Wellbeing and Mental Health in Schools Project (WAMHS)

CAMHS Alliance Transformation Project

25th February 2019

Agenda

1. Context of WAMHS

2. The CAMHS Alliance

3. Desired Outcomes for WAMHS Project

4. Oversight of WAMHS Project – Strands and Timeline

5. Wellbeing Framework

   – Audit Tools and Action Plans

6. The Role of CAMHS workers in schools

7. Reflections from Mental Health Leads in School

8. Learnings so far

9. The Future

Context

- Increased presentation of mental health need in students as perceived by school staff

- National statistics

- Government direction

- Schools as settings to increase prevention and early intervention

- Local need and consultation

Context

Two-thirds of children with disorder had contact with professional services

Professional services

Two-thirds (66.4%) of 5 to 19 year olds with a disorder had contact with a professional service in the past year because of worries about mental health. Teachers were the most commonly cited source (48.5%), followed by primary care professionals (33.4%), mental health specialists (25.2%), and educational support services (22.6%).

66.4% of children with a disorder had any professional service contact

Informal support

Half (48.6%) of children with a disorder had contact with informal sources of support because of mental health worries. Family and friends were the most common source of informal support (44.6%) to children with a disorder.

25.2% of children with a disorder had contact with a mental health specialist

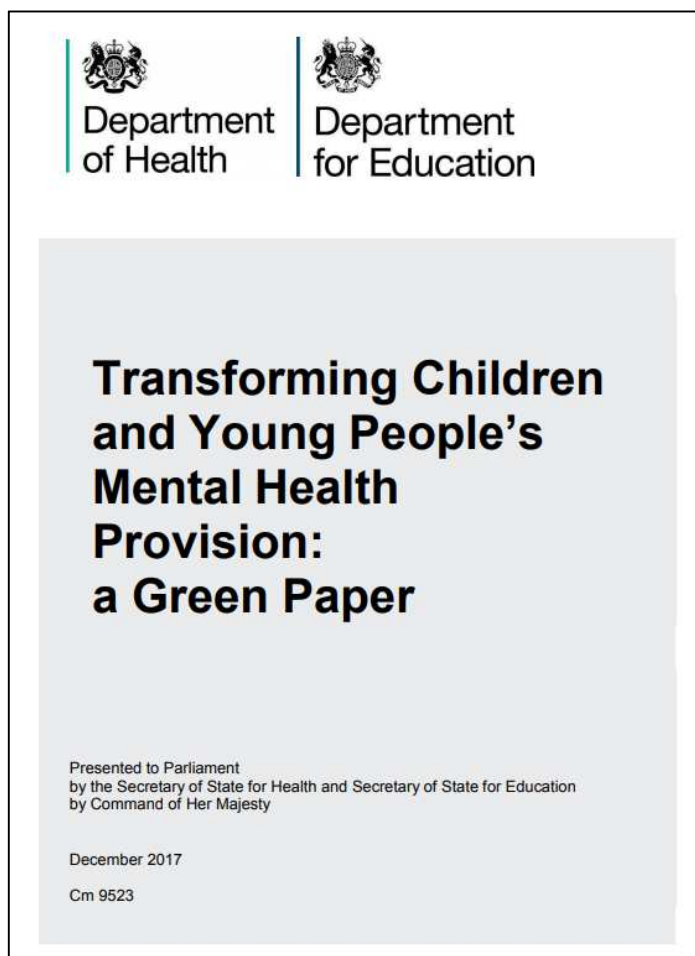### Neither services nor informal support

One in four (24.1%) children with a disorder had no contact with either professional services or informal support in relation to worries about their mental health.

48.6% of children with a disorder had informal support

Note: in relation to 5 to 16 year olds, 'contact' with services and support may have been with the parent due to their worries about their child.

Context

Transforming Children and Young People's Mental Health Provision: a Green Paper

Presented to Parliament
by the Secretary of State for Health and Secretary of State for Education
by Command of Her Majesty

December 2017

Cm 9523

There is clear evidence that schools and colleges can, and do, play a vital role in identifying mental health needs at an early stage, referring young people to specialist support and working jointly with others to support young people experiencing problems.

