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The Whole School Approach within Mental Health Support Teams: Best Practice Review

- **Tanya Procter -** *Programme Lead, Whole School Approach Best Practice Review and Evaluation*
- **Prof. Robin Banerjee -** *Head of Psychology, University of Sussex*
- **Lucy Roberts** - *Research Fellow, University of Sussex*
- **Ian Macdonald** - *Mental Health Trainer, Charlie Waller Trust*
- **Becca Randell** – *CYP Mental Health Implementation Manager, KSS AHSN*

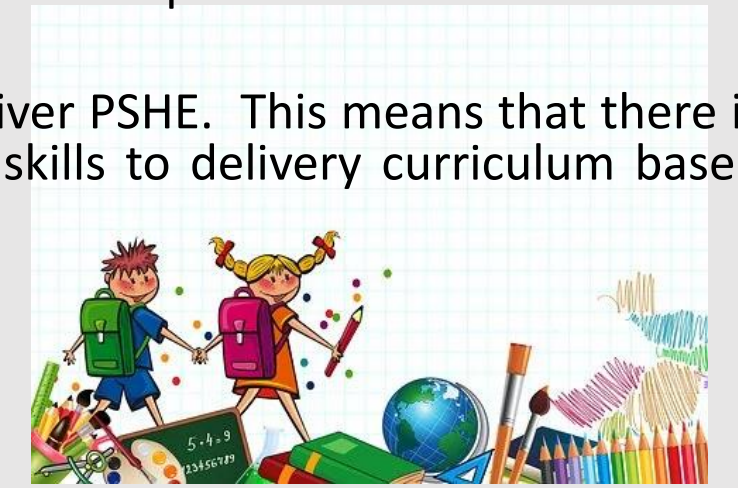
Overview of the Best Practice Review

The best practice review and evaluation undertook the following steps:

- A review and summary of the literature associated with WSA to EWMH;
- A process for mapping the ways in which WSA is being developed and rolled out as part of MHSTs across the South-East and East of England;
- Pupil voice work to gather pupil views on how an effective WSA may impact on their practical help seeking, their development of healthy coping, and their sense of a school ethos around mental health;
- An analysis of the measures currently in use to measure impact of WSA work with MHSTs;
- An analysis of the nature and impact of WSA work delivered as part of MHSTs.

Mental health support in schools

- Schools and colleges have increasingly been recognised as important settings to support children and young people (CYP) with their EWMH (Department of Health, 2015) and many settings are providing support for CYP's mental health in a range of ways (Department for Education, 2017).
- The 2017 Green Paper "Transforming Children and Young People's Mental Health Provision" (Department of Health, Department for Education 2017) describes the role of school and colleges within a progressive universal approach
- Every school is expected to identify a Senior Mental Health Lead (SMHL) to coordinate EWMH support within school and training is being offered for those undertaking this role.
- Teaching staff are not generally provided with training in EWMH as part of their initial teacher training.
- Many schools rely on other non-specialist teaching staff to deliver PSHE. This means that there is a patchy picture in schools in terms of staff confidence and skills to delivery curriculum based EWMH work.



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Mental Health Support Teams

The development of MHSTs in schools is a core component of the Government's 2017 Green Paper (Department of Health, Department for Education 2017).

The model is based on three main functions:

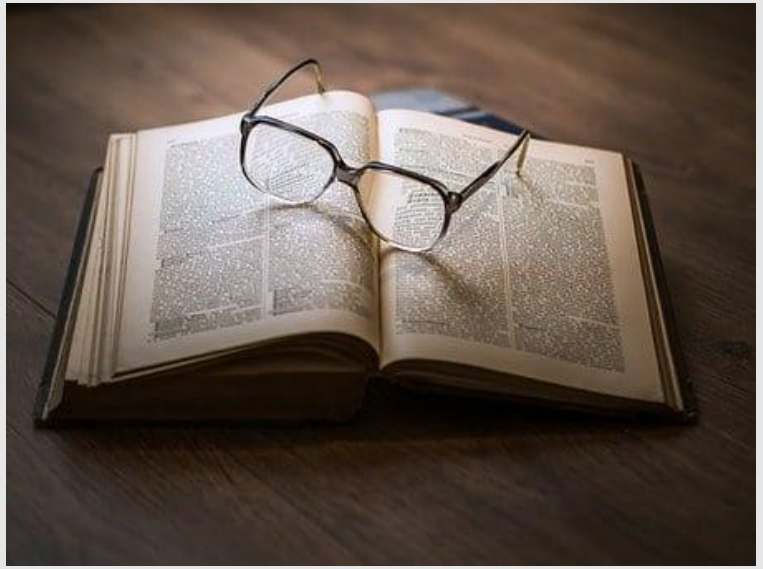
1. Delivering evidence-based interventions in schools for mild to moderate mental health issues;
2. Supporting the SMHL in each education setting to introduce or develop their whole school or college approach;
3. Giving timely advice to school and college staff, and liaising with external specialist services, to help children and young people to get the right support and stay in education.

