



# Mental Health in Schools Project

Mapping Exercise - Overview Report

September 2018

## Introduction and Background

The Mental Health in Schools Project is a joint enterprise between the Greater London Authority and the Healthy London Partnership.

Improving mental health support for children and young people (CYP) is a priority for the Government and for the National Health Service.

One in ten children aged 5-15 are estimated to have a diagnosable mental health problem at any one time<sup>1</sup>. It is estimated that 75% of enduring mental health disorders have commenced by the age of 18.<sup>2</sup>

The Government published Future in Mind<sup>3</sup> in 2015, setting out the vision to improve services for children's mental health. Following this, the NHS published the Five Year Forward View Plan for Mental Health<sup>4</sup>, which is the key plan for the NHS contribution to Future in Mind. The Government committed an additional £1.4bn in England to improve mental health services over the 5 year period. Each Clinical Commissioning Group is required to submit an annual Local Transformation Plan setting out how they are improving services for children. This Plan is presented to the local Health and Wellbeing Boards for oversight and approval.

Providing support for emotional wellbeing and mental health in schools is a very important factor in improving support overall. Such support can prevent the emergence of mental health problems and schools can play a vital role in identifying problems, seeking appropriate help, and in offering on-going support to children.

This has been further recognised by the Government in their Green Paper 'Transforming Children and Young People's Mental Health' and Consultation Response.<sup>5</sup> There are three key proposals:

- *Incentivising schools/colleges to train a Designated Senior Lead for Mental Health.*
- *Creating new Mental Health Support Teams to provide extra capacity for early intervention and on-going help.*
- *Trialling a four week waiting time for access to specialist NHS children and young people's mental health services.*

It is planned for these proposals to be established across 20-25% of England by 2023. It is also important to note that Mental Health Support Teams are designed to provide additional capacity and support and to complement existing services, not to replace them.

Through the London Health Board, the Mayor of London raised concerns regarding the range and status of support in schools regarding emotional wellbeing and mental health that is currently available.

In response to this, the Mental Health in Schools Project was established with support from NHS England. The Project had the following key aims:

<sup>1</sup> Green H, McGinnity A, Meltzer H, Ford T, Goodman R (2005). Mental health of children and young people in Great Britain, 2004

<sup>2</sup> Murphy M and Fonagy P (2012). Mental health problems in children and young people. In: Annual Report of the Chief Medical Officer 2012. London: Department of Health.

<sup>3</sup> <https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people>

<sup>4</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

<sup>5</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/728892/government-response-to-consultation-on-transforming-children-and-young-peoples-mental-health.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/728892/government-response-to-consultation-on-transforming-children-and-young-peoples-mental-health.pdf)

- **Support a survey of services** for children in schools through local authority, CCGs and Mental Health Trusts to support better understanding of the current provision across London.
- **Develop a Key Line of Enquiry** for Local Transformation Plans within London, supported by NHS England.
- **Develop a self-assessment tool for CCGs** to measure their progress in developing services through the Local Transformation Plan and their oversight through Health and Wellbeing Boards.
- **Develop an online toolkit**, which will be a best practice guide for school leaders, governing bodies and commissioners in health and local authorities.
- **Investigate the availability of suitable apps** for use by CYP and whether these can be promoted to assist children and young people's understanding of health issues.
- **Hold an event** through the Greater London Authority to launch and publicise the toolkit.

In addition, a Consultation exercise seeking the views of CYP was undertaken through Young Minds and their Amplified programme.

This report sets out the findings of the first of these aims, the survey and mapping exercise of current services. Appendix 1 gives a further level of detail regarding the findings.

### **Methodology**

There was an initial consideration on whether to conduct a survey across all schools.

The immediate background was that the Department of Education had carried out a survey across all schools in England and published findings.<sup>6</sup>

This provides a useful set of background information. However, the rate of return in England was 21% of all schools and within London the rate was substantially less. It also gave limited information about the extent of services available within schools, such as counselling.

