and engagement plan outlines the means through which they communicate with stakeholders including the education settings. Examples include school circular, newsletter, social media account, regular contact, and virtual/face-to-face meetings with Senior Mental Health Leads, encouraging education settings to liaise with their respective representatives and vice versa.

Newsletters are used in Tower Hamlets, Islington, Ealing and SWL to engage and keep all groups informed. Forums for staff (and carer) engagements take place in Tower Hamlets. Hounslow has developed an MHST Newsletter with updates for schools both during the lockdown and post-lockdown, regarding the current offers of support for schools/staff, young people, and parents.

Hounslow holds a quarterly MHST schools engagement event and is considering moving this to an online forum. West London and Hammersmith & Fulham both provide weekly updates to Designated Mental Health Leads. Hounslow also holds weekly video meetings between practitioners and schools for staff to discuss cases and give feedback on current challenges with online working, mental health themes in the schools and what the school would find most helpful. This enables practitioners to collate feedback and alter/design interventions as indicated. This information is fed back every half term, reviewed by the management team and used to inform service delivery.

Camden are working towards a model whereby a CAMHS school clinician linked to the school attends their initial meetings per term. In Islington schools' named practitioners have kept in regular contact with their school links (including link CAMHS in schools' clinicians) and they have established a schools MH leads network facilitated by the educational psychologists (Eps) in the team. Islington held a network event for all schools (particularly training schools) to collect their views.

In Haringey, every school has a termly partnership review meeting led by the MHSTs and EPs to support the whole school approach and support for the Senior Mental Health Lead / Emotional Wellbeing Lead in the school. These review meetings include engagement around the needs of the school and adapting delivery models in the context of the Covid-19 period and during the re-opening period.

Haringey has also developed and shared a 'Teacher Local Guide' for the Trailblazer partnerships. This 48-page handbook provides a comprehensive MHST reference for education settings and each school has a main contact within the MHST. MHSTs are in regular contact with the emotional wellbeing lead. In addition, regular review meetings are held to include other Trailblazer Partners.

Islington has developed a website for school staff with key service information.

Working with partners

Involvement of partner organisations to support MHST services has been reported. Haringey has involved many new partners, leading to a range of resources being developed and school support offers made throughout the last year. Other examples include Tower Hamlets, which works with Safe East to make a 3-session programme available to children and young people, as well as the Tower Hamlets Education Wellbeing Service. In Lewisham, the Mental Health and Wellbeing Hub has been involved with engagement work on the response to Covid-19.

Governance

A number of examples of positive practice, as well as challenges, were raised in relation to governance.

In Barnet, three education setting representatives (primary, secondary school and college) are on the local project steering board as well as North Central London project board. There are also parent/carer representatives on the local project steering board.

In Camden and Hounslow, the development of stronger links with CAMHS was reported, to support the work of the MHSTs and also provide a referral route into specific services.

Camden does not have parent or service user representation on their governance structures, which is something they are looking to address. In Ealing parent/carers have been consistently involved through the MHST Operational and Oversight Groups. Other Community Partners (voluntary organisations working with parents/carers and young people) have been involved along with the Local Authority CYP YES Group and West London NHS Trust CAMHS User Group.

Haringey has a new partner on their governance structure; a local charity that provides counselling services for schools. Hounslow are reviewing their terms of reference to include the voluntary sector. In SWL governance arrangements have been strengthened by ensuring that each borough has a GP lead for Mental Health who will attend cluster meetings and the Steering Group meetings to support the integration of CAMHS and the Whole School Approach. A Director of Children's Services also now sits on SWL's Steering Group.

Bromley has a parent representative on the Board of Trustees who is involved both through the Board and directly in ensuring that there is a parent voice in the service.

Challenges relating to patient/carer representation were reported in some pockets of Hounslow.

Contractual and operational aspects

Recruitment and retention

EMHPs

The recruitment of education mental health practitioners (EMHPs) to roles does not appear to be a particular challenge, however, retention of EMHPs following qualification appears to be more successful in some areas (e.g., Hammersmith & Fulham) than others. Greenwich is undertaking a review of the band 6 job title and job description as feedback identified the title of the role and job description were ambiguous causing recruitment problems.

The attrition of practitioners has been reported by several areas as a problem, leading to questions about the sustainability of the services going forward. EMHPs may use the training as a stepping stone either within their current careers or to pursue additional training. EMHPs leaving once qualified was reported in Bromley and Haringey, for example.