MHSTs are intended to enhance and NOT replace existing services. There is a national target that 35% of schools will be covered by a MHST by the end of March 2024.

Literature review

Our overarching research questions were, "***What do we mean by the Whole School Approach work to support emotional health and wellbeing and mental health and how is this delivered? What is the evidence for effectiveness and how is it measured?***"

- ✓ What do we mean by the WSA?
- ✓ How is it delivered?
- ✓ What is the evidence for effectiveness and how is it measured?



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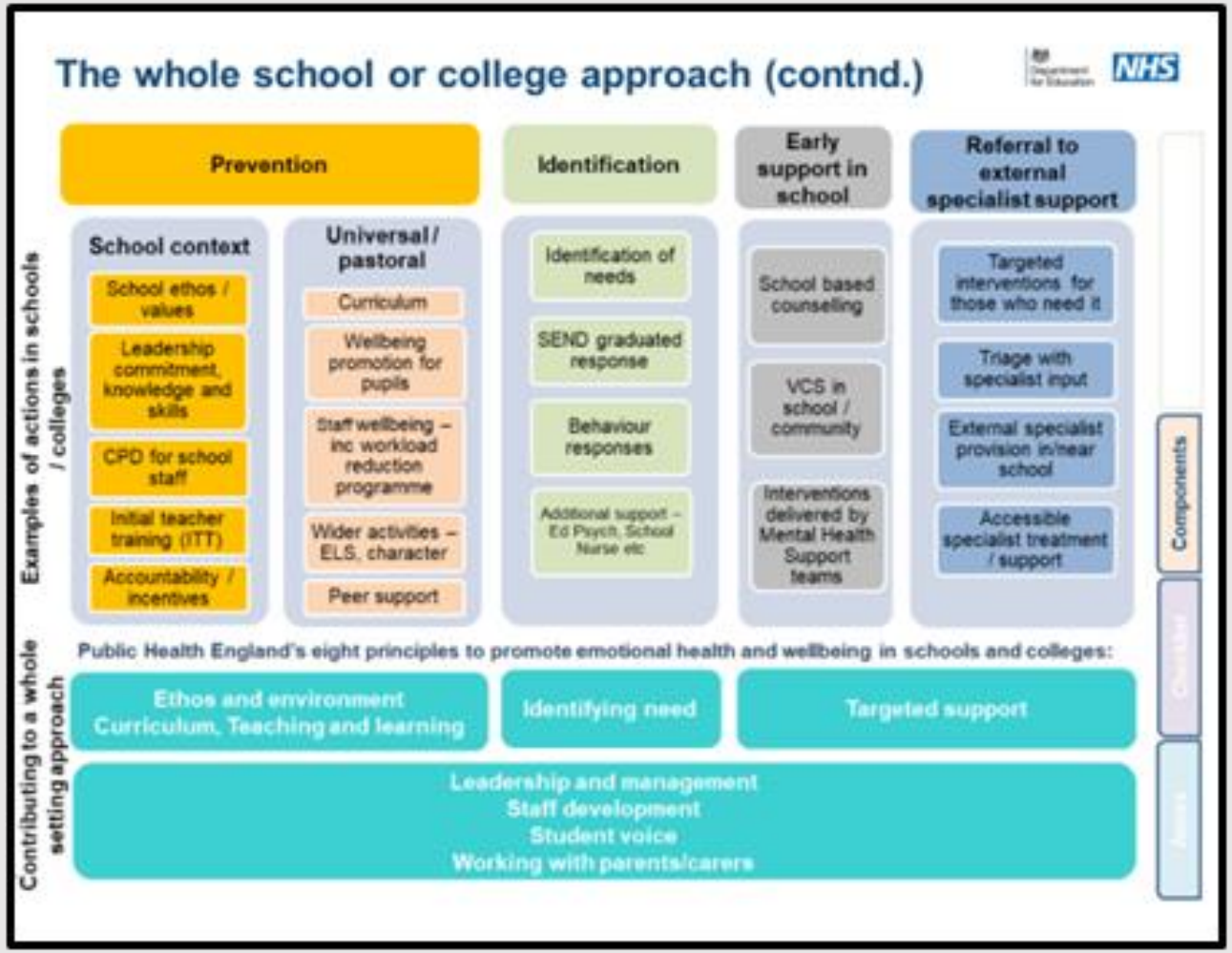
What is WSA?