As schools had recently received a survey regarding mental health support it was felt that it was likely there would be a similar rate of a response to a survey just for London schools to complete. We were also conscious of the number of information requests that schools receive and that the summer term, with the pressures of exams, was likely to further limit the effectiveness of this approach.

We therefore decided that it would be more effective to carry out a mapping exercise across the three key organisations engaged in Local Transformation Planning:

- Clinical Commissioning Groups (CCGs)
- Local Authorities, through Directors of Children's Services
- NHS Mental Health Provider Trusts

The survey format was different for each of these organisations to reflect their different roles.

The formats were agreed and consulted on before circulation.

The formats are attached as Appendices 2-4.

In practice, in some areas, the lead commissioners in the local authority and the Clinical Commissioning Group collaborated and submitted a joint response.

<sup>6</sup> <https://www.gov.uk/government/publications/supporting-mental-health-in-schools-and-colleges>

Provider Trusts have also submitted partial submissions in some areas because the same provider is operating across several CCGs and have different commissioning arrangements with each of those with regard to school services.

The formats were designed to elicit a more descriptive and qualitative response. This has had the advantage of giving a depth to the information, but has meant that there are difficulties in aggregating overall levels of services across London. As the findings will illustrate, the range of different services would have made like for like aggregation of services challenging in any event.

In all, responses were received from 27 out of 33 local authority areas, which is a return rate of 82%.

### **Key Findings**

- In the majority of areas that have submitted a response, there is evidence of a considerable range of activity to support emotional wellbeing and mental health within schools.
- The nature of this activity varies considerably between boroughs. There are a wide range of initiatives, sometimes within the same geographical area.
- There is a variation in how much knowledge and awareness of services provided and commissioned by schools the CCG and Local Authority hold.
- The commissioning arrangements remain complex, particularly at the lower ranges of intervention.
- Many initiatives are at early stages in their evaluation of effectiveness.
- There is limited data about the numbers of CYP who are accessing services currently through schools and colleges.

### **Range of Activity**

Appendix 1 gives a greater level of detail regarding the extent of the services that have been referred to through the mapping exercise.

Services are identified against a range of categories, which are often difficult to categorise.

Where figures have been given, the third column gives this information. As is evident, in the majority of cases, this information was not provided or is not available.

This report will summarise the services according to broad levels of need.

These are:

- Universal services
- Services for CYP with needs identified as lower level
- Services for CYP with more complex needs
- Services for CYP at high levels of risk

Prior to this however, is a brief comment on the commissioning arrangements that have been identified.

### **Commissioning**

At all levels of intervention services have been established through a number of routes:

- Universal provisions such as School Nursing and Educational Psychology, although in many cases these can be augmented by schools commissioning an enhanced level of service.
- Direct commissioning through CCGs and Local Authorities. In some cases, services are provided on a universal basis to schools. This may involve an agreed top slice from the Dedicated Schools Grant. In other cases, services are made available as a traded service, where the partial or full cost of the service is purchased by individual schools.
- Grant funded national initiatives, such as Mental Health First Aid Training.
- Direct commissioning by schools through Voluntary Sector Organisations.
- Direct commissioning by schools of private providers.
- Development of initiatives within schools such as peer to peer support.

The commissioning bodies engaged include:

- Individual Schools
- Multi Academy Trusts
- Schools Forums
- CCGs
- Local Authorities
- Public Health
- Grant funding
- Central Government
- Charitable funding

The complexity of the commissioning arrangements lead to a high level of variation regarding what provision is available to CYP.

Some authorities do offer advice to schools on commissioning.

*Example: Wandsworth.*

### Surveys of Provision

Some CCGs and Local Authorities had undertaken their own surveys of current provision across the schools in their area. However, all reported that the return rate from schools was variable.

Undertaking detailed surveys requires a considerable expenditure of resource to compile and analyse the data, and this limits the ability of areas to achieve this regularly.

In some areas, there was a very limited understanding of what is being provided by schools compared with other areas where the processes for engagement were better developed.

*Examples of Surveys: Enfield, City and Hackney and Newham.*

The categories of provision given below are approximations. In many cases, the differential between them is difficult to define. For example, training to staff may form part of an overall package that is linked to more targeted interventions. Staff offering counselling will also be involved in offering more general advice and guidance.