We want to ensure that all children and young people, no matter where they live, have access to high-quality mental health and wellbeing support linked to their school or college

We will incentivise every school and college to identify a Designated Senior Lead for Mental Health to oversee the approach to mental health and wellbeing.
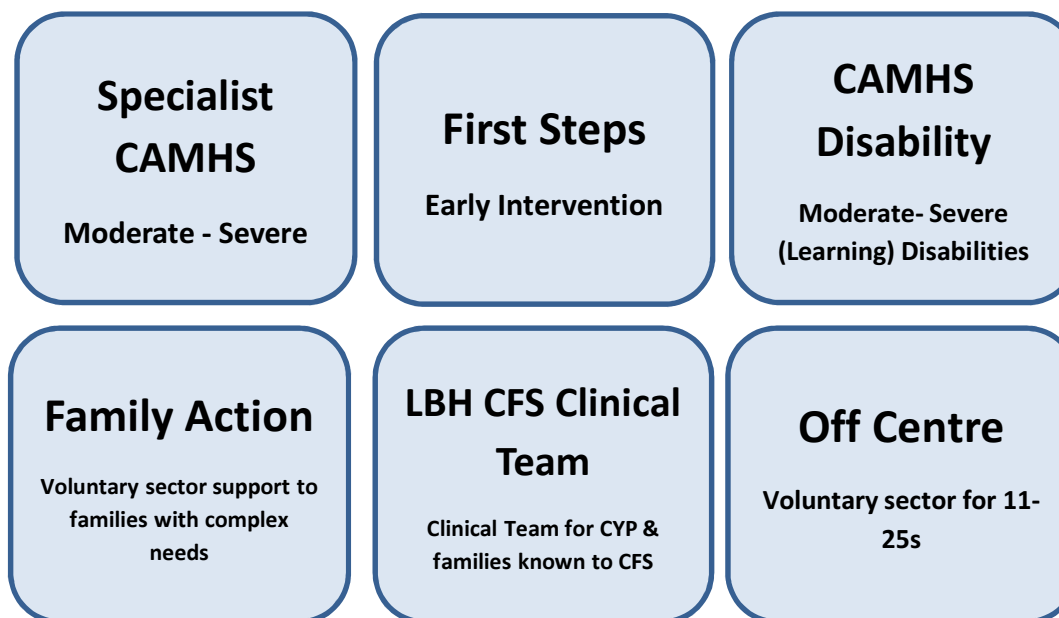
All children and young people's mental health services should identify a link for schools and colleges. This link will provide rapid advice, consultation and signposting.

CAMHS Alliance in City & Hackney

Partners

Commissioned providers

Specialist CAMHS

Moderate - Severe

First Steps

Early Intervention

CAMHS Disability

Moderate- Severe (Learning) Disabilities

Family Action

Voluntary sector support to families with complex needs

LBH CFS Clinical Team

Clinical Team for CYP & families known to CFS

Off Centre

Voluntary sector for 11-25s

Primary Outcomes for WAMHS

1. **Increase in the number and proportion of appropriate referrals** and reduction in the number and proportion of inappropriate referrals to CAMHS services from WAMHS participating schools

2. **Improvement in schools approaches, policies and procedures with regards of mental health and wellbeing**, both in terms of promotion and prevention, early identification and intervention.

Primary Outcomes for WAMHS

3. **Improvements in school staff confidence** in their ability to effectively support and identify students with mental health problems

4. **Improvement in pupils perceptions** regarding their school's approach to mental wellbeing and the support available in school

5. **Improvement in the perceptions of parents** regarding their child's school's approach to mental wellbeing and the support available in school.