A whole school approach to mental health and wellbeing is a co-ordinated multi-component approach across an educational setting to promote emotional wellbeing, identify emotional and mental health difficulties at an early stage, and provide support to those who need it (either in school or by signposting to external agencies). PHE and others describe a number of inter-dependent elements, whereby whole school approaches to emotional health and wellbeing:

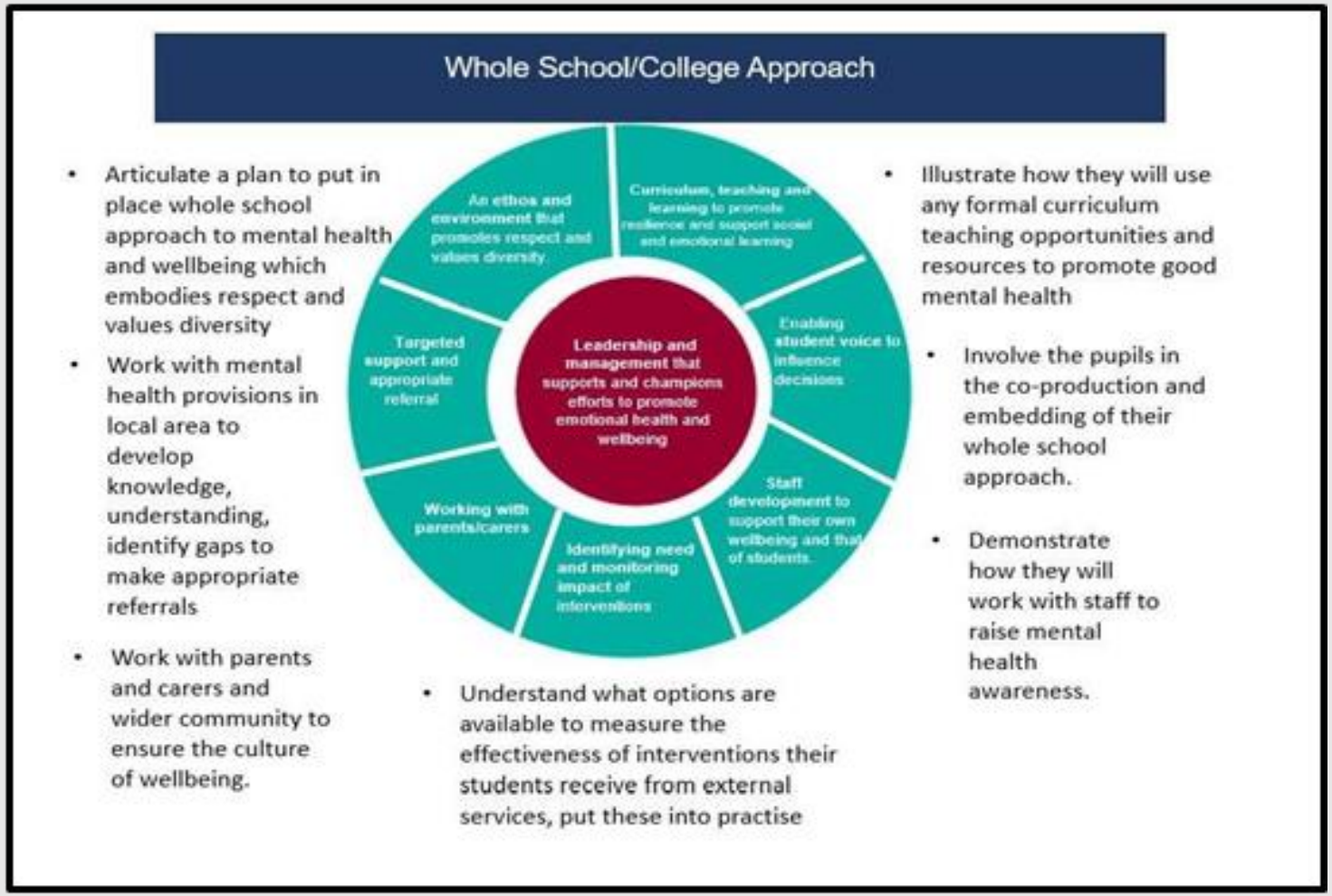
- Take into account ***ethos and environment*** of the school as well as ***curriculum, teaching and learning***. This means that the commitment to developing a whole school approach needs to be championed both by ***leadership and management*** as well as by ***teaching staff***.
- Include the whole school audience. This means paying true attention to and including the ***voice of pupils***; recognising that ***parents and carers*** have a wealth of knowledge and need to be part of the work; and involving and taking care of the ***wellbeing of the whole staff team***, including teaching and non-teaching staff, junior staff and school leaders.
- Recognise the strength of ***universal, targeted and specialist*** work to support children and young people's emotional health and wellbeing.

WSA work should not be seen as a short-term, quick fix solution to all difficulties concerning children and young people's EWMH. Consistency between curriculum delivery, any targeted approaches and the way in which the school is led and managed is essential. The school's over-arching ethos and environment must not clash with individual programmes or initiatives.