The examples given are not intended to be exhaustive as many services are offered in large numbers of local authorities or schools.

## **Universal Services**

In this context, Universal Services are those that are not aimed at individual children. They are offered to all children or staff, or in offering advice.

- Staff Training – training is offered in the majority of areas. In the greater number of cases, this is offered free of charge. The extent of the training is variable. Many schools commission their own training. Where voluntary sector organisations are working within schools they also offer training.

*Examples of staff training: Camden, Islington, Merton, Wandsworth, City of London, Richmond, Hounslow, Lambeth and Southwark.*

- Whole school approaches. Many schools have made strides to improve the culture of the school. This may involve classes and assemblies with specific lessons on mental health. The approach is to aim to reduce the stigma associated with poor mental health and develop a school culture that is more supportive and invites CYP (and staff) to talk about their feelings.

*Example: Marylebone School, City of Westminster.*

- Participation of CYP. This may not be directly related to issues of mental health, but giving CYP a voice and input into the school is an identified part of developing a mentally healthy school.

*Example: George Green School, Tower Hamlets.*

- Mental Health First Aid (MHFA) training – this is offered in a range of ways. Central Govt. has commissioned a nationwide programme. The Greater London Authority are now commencing on a further supplementary programme. Many local authorities or CCGs have also commissioned supplementary training. Some schools have also sent individual staff on this training through their own budgets.

*Examples: Camden, Lewisham and Bromley.*

- Surveys of Emotional Wellbeing – these were supported by the Local Authority and CCG in some areas. Information is available to schools through various organisations. In some areas, schools were offered support in interpreting the data. Surveys are less well embedded than training.

*Examples: Waltham Forest and Islington.*

- Conferences on mental health have been provided in a number of areas for school staff.

*Examples: Greenwich and Barking and Dagenham.*

- In a number of areas, the CCG or the Local Authority support and enable Mental Health School Forums for key staff.

*Examples: Greenwich, Enfield, Bromley and Tower Hamlets.*

- There are examples where CCGs have identified named staff to offer advice and support for schools.

*Examples: Barking and Dagenham, Newham and Bromley.*

### **Early Help Services/ Getting Help**

There are a very wide range of services included within this range. These are services that are open to all pupils, rather than being targeted at those who have been identified as being in need. However, there is emerging evidence that offering services to whole classes can have a disproportionately high impact on the CYP with higher levels of need. It may also be difficult to identify CYP with lower levels of need prior to interventions.

Approaches include:

- A range of peer to peer support arrangements. This includes mentoring programmes and recruiting CYP to be available at lunch breaks and after school. Pupils have organised conferences for other schools. In some cases this is supported by voluntary sector organisations but is most often enabled within the school. It does require commitment and resource from school staff.

*Examples: Hendon School, Barnet and Chingford Foundation School, Waltham Forest.*

- Group work across whole classes. This is most often used within primary school settings. Group work may be to look at particular issues or be more widely to build resilience within CYP. Some programmes are based on Cognitive Behaviour Therapy. In most cases these interventions are delivered by an external body. They may be commissioned by CCGs or Local Authorities, jointly funded/traded, or commissioned by schools. Some of the Child Welfare Practitioner Schemes have delivered group work with CYP.

*Examples: Cues-Ed delivered by South London and Maudsley in Croydon and Southwark; Zippy's Friend in Merton; Head Start services in Newham and Trauma informed PRU, primary schools and partners project (TIPPPS) in Islington.*

- Group work with parents. The CYPIAPT Children Wellbeing Practitioner (CWP) programme has in some instances delivered group work with parents, generally in primary school settings. There are examples of schools that have extended their MHFA training to some parents.

*Example – Richmond CWP and Central London CCG CWP.*

- Mental Health Leads in schools – the role of leads cuts across all of the levels of need, but their role in providing pastoral care to CYP at lower levels of need is very important. Where they have received MHFA or other training, for example through the CAMHS School Link Pilots, they are likely to have greater levels of knowledge on how to identify and support children who may need a greater level of assistance.