Secondary Outcomes for WAMHS

a) **Reduction in the number and rate of exclusions** within participating schools

b) **Equality of access to CAMHS services for all CYP**

c) Change in the **total number of appropriate and inappropriate** referrals to CAMHS **from all referral sources**

Wellbeing and Mental Health in Schools
Pilot Project (3 strands)

A. Anna Freud – Mental Health and Schools Link Programme

B. Wellbeing Framework Partner

C. CAMHS worker in Schools

Timeline

1. Anna Freud Workshops:

– Workshop 1 – late February – early March 2018

– Workshop 2 – late April – early May 2018

2. Wellbeing Framework

– Partners in schools first meeting – summer 1 –May-June 2018

– Half termly visits (x6) until summer 2019

3. Deployment of CAMHS workers in school

– May/June for 1 year (until summer 2019)

4. Evaluation

– Starting February 2018 through to July/August 2019

Wellbeing Framework

Purpose

The aim of the wellbeing support work is to ensure that schools use the CAMHS worker as part of an overall strategy to build student wellbeing into the heart of school life.

- Work with schools to ensure they are emotionally supportive settings in which all of our young people can thrive.

- Support schools to identify earlier those young people who are vulnerable to poor mental health and ensure that the right interventions are put in place.

- Support schools in building academic resilience and improve outcomes for all students.

Ethos and environment that promotes respect and values diversity.

Curriculum, teaching and learning to promote resilience and supporting social & emotional learning

Enabling **student voice** to influence decisions

Behaviour Policies in schools that promote wellbeing and self regulation

Leadership & Management that supports and champions efforts to promote emotional health and wellbeing

Staff development to support their own wellbeing and that of students

Identifying Need and Monitoring Impact of Interventions

Targeted support and appropriate referrals

Working with parents and carers

Figure 1: Wellbeing Framework with 9 areas of development

Audit Tool & Action Plan

Area of Development	Emerging *"in the toolbox of the school"*	Established *"in the scaffolding of the school"*	Advanced *"part of the DNA of the school"*	Evidence
3 **Teaching and learning** to promote resilience and supporting social & emotional learning	All teachers understand the need to promote mental health and wellbeing in all lessons. This includes consideration of language around stress and normal emotional responses. Curriculum Leaders see part of their responsibility to support the objective of promoting wellbeing of all students in the school.	All teachers understand the need to promote mental health and wellbeing in all lessons. This includes consideration of language around stress and normal emotional responses. Curriculum Leaders see part of their responsibility to support the objective of promoting the wellbeing of all students in the school.	All teachers understand the need to promote mental health and wellbeing in all lessons. This includes consideration of language around stress and normal emotional responses. Curriculum Leaders see part of their responsibility to support the objective of promoting wellbeing of all students in the school. Appropriate time is allocated for curriculum development to support the explicit teaching of wellbeing and self-regulation within the curriculum.	Wellbeing and Mental Health education and promotion are embedded in the school's PSHE Programme. Students have access to a programme of assemblies and lessons that deal with online safety, bullying, resilience and other relevant topics.
	PSHE and SRE are isolated to drop down days which are part of a planned approach with early discussions on how PSHE will be delivered for all students regularly. There are initial plans for teaching students some of the below: • learning coping mechanisms • self-regulation and managing feelings • a sense of aspiration • social skills, listening and empathy • encouraging kindness and understanding of the consequences of actions. • positive communication, including when using social media • well organised peer support	All students engage in regular PSHE and SRE lessons as part of a cohesive, planned progressive curriculum. It includes some elements of: • learning coping mechanisms • self-regulation and managing feelings • a sense of aspiration • social skills, listening and empathy • encouraging kindness and understanding of the consequences of actions. • positive communication, including when using social media • well organised peer support	All students in engage regular PSHE and SRE lessons which have been designed based on early intervention, local need and co-production with students. It includes opportunities for; • learning coping mechanisms • self-regulation and managing feelings • a sense of aspiration • social skills, listening and empathy • encouraging kindness and understanding of the consequences of actions. • positive communication, including when using social media • well organised peer support • tackle stigma and discrimination and allow for constructive discussion and debate of mental health • CEIAG for all students from year 7.	All students, and especially vulnerable students, have access to a range of extra-curricular activities and their participation is tracked. Wellbeing and Mental Health opportunities are written in to departmental Schemes of Work. Staff receive training surrounding the use of language to reduce stress and promote positive wellbeing and mental health.
	A minority of students are accessing assemblies and lessons on mental health and wellbeing, however it is on an ad hoc basis and not part of a planned programme	All students access regular assemblies and lessons on wellbeing and mental health with a shared language	Students access and co-deliver regular assemblies and lessons on resilience and mental health at their school and other schools	
	Students are taught online safety through a rigorous programme	Students are taught online safety through a rigorous programme which includes an understanding of how to engage, disengage and control their access to the digital world	Students are taught online safety through a rigorous programme of critical literacy which includes an understanding of how to engage, disengage and control their access to the digital world, fake news and representations of body image	
	Extra-curricular activities are available to most students. The school is aware of any disproportionality in representation and has a plan in place to tackle it. Clear outcomes are associated with each activity: learning/personal development.	Extra-curricular activities are available to all pupils, especially vulnerable pupils. Participation is tracked and clear outcomes are associated with each activity: learning/personal development.	A representative group is participating in in extra-curricular activities, especially vulnerable pupils. Participation is tracked and clear outcomes are associated with each activity.	