Whole School Approach to mental health in schools - a progressive universal approach



Whole school work – a process of change management



Leadership and management

- The **total commitment of the senior leadership team** will be essential as will realistic expectations and planning in a way that connects rather than competes with other priorities at school and build up incrementally.
- **Alignment of the school's policies and practice** around behaviour, diversity, and the challenging of prejudice around ability, disability, gender, race, sexual orientation and perceived social status will be particularly key to school wellbeing (Weare, 2015).

Ethos and environment

- Taking policy to delivery is critical in "**walking the talk**" (Cocking, 2020)
- **School connectedness** - young people report a higher degree of well-being if they feel connected and engaged at school (Gray et al., 2011). Cocking (2020) also found that when **young people feel listened to**, and their opinions are valued it enhances a feeling of belonging and connectedness.
- Promoting and supporting staff wellbeing is an explicit way of making a commitment to wellbeing through ethos and environment. Celebrations of success, recognition of stress, **strengths based** approaches (Weare, 2015)

Curriculum, teaching and learning

- **Impact of programmes to improve wellbeing are limited unless they were delivered as part of multi-component, systemic change** (O'Connor, 2017)
- **Universal social and emotional learning (SEL) interventions have good evidence** of enhancing young people's social and emotional skills and reducing symptoms of depression and anxiety in the short term (Clarke, 2011).
- **Fidelity and dosage** are significant – the quality of the programmes and the consistency with which they are implemented have been shown to have an impact on results (Banerjee 2016). Results are better when programmes are delivered by specially trained teachers or outside specialists such as psychologists (Fenwick & Smith 2018; Banerjee 2016; Weare, 2015).

Staff development and support for staff wellbeing

- **Staff members' own wellbeing and stress levels need to be addressed** within the context of a whole school approach. Without this, staff may not be able to provide the support that students need (Public Health Institute, 2019).
- Parish (2020) describes a concerted policy approach since 2010 to **develop a graduated approach away from specialist services** (such as CAMHS). School staff need to be equipped with knowledge about child development, the teenage brain, early identification and prevention of mental health problems as well as promotion of emotional wellbeing – this is demanding (Weare, 2015).
- Anwar-McHenry (2020) describes how use of the **Mentally Healthy Schools Framework has had an impact in terms of improved mental health literacy among staff and action to improve their own mental health**. Gus (2017) reported **similar positive effects on staff wellbeing through being trained in an approach that had as its primary objective improvements to pupil wellbeing**.

Enabling student voice

- Pupil voice work can improve sense of **belonging and connection**, and in so doing **improve wellbeing and behaviour** (Cocking, 2020). Involving students in decisions that impact them can improve a sense of control and foster **a belief that individual opinions matter** (PHE, 2021). **Listen to the views of all students**, not just those who are more articulate (Weare, 2015).
- Culture of **greater openness** to be encouraged - Cortina (2021) reported students saying that they wanted mental health to be talked about more, as well as that they would **talk to a teacher or other trusted adult in a school setting if their pre-existing relationship was good**.

Working with parents and carers

- Parent and carer involvement is **a partnership** between school and parents and carers whereby **family life can reinforce messages from school and schools can support parents and carers** to develop their own skills and attitudes (Weare, 2011).
- **Schools need to work inclusively with the values and attitudes held by their school community**, taking a strengths-based approach so that parents and carers do not feel excluded, blamed or stigmatised. This can happen through involving parents and carers in policy development, through a wellbeing offer that includes parents and carers, and through direct delivery of parenting support programmes (Stirling & Emery, 2016).

Targeted support and appropriate referral

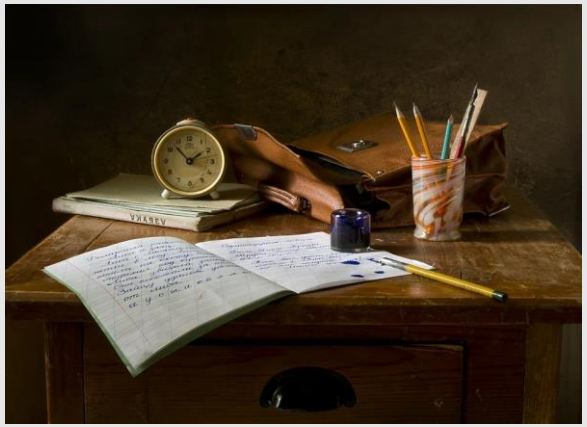
- Schools should **start early** to identify those who may at risk and those already experiencing difficulties (Weare 2015; Stirling and Emery, 2016) . **Whole school interventions may have a positive effect for children and young people already identified as having difficulties**, and that in fact that the effect of whole school approaches may be greater than establishing specific targeted approaches (Banerjee, 2016). Reddy (2009) suggests that **interventions for higher risk young people are likely to have the greatest impact**. Targeted prevention programmes will need to be delivered in ways that **do not further stigmatise participants**.
- **Targeted interventions need to be robustly evaluated and strongly evidence based**. The CASEL guides (2013; 2015) and Early Intervention Guidebook (2021) summarise and rates programmes for effectiveness. Fidelity to any methodology and dosage will be important as will training for those involved in delivery.

