

Local Members Interest
N/A

Health and Care Overview and Scrutiny Committee - Monday 13 February 2023

Update on Mental Health Support Teams in Schools

Recommendation(s)

I recommend that:

- a. Committee notes the plan for expansion of MHST's by March 2024
- b. Committee notes the progress MHST's and outcomes achieved and the challenges and barriers experienced

Report of the Staffordshire and Stoke-on-Trent ICB

Summary

1. The overview and Scrutiny Committee is asked to note the plan for expansion of MHST's by March 2024 and the progress and outcomes achieved and the challenges and barriers experienced.
2. A project plan for Wave 9 and 10 will be submitted to NHSE by Friday 24 March and the following milestones achieved to ensure successful delivery.

Milestone	Deadline	Notes
Review and agree financial specification setting out schedule of payments in 2023 and 2024	24 February 2023	
Confirm name and contact details of ICS project lead(s) to NHS England regional leads. Please include contact details for: <ul style="list-style-type: none"> • Project lead • ICS lead (if different to project lead) • Mental health provider lead(s) • Education lead(s) 	24 February 2023	Return by email to NHSE Region

Submit completed Project Plan to NHSE regional leads for assurance	10:00 - Friday 24 March 2023	Complete project plan template and return to england.midsroc2@nhs.net .
Commence recruitment of MHST members As in 2022/23, recruitment may commence whilst project plans are being finalised. Early discussions regarding MHST structures different to the standard model should be held with regional leads to ensure adequate supervision, leadership and overall provision and made clear in project plans. Supervisors to be in post for commencement of EMHP training.	No later than 30 April 2023 for Wave 9. No later than 31 August 2023 for Wave 10.	Liaise with HEE regional lead and HEI.
Sites to notify HEIs of who will be enrolling onto supervisor course	31 July 2023 (Wave 9) 30 September 2023 (Wave 10)	Confirm with HEI providing training locally and HEE regional leads
Training commences (EMHPs & supervisors)	September 2023 (Wave 9) January 2024 (Wave 10)	Liaise with HEI provider.
Confirmation of education settings hosting EMHP trainees on placement as part of their training	30 November 2023 (Wave 9) 31 March 2024 (Wave 10)	Confirm with HEIs locally, and regional HEE, DFE and NHSE leads

Report

Background

3. The Mental Health Support Team (MHST) approach was set out in [Transforming Children and Young People's Mental Health Provision: a Green Paper](#) (the 'Green Paper' hereafter), which builds on existing government commitments, set out in [Future in Mind](#) and [The Five Year Forward View for Mental Health](#), to create integrated partnerships between health, education, social care and voluntary, community and social enterprises (VCSEs) to keep children and young people (CYP) at the heart of mental health care, and ensure that everyone is able to access the right help, in the right setting, when they need it.
4. In England today, approximately [one in six \(17%\)](#) children and young people aged 5 to 19 have a diagnosable mental health problem which is an increase from one in nine in 2017. Children and young people with mental health problems are more likely to have negative life experiences early on, which can damage their life chances into adulthood. Half of all mental health problems emerge before the age of 14, and there is clear evidence that early interventions can prevent problems escalating and can have major societal benefits. Many more children and young people will also benefit from support for mental health and wellbeing needs that would not reach the threshold to be a 'diagnosable mental health' problem. In the main, the MHSTs are intended to support these children and young people and help prevent more serious problems developing by providing them with low intensity support for mild/moderate difficulties, focusing particularly on low mood, anxiety and behavioural difficulties.
5. The [NHS Long Term Plan](#) (published January 2019) built on the Green Paper, announcing that by 2023/24, an extra 345,000 children and young people aged 0–25 will receive mental health support via NHS-funded mental health services and education-based MHSTs. Under the Long-Term Plan, mental health services will continue to receive a growing share of the NHS budget, with funding to grow by at least £2.3bn a year by 2023/24. This includes funding for the MHSTs over the next 5 years, rolling out teams to at least a fifth to a quarter of the country by the end of 2023.
6. The Green Paper set out 3 major proposals to transform children and young people's mental health (CYPMH) provision, with a focus on improving mental health in education:
 - a. incentivise all schools and colleges to identify and train senior mental health leads in education settings

