

# How can you best support the implementation of WSA to Mental Health within your role? Please give your role e.g. MHST Lead, Ed Psych

Share findings with DFE Regional Managers - CYP Implementation Manager

Commissioning Manager (NHS)

I would like to use the 7 recommendations to form an action plan for WSA in our area- MHST County Wide lead in

Ed Psych

Trainee EMHP - support staff CPD and training on how best to support their pupils and their own mental health and well-being

Education mental health practitioner

Educational Psychologist (PEP)

MHST Practitioner Dunstable

CCG Transformation Project Manager

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Begin to develop ideas around key data collection, management, and synthesis (as a researcher).

Clinical lead - support staff to deliver WSA by trying to get a ratio of 50:50 of 1:1 interventions and WSA

MHST Clinical team lead: can see a place for this when discussing action plan phase of school audits

Commissioner - strategic oversight and co-ordination across MHSTs and WSA work in Salford, using your recommendations as a framework

NHSE/I Assistant Director of Programmes (CYP MH) - encouraging teams to use the MHST maturity tool to self-evaluate - includes content on WSA

Senior Mental Health Practitioner and Supervisor. Plan to embed the 7 recommendations within our WSA working group. Perhaps it could be the agenda items. Also consider how we can utilise support for pupils to overlap with support for staff.

Education mental health practitioner - working with schools to build relationship and work with them to identify areas of need in WSA. Help them reflect and implement staff training, wellbeing and getting student voice.

Have regular reflection and planning slots to review the wsa implementation. Senior Clinician MHST

Ed psych- link local whole school framework properly into work of MHST

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CYP MH commissioner, CCG - provide CPD for EMHPs around WSA. Ensure schools are completing WSA toolkits as part of their MHST work so that MHST/schools can work together on action plans

Supervision to teachers and EMHPs (alongside clinical leads) & consultation on whole school approaches/relationship policies - Educational Psychologist

NHSE/I Assistant Director of Programmes (CYP MH) - encouraging inclusion of WSA content in quarterly returns for national team (and encouraging national team to include this in Key Lines of Enquiry)

PEP Liaise more closely with MHST colleagues

Build relationships with schools and their understanding of WSA. Communicate what we do within bigger framework of WSA ie that 1:1 interventions are part of this - TEMHP

DfE Analyst - get your report and findings in front of the national and regional delivery teams to inform national approaches.

Clinical lead - at a senior level, advocate for focus to be on WSA and importance of this rather than targets of 500 1:1 interventions

Educational Psychologist - agree Action Plan for MHST based on recommendations but also a RAG rating agreed on action plan for measuring the WSA that is standard for all schools ideally for each school

Educational Psychologist- using Emotionally Friendly Settings programme which we have developed in Salford based on the PHE 8 principles



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CAMHS Transformation Manager Ensure health and education representatives are members of the MHST Implementation Group and seek regular updates

Role: MHST WSA Manager. I have been overseeing the WSA work and have been enthusiastically waiting for the outcome of the research. I will be studying this with EPs to strategically plan our work and working on monitoring frameworks

Look at best way to gather data and feedback and use ROMS to encompass the whole school.

Safeguarding and Mental Health Lead I would like mental health CPD for all staff to be as robust as the safeguarding training in school and repeated every 2 years to keep everyone up to date. Currently it is difficult to find time to deliver CPD.

General Manager ( CAMHS) we are doing some work with Governors to think about how we support the delivery of the WSA both within the MHST schools and more widely across the county

Researcher - I would like to link up with the Oxfordshire lead to see how research from the University of Oxford can feed into the action plan!

Designated Safeguarding and Mental Health Lead

Policy and Practice Officer I've worked with school since 2017 driving the the WSA agenda forward in school and colleges / trust in the city. We have been on a journey and its great to hear the same language

Assemblies, Student Voice, Surveys at the beginning of the school year to Parents, School Staff and Students to ask what they would like from our MHST. We have provided Workshops to Staff and Parents around Anxiety. Senior Practitioner and EMHP

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NHSE/I Assistant Director of Programmes (CYP MH) - continuing to share WSA examples of practice at South East Regional, and National, Community of Practice

Ed Psych Make it easier for MHSTs to commission EP input - for example from local TaMHS Programme in Northamptonshire that is still running since the project days of 2008-2011

MHST team leader. Listen to service users & stakeholders and work together to deliver an effective programme of support that accommodates need and delivers early help preventing specialist support

Senior Clinician MHST - Develop better relationships with the senior leadership team so that they do have that important buy in - so that if you don't have that initially you are just fire fighting. It can be very challenging to do this however.

Ed Psych Support increases communication between MHST, LA services and schools towards the work becoming joined up. Evidence from research will support this.

MHST Team Lead (Wave 4) The MHST service is slowly developing the WSA within our college settings. We have delivered staff CPD in terms of psychoeducation and staff stress management workshops measured by feedback forms similar to PEQs

clinical lead - we've set up a process in our weekly meetings to discuss WSA and have a booking system in place where schools can request this and we book them in for the whole academic year

There needs to be active training for governing bodies to understand how they can support their schools and hold them to account that they are sustaining a WSA.

PEP: Support to create a shared vision for our MHSTs, bringing together the WSA work with the clinical work in a meaningful way

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Ed psych- need MHST to be established as part of local MH Partnership. Shared governance and line management to avoid silo working and mixed messages in relation to local support offer

Clinical Lead. We are flipping the functions on their head so WSA is seen as everyone's business & interventions are seen as part of WSA. Increase confidence in WSA (starting with EMHP training as they have most contact with schools)

MHST WSA Manager - Will also be presenting this to our Team and thinking about each role's responsibilities and what we can do together with partnership organisations. We will use our service data more effectively to plan responses to MHEW in schools

educational psychologist KPIs for MHSTs need to move away from a greater focus on individual interventions

EP - use our skills and understanding of schools systems to support - collaborative approach and non-expert model, soft systems methodology, reflective practice, strengths based, navigating between all levels of intervention - ways of working

Continue to Work with universities to support measuring and evaluating the implementation of the WSA - Researcher

Educational Psychologist - To begin, support staff in understanding the principles of a WSA and the role of targeted support as a PART of this framework. Ongoing - support in reviewing the WSA.