Identifying need and monitoring impact

- The **identification of need will rest with teachers which highlights the need for relevant training and staff development to enable this** (Weare, 2015).
- The **impact of WSA to EWMH should be measured in order to ensure that time is being well-spent and that those who need targeted interventions are receiving it**. In a measurement toolkit (Deighton 2016), the writers suggest the use of a **logic model** to plan monitoring and evaluation and to help consider what individual interventions are aiming to achieve. **Tools such as feedback boxes, wellbeing surveys, focus groups questionnaires can all usefully be used** (PHE, 2021).

Directions for future work

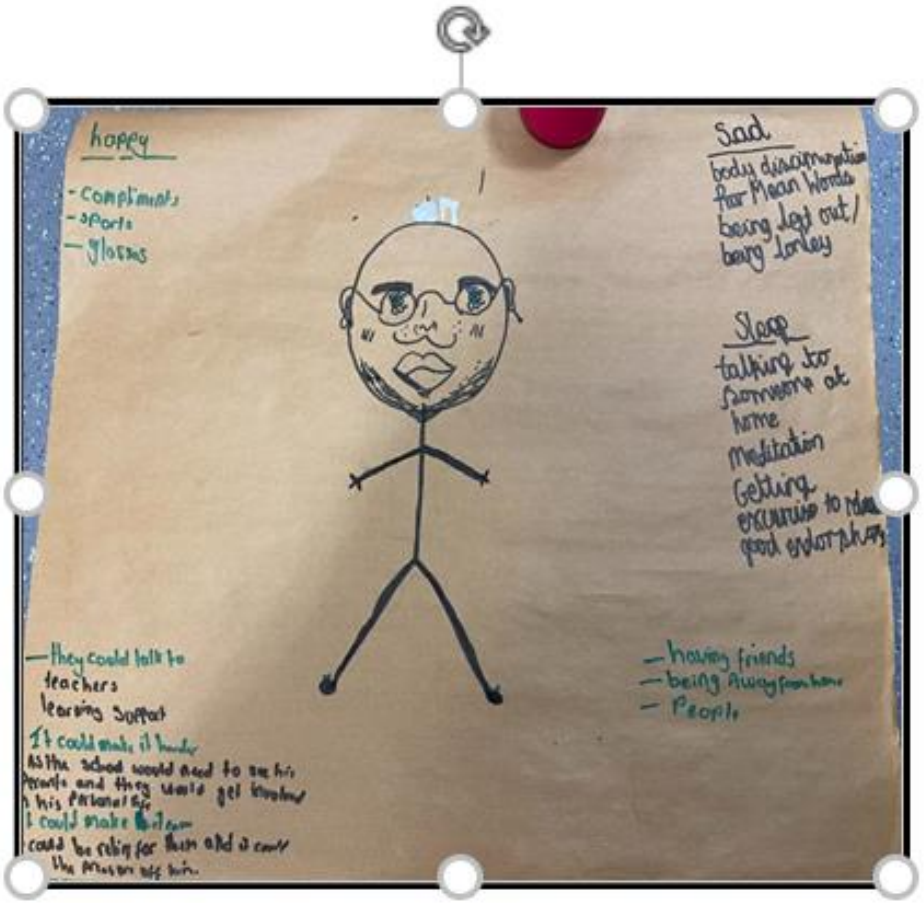
- Undertake a full developmental analysis of WSA activities, covering the whole age range
- Extend the scope of evaluation to track long-term change.
- Evaluate connections between social and emotional learning, anti-bullying/violence reduction, and mental health programmes.
- Implementation science to generate improvements to everyday, informal experience at school. This would examine the specific ways in which mental health interventions affect the everyday experience of all stakeholders, with attention to the interplay between different components of the whole school system.