- b. new MHSTs across education settings to provide early intervention and support the promotion of good mental health and wellbeing
 - c. Pilot 4-week waiting (4WW) times to access specialist NHS CYPMH services.
7. These 3 elements were trialled in new trailblazer sites, with the first wave to be fully operational by the end of December 2019. This was known as Wave 1 2018/19. During this initial first wave of Green Paper implementation, NHSE/I long-listing sites for whom there is evidence against these four core early sifting criteria:
 - a. Delivery of the Mental Health Investment Standard (MHIS) in 17-18.
 - b. Data flowing to the MHSDS from the providers commissioned by CCGs to demonstrate access level above 20% of the CYP population.
 - c. That the CCG is not in special measures and that the main CYP MH provider is not rated inadequate.
 - d. Proximity to a training site – within 1 hour by public transport or car.
8. In Staffordshire & Stoke-on-Trent this meant only 4 CCG areas at the time were eligible to bid. We were successful for 2 CCG's and we became a Wave 1 18/19 site for both MHST's and one of twelve sites for the 4WW pilot. This meant we had 2 MHST's in North Staffordshire and 2 MHST's in Stoke-on-Trent.
9. In subsequent years we also competitively bid for additional MHST's and were successful in securing 2 MHST's in East Staffordshire for Wave 1 19/20, and 1 MHST for Cannock Chase in Wave 4 20/21.
10. We have since entered a multi-year selection planning process and have been allocated:
 - a. Wave 6 2021/22 1 MHST Stafford & Surrounds;
 - b. Wave 7 Nov 2022 1 MHST Tamworth locality;
 - c. Wave 8 January 2023 1 MHST Stoke-on-Trent;
 - d. Wave 9 September 2023 1 MHST Lichfield locality
 - e. Final Wave 10 January 2024 1 MHST which will operate on the borders of Seidson, Cannock Chase and Stafford and Surrounds. This will be 12 MHST's across Staffordshire and Stoke-on-Trent, 9 of which are focused in Staffordshire.
11. Staffordshire Schools listed in Appendix 1
12. National guidance approximates that each MHST could cover a population of 8000 CYP' or 20 schools and based on a nominal staffing of 7.5wte but this is for local determination.

13. The MHSTs comprise senior clinicians responsible for management of the team, supervision of the Education Mental Health Practitioners (EMHPs,) as well as providing consultation and advice and delivering interventions. These clinicians may be professionals (such as clinical psychologists or senior nurses) who have had training and experience in managing a team and providing supervision. EMHPs will represent the majority of the MHST workforce. Under supervision, EMHPs will deliver and assess outcome focused, evidence-based interventions to children and young people with mild-to-moderate mental health problems, and their families, parents and carers. They will support the senior mental health lead to introduce or develop their whole school/college approach and give timely advice to education setting staff, and liaise with external specialists, to help children and young people stay in education. They will also liaise with supervisors to agree appropriate signposting and referrals for children and young people. EMHPs will play an important role in supporting and working with education to identify and manage issues related to mental health, and work with them to improve access to mental health services.

Core functions of Mental Health Support Teams (MHSTs)

14. The MHSTs deliver 3 core functions:
 - a. Delivering evidence-based interventions for children and young people with mild-to-moderate mental health problems
 - b. Supporting the senior mental health lead in each education setting to introduce or develop their whole school/college approach
 - c. 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
15. Implementing the 3 core MHST functions is expected to achieve a number of positive outcomes, including:
 - a. Better mental health and wellbeing amongst children and young people with improved quality of life for children, young people and their families and carers, including better functioning in all aspects of life and greater continuity in education, leading to better educational outcomes and improved long-term job prospects
 - b. A reduction in mental health problems extending into adulthood, leading to a reduction in the associated financial and social costs of mental health care across the lifespan
 - c. Education settings feel better equipped and supported to provide support to children and young people to look after their own mental health and encourage children and young people to seek help if

required, gaining a better understanding of their mental health and wellbeing needs