Senior clinician MHST - Aligning mental health policies and ethos in the whole school with the behaviour policies so important. Also more training for the school staff.

Role- EP. Further develop collaborative work with MHST. Work with MHST on WSA audit tools to establish baseline and needs. Would value views on effective audit tools (Anna Freud MHS tool, Emotionally Healthy Schools, Blueprint for Schools etc.).



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Clinical lead - We have our EMHP's planning WSA's as part of supervision and support them in using evidence-based ROMS and interventions

PEP Look at ways of connecting and incorporating MHSTs into the Local Authority (LA) so that we are all able to work together. Use this approach in our work with educational settings so that we are supporting our young people.

Clinical Lead - very helpful presentation. Explore options for evaluating and recording all elements of WSA work in our MHST and feed these back to schools to promote joint planning e.g. audit tools.

Clin Psych. Collect and highlight local 'successes.' Work out best way to implement in Multi Academy Trusts. Continue to promote value and importance of dedicating time to WSA

Read up on the literature

Mental Health Advisory Teacher - share these findings with school staff and see how we can work together to make the recommendations come to life and also how the recommendations fit with their needs identified by the reflective tool.

Clinical lead - I've been waiting for this also! We now need to share this with HEE, DFE and NHS Improvement to enable them to support us further in recognising WSA

Clinical Lead. My role is to ensure that measurement and evidence is gathered for WSA so we can ensure that the value of this work is seen at local, regional and national level and we don't risk it being lost

Advocate for systemic change, more arts, more nature, less tests, less stress

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PEP - ensure that more joint working takes place between EMHPs, SENCos and EPs within schools on a regular basis

MHST WSA Manager: Ensuring all new teams we have receive WSA training and regular reflection groups so that they are working on this from the start of training

Clinical lead - allowing schools to lead on WSA. Doing this together where we create the WSA intervention and partner up with schools to jointly lead this

Ed PsychNational working group with strong links to all MHSTs set-up to focus on measurement of WSA that can then be implemented across all MHSTs.

Keep questioning -- why are mental health difficulties increasing among young people? What are the upstream factors?

Clinical Team lead of a WSA service sister service to MHST. Continue to use a framework of regular programme of audit and action planning for our schools as a way to help with prioritising and accountability.

MHST team leaderBeing new to the role i felt it a must to have face to face personal meetings with the heads of schools within the MHST. I am very interested in meeting the governing bodies & parent forums in time.

Ed Psych- need a shared definition of MH to 'rebalance' targeted intervention with WSA. Still very medical model, and this is reinforced with how funding has worked through the system

MHST Programme Manager: Support dissemination of practice via the national MHST Community of Practice and use findings to inform ongoing development of the nationally coordinated support offer for all three functions of MHST delivery



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Clinical Team lead of WSA approach service: Keeping us accountable by including children and young people and parents/carers in our planning, decision making and evaluations

EP - continue to work with CYP to pilot and develop our student version of the WSA reflective tool to gain student's views about the 8 areas across the school

MHST WSA Manager: We want to continue developing our work but the tension between the 500 clinical target impacts the capacity of the whole team being able to fully work on WSA

Salford - we have agreed to engage our MHST school governors and to involve them in our MHST 'Thrive in Education' Oversight Board, who we hope in turn will support the leadership on wellbeing (pupil and staff) within schools

NHSE/I Assistant Director of Programmes (CYP MH) - using feedback from the DfE schools survey in relation to MHSTs (which gives local breakdown) to highlight where specific MHSTs might increase their focus on WSA

PEP: So many tensions in our teams at manager level with everyone trying to assert themselves. The formation of new teams needs lots of psychological support to be non-judgemental with each other and to be open and willing to learn from each other

Clinical lead - Taking WSA seriously! Writing proposals, setting out evidence base and ROMS to then do a study with schools and to collate the themes and feedback

MHST team leader New to role & keen to create the journey approach to the full Mh services in the area. Compneyi g partnership working.

EMHP - we're given targets to achieve based on function 1, and I feel this leaves us with little time to focus on WSA which is a real shame. I like the idea of re-balancing the functions so that more time and priority is given to WSA within MHSTs.

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Clinical lead - Partnering up with our community partners. Eg. We are planning an event for Autism awareness week in April 2022 and we are planning a focus group with high-functioning ASD young people, autism beds, Autism Advisory teachers, SEND

Team Manager. It has been challenging in the absence of a clinical lead - I plan that the clinical lead post once appointed will lead by example, working with our MHLs - in reflective practice and shared work. a shared data set/ tool is needed

EMHP

MHST Manager

In Hull we coproduced the young evaluators process that is part of the HeadStart Mark of Excellence Whole school approach who award the MoE we plan to build on this work at a local level to joint work with the MHST and share practice

EP: Funding is key to all activity either within MHSTs or for eg EPSs. The majority of EPSs now trade early intervention work. Bid for joint commissions from MHSTs and include local EPs, to strengthen the WSA.

MHST Team Leader New to role Looking at building projects with schools & partner agencies to create a full year offer through school holidays. Would be good to gain governors & parents involved.

Educational Psychology - develop stronger links between MHST and EPS locally as both are working on WSA, to achieve better outcomes, consistency and strength based messaging would be mutually reinforced and sustained, and lead to joint working.