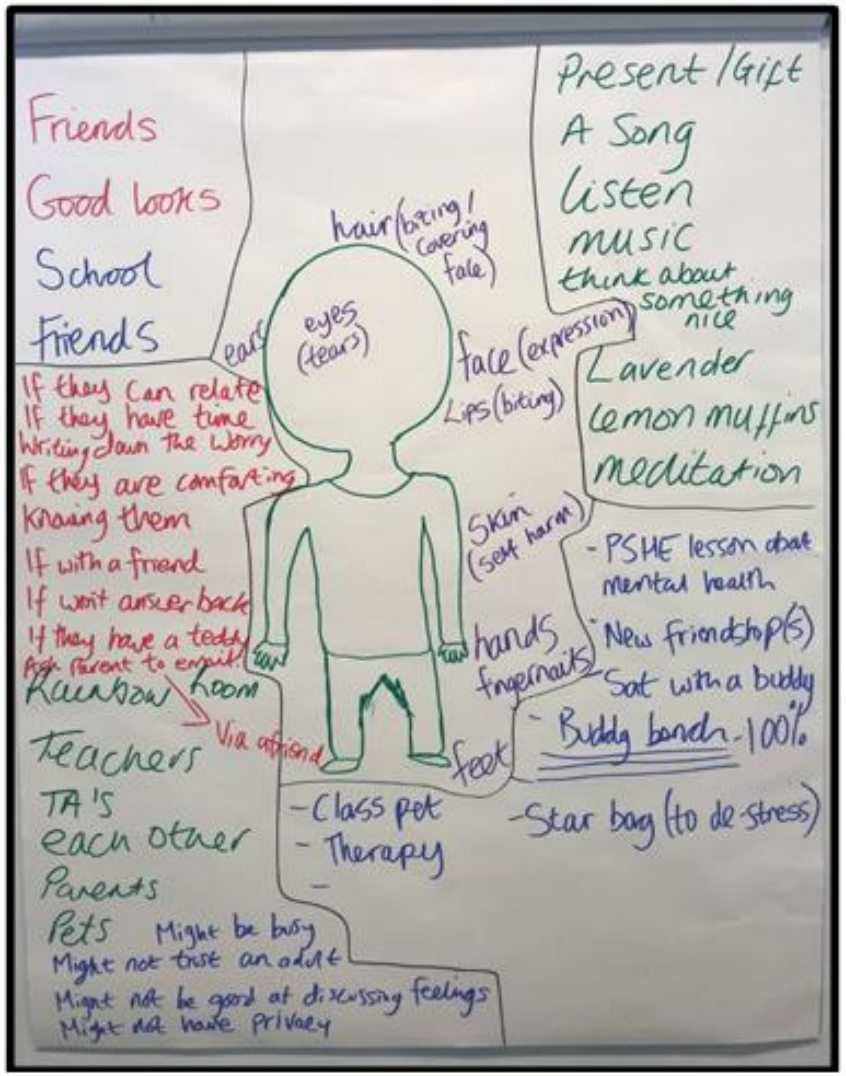


Pupil voice

- Purpose was to gather pupil views on how an effective WSA may impact on their practical experiences of help seeking, developing healthy coping, and their sense of a school ethos around mental health.
- We focused on pupils in Years 5 and 8
- Five schools responded (four primary and one secondary, each from a different area), with multiple pupil groups in each one, giving 30 recorded images to analyse, from a combined total of 266 pupils.
- Other settings (including SEND schools and PRUs) could not be actively targeted in the timescale for this review, but local areas are strongly encouraged to access these settings to elicit more targeted feedback from these pupils.
- The activity itself centred on a short 'body map' activity which encouraged pupil groups to create their own 'persona' to explore how they experience their school's whole school approach.

Example pupil voice images from a Y5 group (left) and a Y8 group (right)





Key findings – pupil voice

Ethos

- Strong threads around personal relationships, with most groups commenting on teachers, pastoral staff or friends. Primary school responses focused on more tangible objects – including worry boxes, buddy benches and wellbeing pets.