- d. An improvement in appropriate referrals (to NHS CYPMH services) through improved identification of need and assessment, and by addressing emerging problems that would otherwise escalate and lead to children and young people requiring treatment from NHS CYPMH services.
- e. A more positive experience for children and young people and parents and carer with improved knowledge and confidence in dealing with mental health issues

NSCHT & MPFT Current Position, Outcomes, Challenges

- 16. NSCHT have 4 established teams spanning North Staffordshire and Stoke-on-Trent. Two teams are based in North Staffordshire, Newcastle MHST and Moorlands MHST which together work into 31 schools across the area, working closely with the two Stoke teams. Within South Staffordshire MPFT currently deliver 5 MHSTs spanning East Staffordshire, Cannock, Stafford, and a recently developed team in Tamworth as part of Wave 7 in November 2022. The team's workforce consists of Team Leads, supervisors, EMHPs, Children and Young Peoples Wellbeing Practitioner CYWPs, Senior MHST Practitioners, Peer Support Workers and administrators. The teams have and are continually developing positive relationships with Mental Health Leads within school settings and are increasingly seeing schools utilise and value the offer of support to children and young people. MHST work closely with Core CAMHS and our specialist services such as eating disorders and CYP Autism etc.
- 17. Outcomes – The data collated has been in the form of both qualitative and quantitative and is evidenced within the routine outcome measures and feedback from service users, families and schools and clinical recorded activity. (Appendix 2) We have seen positive outcomes from service delivery data, both from a 1:1 intervention and treatment activity, as well as whole school approach (Prevention and Promotion work).
- 18. Feedback from children and young people highlighted the lack of support outside of working hours, also access to support via digital means. We were able to identify funding via underspend monies to provide children and young people across South Staffordshire access to online digital support.
- 19. In regards to Access rates and 'Whole School Approaches' all the MHSTs have begun the new academic year with a much stronger focus on this

function and have been supporting schools with how this can lead to positive outcomes around behaviour and learning.

20. Many schools are now engaged much more proactively in the 'whole school approach' and support is gaining traction with positive feedback – this is much more successful in the primary provisions (this could be first/middle schools in some areas under 11s). Secondary provisions are proving more difficult to try to embed whole school changes to support the overall wellbeing of school populations.
21. Barriers to whole school support include the amount of work Mental health leads have and their ability to be able to engage and discuss what they need, difficulties also arise if the MH lead does not sit within the schools senior leadership team as they are not empowered to be able to make the changes needed to support CYP at the centre of the Thrive model.
22. Whilst it is too early to see the impact on referrals to CAMHS, there appears to be a trend where referrals from schools to Core CAMHS is reduced, and those young people that are referred come with appropriate and thorough referrals supporting a smoother pathway to the service required.
23. Challenges – At the beginning of 2022 the COVID-19 pandemic continued to have some impact on the MHST but there are now signs that things are beginning to move on. The teams and education providers continue to use a digital option if its felt this is the best way of giving support, it does however continue to be best practice for Education Mental Health Practitioners to be physically in schools.
24. There have been consistent challenges with regards to workforce and retention of staff within MHSTs for a number of reasons. This has particularly been the case for the EMHP posts and low intensity supervisors:
 - a. Due to being successful in the implementation for MHSTs early on in the roll out of the programme, we have seen a high turnover of the EMHPs who have been successful in gaining posts within closure proximity to homes etc. as further waves have been rolled out.
 - b. HEE only provide places for those identified in each wave, and therefore when qualified EMHPs leave for other opportunities, there is no capacity in the system currently to replace. Providers have overcome this issue by employing alternative clinicians (CYWP), whose training is similar to the EMHP course, but lacks the 'Whole School Approach' aspect.