Figure 2: Example of one area for development of an Audit Tool

Audit Tool & Action Plan

City & Hackney **CAMHS** Alliance

Area of Development	Purpose: What are you trying to achieve? Think about using the descriptors in the audit.	Action(s) and lead person: What are you going to do?	When: When will you start and finish this action? Are there key milestone points?	Measurable outcomes and impact: How will you know what you are doing is working?	Review: Is it working, are you changing the plan? (09/10/18) review date	New Actions (09/10/18)
4 Behaviour Policies in schools that promote wellbeing and self-regulation	For the behaviour policy to reflect an understanding of why children exhibit challenging behaviours to support improvement.	HKI/ JWA	19th September staff INSET- start point for this understanding. Pastoral meetings once a half term to also cover this.	Feedback forms from staff inset. Pledge cards and tracking behaviour incidents before and after.	Pledge cards were made- but what have we actually done to equip staff to implement their pledge card?	Reflective practice sessions with RLA. HKI to draw up a possible rota and to use time after school for this too. Fortnightly.
	To reduce the unexplained disproportionality between groups. Black boys and external exclusions specifically.	SLT level	Behaviour is a standing item on our SLT agenda- to review this half-termly in terms of stats and to use meetings with RLA to look at this group in particular	To review data at a half-termly point and see trends. When we have results to review actions.	Review exclusion data at end of this half term. What is the trend with external exclusions? What more can be done? To bring this to SLT for first meeting back after half term	Bring exclusion analysis to SLT for first meeting back and look deeply at each student.
	To have a better understanding of behaviour being a sign of underlying issues and to make accurate referrals from this.	Whole-staff (lead HKI/JWA)	19th September staff INSET RLA. 19th September to review previous referrals and look towards what a good model is. Include pastoral team on this.	Better referrals are made- RLA to quality assure this	Referrals are now being made for ASD too and more to specialist CAMHS. Is this happening quickly enough?	Commit to a quicker turnaround for referrals to be made. Urgent referrals- same day like CP. All other referrals made within 3 days of information coming to light.
	To use evidence-based tools and literature to help support the school to do this.	JWA	To use staff briefing as a way to share literature- post Christmas term.	To park this until Christmas and then review.	A neutral room for students to go to when angry.	JWA & HKI to order items for office to make that the neutral room students go to when they are angry. Students can have prompt cards which say "please do not speak to me", "I am ready to talk". There will be posters on the wall to encourage reflection, books, and cushions. JWA & HKI to inform students of this room through PSHCE time.

Figure 3: Example of one area for development of an Action Plan

CAMHS Workers in Schools (CWIS)

Reflections from CWIS

"Absolutely fantastic project. The school I am working with is positive, proactive and keen to embrace the WAMHS project. Very flexible approach and shown great willing to try things and go with it, and learn from experiences. Real pleasure to work with this school and the team there."

"In some schools it feels that there is a shared objective and there are lots of initiatives to develop; in other schools the different way of working within the different organisations has caused communication difficulties which have felt tricky at times."