*Examples: Hackney, Islington, Camden, Croydon*

- Primary and Community Care – using primary and community care as a route to identifying mental health in CYP and relevant support/treatment.

*Examples: The Well Centre in Lambeth and Hounslow School Nursing Service.*

### **Targeted Services/ Getting More Help**

This group of services are generally aimed at individual CYP who have identified themselves or have been identified/ referred by a professional as having a greater level of need. This might also be referred to as services at CAMHS Tier 2 level.

These include:

- Counselling services commissioned by schools either through individual counsellors or through voluntary sector organisations. Counsellors operate within the school. They may offer open access sessions as well as individual sessions to identified children.

*Examples: Harris Multi Academy Trust commission counsellors and Place2be operate in over 200 schools.*

- Services either offered to schools through CAMHS or other providers through a traded arrangement or part traded arrangement. Most services offer a range of training, advice and guidance as well as individual work with CYP.

*Examples: Wandsworth (primary), Enfield (secondary), Kingston (primary), Lambeth, Southwark, Greenwich, Barnet and Ealing.*

- Services as above offered to all schools. In some areas this is funded through the Schools Forum.

*Examples: Camden, Islington, Kingston and Richmond (secondary), Wandsworth (secondary), Enfield (primary), Kensington and Chelsea/ City of Westminster and City of London.*

- Education Psychology Services operate in all schools. They are often now a traded service and some schools commission independent Education Psychologists. In some areas, they have been commissioned to offer additional support to schools.

*Examples: Enfield and Merton.*

- Staff Support – the need to support staff who are in turn offering support to CYP is recognised as one of the components of a whole school approach to improving emotional wellbeing. There were fewer examples offered of particular programmes.

*Examples: Lessness Heath Primary School in Bexley and Place2think in Waltham Forest.*

- Open access counselling – through online or other arrangements. These are not directly related to schools but schools will encourage CYP to use them.

*Examples – Kooth are commissioned in 13 boroughs and Off the Record in 4 boroughs to provide online counselling. An outreach bus operates in Croydon.*

### **Managing Risk and Getting Support**

This relates to CYP who have higher levels of needs and require services that are unlikely to be offered within the school setting.

School link arrangements, either through school staff undertaking training or through CAMHS or other staff being linked to schools, have proved effective in improving the identification of CYP at higher levels of need.



Good communication has also been aided through forums, training and conferences as referred to above.

### **Challenges and Difficulties**

Contributors were asked to identify some of the difficulties that they were experiencing in supporting schools. There were a number of consistent themes given within the feedback:

- Difficulties in engaging with all schools within the local authority. This was not necessarily related to their status in terms of whether schools are academies.
- Pressures on staff time within schools and maintaining skills and knowledge.
- Financial pressures on local authorities and schools.
- Commissioning responsibilities and advice for schools.
- Resources required to survey schools and disseminate information.
- Understanding the total offer within schools.
- Ensuring access to CYP not in school.
- 16-18 year old provision.
- No statutory basis for PSHE.
- Links to parenting programmes.
- Having an outcome driven approach.
- Addressing the needs of LGBTQ CYP.
- Support in the voluntary sector.
- Support for teaching and other school staff.

### **Recommendations**

1. Clinical Commissioning Groups and Local Authorities should work together to understand the overall services available to CYP at schools and colleges. The self-assessment tool developed by Healthy London Partnership is available to assist with this.
2. Clinical Commissioning Groups, Local Authorities (including colleagues from Public Health) School Forums should work together to clarify commissioning responsibilities for services to CYP at schools and colleges. Providers from NHS and Voluntary Sector Organisations should be engaged in this work. A commissioning tool has been developed by Healthy London Partnership to assist with this.
3. Commissioning Guidance for schools should be developed. This should include Guidance on how to evaluate services. A working group of Commissioners and school leads should be convened to draw up this Guidance.
4. As interventions are evaluated, this information should be shared across London. The Mental Health in Schools online toolkit should be maintained and updated as a method of sharing information.