- c. Previously PWP were also supported in working within the MHST however there are now stipulations in place around how they can register with either the BABCP/BPS, and as this is due to be a mandated expectation they would not meet the criteria to apply successfully for this registration – this is due to their training being with only adults and therefore there is no scope to support them currently working within their qualification in child mental health services.
25. In order to support attrition in MHSTs from April 2022 HEE have set out that HEE funded courses are not accessible to those who have completed one of their funded courses within 2 years of completing a HEE funded course.
26. Nationally numbers of qualified supervisors are also limited, however due to having EMHPs two years post qualification we are now able to offer opportunities of training to support our workforce planning.
27. An additional challenge as mentioned above is that difficulty engaging some schools, engaging with the MHST is not mandated to schools and other than the eventual potential withdrawal of the service from the school there is no penalty. It is also not a mandated expectation that the Senior Mental health lead attends the funded DfE SMHL training nor that the information from this training is then disseminated or monitored post training. This training supports the discussion and implantation of the Whole School Approach and the 8 principles within it. This makes it difficult for an MHST to get a school fully on board to make and support audits and action plans within the education provisions that could benefit the whole school and have a positive ripple effect on the wider community as mental health and wellbeing improve so do outcomes such as exams but also of note is the positive effect it can have on behaviour.
28. There are some challenges in specific area for example in North Staffordshire there has been a reduction of involvement from some of the education provisions and work is being done to establish the reason for this – The MHST has also subsequently withdrawn from 2 schools in the Moorlands MHST which have been replaced. Capacity and Demand is currently a challenge for our earlier waves of MHSTs such as East Staffordshire, as the understanding and relationships of the service offer have developed. The numbers of referrals received have grown, leaving EMHPs stretched to offer assessment and intervention within our desired response times. The teams have spent time to produce a group work offer based on the data, outlining reasons for referral, which allows the opportunity to see higher numbers of young people, who are able to access support via a group forum.

Summary

29. The MHST component to the CAMHS offer has provided an opportunity for early intervention, reducing of stigma regarding mental ill health and enables the building of resilience within schools who have been fortunate enough to be involved in the project since its conception. It has allowed for a robust mental health and emotional wellbeing support offer, to children and young people within school settings and communities with high levels of health inequalities. MHSTs allow for shorter wait times, which ensures the children and young people can access the right support at the right time. The whole school approach allows flexibility and creativity in the offer of support individualised to the needs of the child or young person and school.
30. Whilst there are no clear indicators that MHST's reduce the referral rate to core CAMHS at this present time, it is apparent that the work that is being done both within 1:1 sessions and 'Whole School Approach' is creating a safe environment for mental health to be discussed openly and is building a better informed, more resilient cohort of children and young people.
31. As the programme is rolled out further, we hope to see continued growth in referral numbers, however as we embed a whole school approach offer within schools these may decline due to the prevention and promotion agenda. This is currently being observed in the first trailblazer MHST's in North Staffs which has seen a reduction in one to one referrals over the last 12 months – this is positive - this can be reflected on and the rationale and speculation for this includes the ability for the MHST to return to face to face practice in schools and the increasing stability around the Covid pandemic and its current impact is reducing, such as within schools classes are no longer in bubbles and CYP can mix more.
32. This means that the MHST is now able to deliver much more Whole School Approach work as well as beginning to group CYP together, working this way is more beneficial for the school who can refer more CYP who may need more one to one support but also helps children and young people see that there are others who feel the same as them and that their mental health issues are not unique but the feelings are shared by others offering them peer support which is evidence based to be effective for improving the mental health and wellbeing in CYP.
33. We promote the importance of the whole school approach **first** – this is due to wanting to embed the Thrive model and note that the centre of this is "Thriving – those whose current need is support to maintain mental wellbeing through effective prevention and promotion strategies". MHSTs are in a prime position to support this element of the model by

embedding Whole School Approach and supporting schools in creating wellbeing policies and positive behaviours strategies.

List of Background Documents/Appendices:

- [Transforming Children and Young People's Mental Health Provision: a Green Paper](#) Dec 2017
- Future in Mind 2013
- The Five Year Forward View for Mental Health Feb 2016
- [NHS Long Term Plan](#) January 2019
- Appendix 1 List of Schools
- Appendix 2 MHST Data

Contact Details

Assistant Director: Gemma Smith Director of Integration and Portfolio Director for Mental Health, Learning Disability and Autism

Report Author: Nicola Bromage
Job Title: Head of Portfolio for Mental Health
Telephone No.: 07738 112748
E-Mail Address: nicola.bromage@staffsstoke.icb.nhs.uk