Curriculum

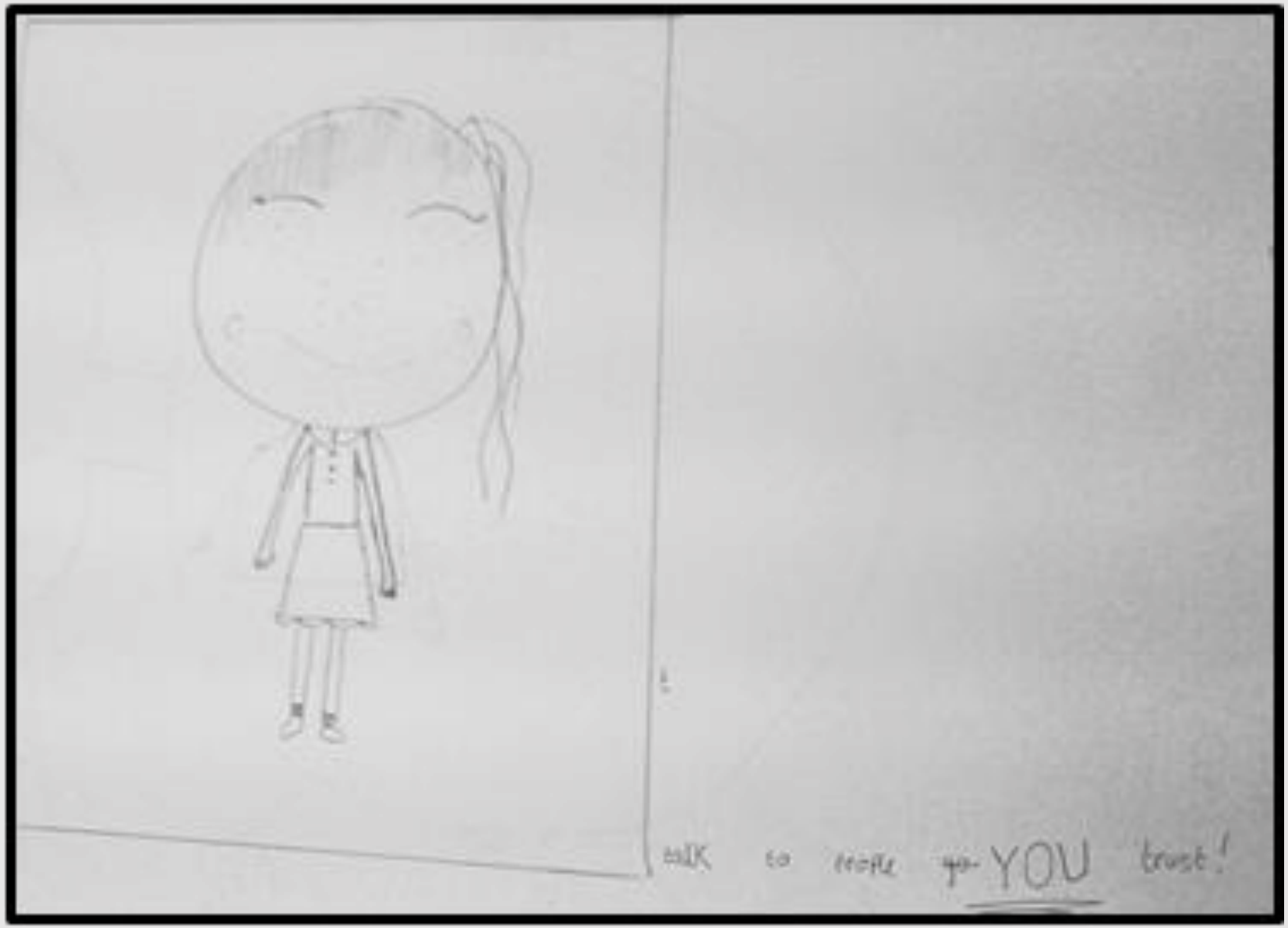
- Pupils' responses to this activity provided valuable information relating to what could or should be prioritised in a curriculum to promote mental health and wellbeing .
  - ✓ Bullying impacts our wellbeing negatively, as do school pressures and loneliness
  - ✓ Coping mechanisms include friendships with small number of responses describing specific strategies such as mindfulness, a wellbeing pet.

Targeted support

- Lack of trust in help seeking behaviours - "school will tell parents", worry of "not being believed" or their school having "no private space".
- Where pupils felt and experienced trusting relationships with staff, this seemed to really resonate as a source of support.

Staff Development

- School staff need to be confident in having early conversations around mental health. This is particularly important in the context of issues around lack of trust and "school telling parents" being cited as barriers to help-seeking behaviours.


talk to me to YOU trust!

Data returns

- Analysis of data gathered at two points, one at the end of quarter 3 20/21 and the second at the end of quarter 4 od the same year.
  - Part of the Quarter 3 (Q3) MHST data return involved a series of open-ended questions about WSA.
  - The Quarter 4 (Q4) MHST data return involved a series of 17 standardised ratings about different aspects of WSA, along with space to record comments about each one. These were completed by MHSTs, but additionally, individual schools in the MHSTs were invited to complete ratings for their own educational setting.
- Ratings were received for 22 MHSTs (including 1 Wave 4 team) and 28 schools from a mixture of primary and secondary schools from 9 MHSTs
- MHSTs were asked about their experience across their area to give overall indications of progress, recognising that educational settings could be in very different place in their own WSA work.
- The 28 schools/colleges returning Q4 ratings are clearly a small and non-random selection of schools that were able to find resource/capacity to complete the returns (during a very busy period of time).