Comments from CWIS Survey (November 2018)

Reflections from Mental Health Leads in School

4. To what degree is the Wellbeing Framework Partner supporting the process of action planing and monitoring?
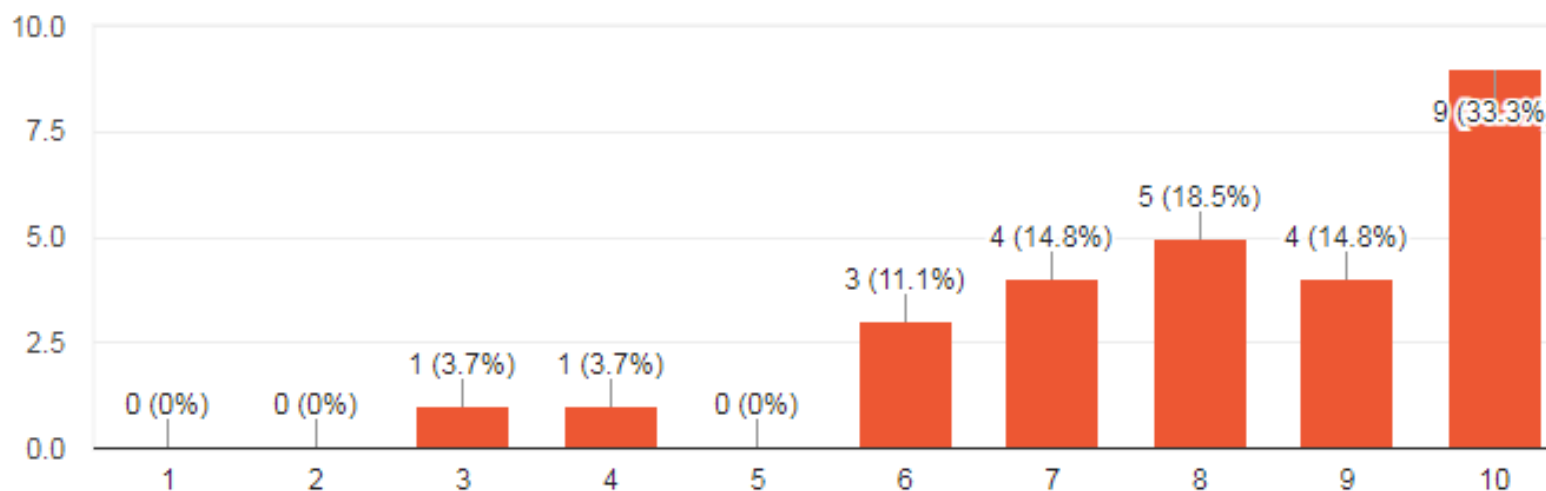
27 responses

Figure 4: Results MHL Survey (29/11/2018) – 27 responses

Reflections from Mental Health Leads in School

City & Hackney CAMHS

5. What has been the most positive aspect so far?

Identified themes from 27 responses:

CAMHS clinician being able to provide consultation, advice and expertise around students' mental health and support around referrals **x12**

Training for school staff **x3**

CAMHS clinician working with parents/carers **x7**

Collaborative working **x7**

Raising awareness of mental health with a whole school approach **x6**

Learning so far

- Different work cultures between CAMHS and Schools

    – Joint working requires excellent communication between parties, building relationships and trust, explicit expectations and responsibilities

    – Different work speeds / recruitment times

- Need of clarity around CWIS contractual delivery with explicit clauses around school holidays, training days, annual leave…

- Primary schools need more than once a month (at least fortnightly) to get momentum and for the project to become established as part of school

- Need stronger Schools Team:

    – More management time (for clinical lead, WFP lead and MHL in schools)

    – Difficulties around managing clinicians across 4 providers

The Future

- Evaluation published

- Extension of Phase 1 to March 2020

- Funding for roll out to all maintained schools in borough, pending successful evaluation (Phase 2) from April 2020

- Offer to non-maintained Orthodox Jewish Schools

- Mental Health Support Teams in schools

Questions