City & Hackney mentioned that there is no mechanism for training new EMHPs when they move on. Some areas mentioned that EMHPs are relatively poorly paid, which adds to the problem. The temporary contracts in use in some areas may also mean practitioners are more likely to leave, as highlighted by Tower Hamlets.

Clinical supervisors and other staff

Some areas have recruited more senior staff as part of the programme, to increase the sense of stability in the team, retention of staff and further enhance the skill set and MHST offer to schools (e.g., in Camden two Band 7 CAMHS workers were recruited).

Some problems with recruitment of clinical supervisors were reported, for example in Ealing.

Funding

Uncertainty in relation to funding was reported as a challenge in several areas. Funding uncertainty, and waiting for funding to be confirmed, adds to the risk of staff being lost, as re-training for the same post may not be built into the budget.

Whether there is parity between waves in relation to this was questioned (SWL). This issue was felt to have constrained the programme in some areas (e.g., Camden).

Conclusions and recommendations

There may be an increase in mental health needs as schools return, as students, families and staff deal with the impact of lockdown and adjust to returning to school. MHSTs are planning their provision to address this. The following points, highlighted in the analysis of the data returns and also through discussion with MHST leads, should be considered as teams determine how their services will respond to children and young people's mental health needs in the future.

- Support that **targets specific groups** should be considered, with a particular focus on health inequalities across a borough or at ICS level to ensure all vulnerable and disadvantaged groups are able to access MHST support that suits their needs. The Oxford survey of practitioners suggested there is a need for more training to better support the mental health needs of BAME students; the same may be true in London. It has been reported that young men and boys may be particularly unlikely to seek or engage with mental health support.
- All boroughs should **review their governance to ensure representation** by all education settings, parent/carer, and user representatives. The participation of young people has been identified as important for mentally healthy schools.
- A **whole school approach** destigmatises mental health and ensures all staff and students understand the issues and know how to access support.
- There are many benefits of a **blended model**, which have been identified during lockdown, including options to provide support remotely even once school returns. Remote support increases accessibility in terms of timing – potentially allowing sessions in afternoon/early evening, for example – and enables continuation of support during the school holidays. However, safeguarding considerations need to be built in. Excellent engagement has been reported by many MHSTs over lockdown. These examples should be drawn upon to engage users of services, plus parents/carers and staff, to determine the type of blended approach that is appropriate in different settings and ensure the diverse needs of the children and young people they serve are recognised.
- MHSTs should consider other types of innovation that have been embraced during lockdown that should be kept following the 'return to normal', to ensure that the positive practice described in this report is not lost. This may include other types of **remote working**, such as team meetings and engagement with school staff.
- The **formation of networks** of MHSTs across ICS areas would have multiple benefits, in terms of providing support, sharing best practice and innovation within existing teams, supporting new waves of MHSTs, including potential joint bids, and finding solutions to common problems. Networks should meet regularly – for example, on a bi-monthly basis – and have a rotating chair to ensure a sense of ownership and engagement among all boroughs. Membership should include school's links, and MHST project and clinical leads from all boroughs as a minimum.
- A network would allow effective sharing of resources through a **central resource repository** – e.g., job descriptions, terms of reference, governance structures – plus a resource library of workshops, engagement models, and other content. This would reduce duplication of effort among teams and across areas.
- The **funding and recruitment/retention model** should be revisited, where this is possible. It may be helpful to do this on at a network level. A longer-term funding model would improve sustainability of the programme and allow greater job security for MHSTs. Further training opportunities would improve morale and could increase retention. A network would allow

opportunities for career progression and less destabilisation of the teams due to staff movement.

- Clear understanding of the **clinical supervision** required by EMHPs is needed, given that a one-year programme cannot cover all aspects of mental health issues likely to be encountered by practitioners. Supervision by experienced clinicians needs to be built into the workplan of EMHPs to ensure clinical safety of the programme as well as increasing morale of the EMHPs. Consideration should be given to including higher banded members within the team to address this need. Again, this could be across a network.
- Clear **governance and terms of reference** are needed for each steering group established by the MHSTs. This will support sustainability over the longer term.
- It has been very valuable for existing MHSTs to work closely with **partners from the voluntary sector**. New wave MHSTs should consider how this will strengthen their own governance arrangements and support that their teams receive – and the subsequent support they are able to offer their populations.
- Finally, MHSTs may be able to **support schools that are not covered by their team**, with minimal effort. For example, pre-recorded webinars and assemblies, signposting resources and training can be easily shared. The inclusion of Local Authority leads for schools not covered by an MHST in MHST networks can ensure the benefits are shared, in order to reach as many children and young people as possible.