Key finding – data returns

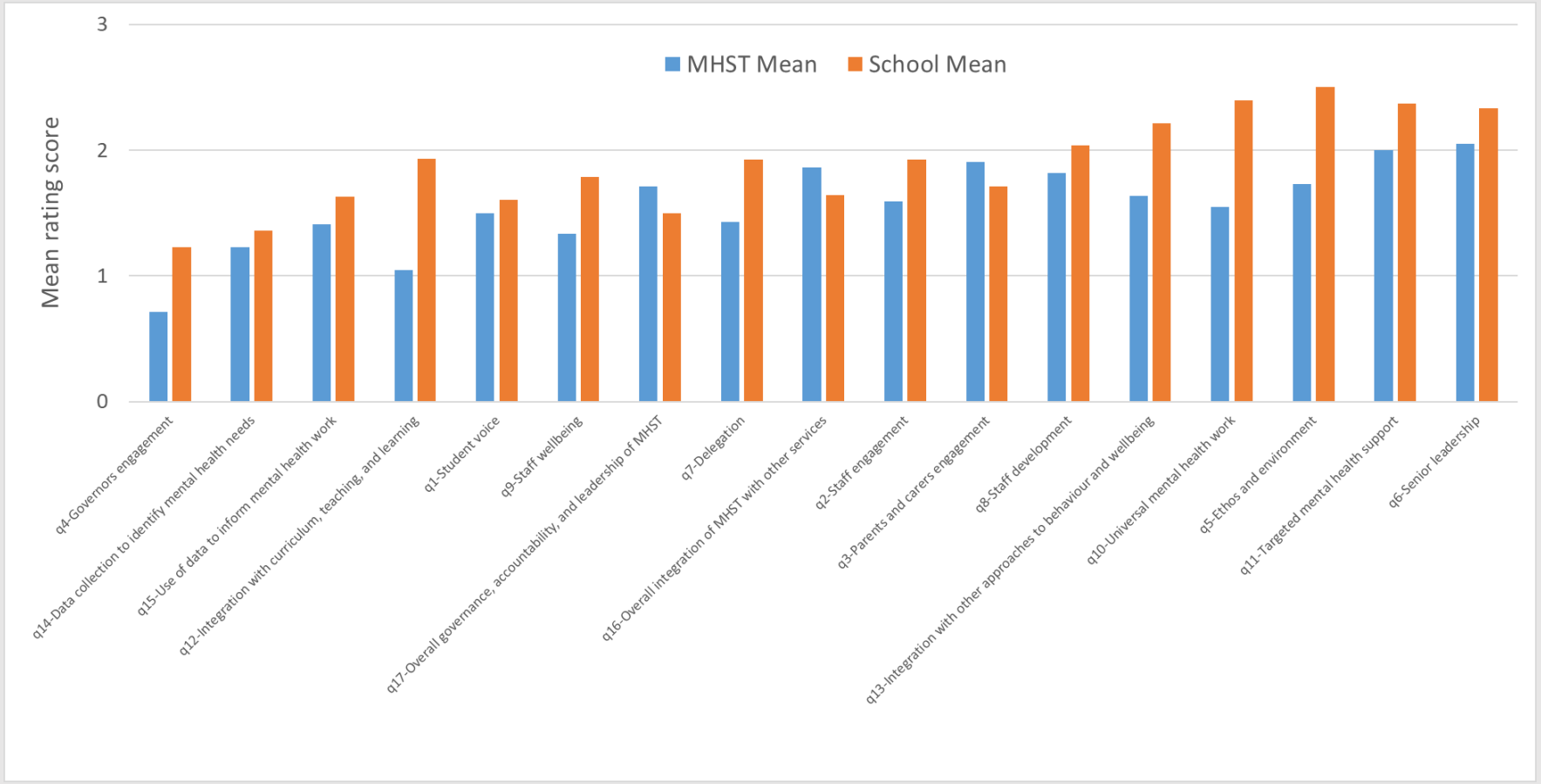
Quantitative analysis of Q4 ratings

- Engagement of school governors and collection and use of data for mental health purposes were generally rated low, both among MHST and school ratings.

- Targeted mental health support and supportive senior leadership were generally rated highly in both subgroups.

- In general, school ratings appear to be higher than MHSTs. The biggest gaps relate to the integration of mental health work with curriculum and pedagogy; universal mental health work; and school ethos and environment. However, these differences are not surprising given that the MHSTs were asked to rate across their respective areas, where schools likely showed large amounts of variability in practice, whereas the small and self-selected group of schools returning the ratings may have been schools with more effective practice.

Mean ratings of different aspects of WSA provided by 22 MHSTs and 28 schools, from Q4 data returns



- An inspection of patterns of correlations and exploratory factor analysis suggested a reduction of the 17 ratings to two key dimensions
- No significant differences between region, neither in terms of a main effect nor in terms of interaction effects.
- There was no significant overall difference between the scores for Orientation & Approach vs. Intervention & Data.
- Average ratings tended to lie somewhere between 1 and 2 for most items and for the two dimensions overall. This reflects the fact that some work was clearly underway in each of the key areas of WSA but also that there was some distance to go before that work could be considered strongly embedded.

Area of WSA	Orientation and approach	Intervention and data
Student voice	.50	
Staff engagement	.64	
Parents and carers engagement	.41	
Ethos and environment	.60	
Senior leadership	.63	
Delegation	.72	
Staff development	.63	
Staff wellbeing	.70	
Integration with curriculum, teaching, and learning	.73	
Overall integration of MHST with other services	.53	
Universal mental health work		.62
Targeted mental health support		.72
Integration with other approaches to behaviour and wellbeing		.71
Data collection to identify mental health needs		.65
Use of data to inform mental health work		.68
Cronbach's alpha	.88	.86

Thematic content analysis of MHST comments in data returns

1. One key theme for building stakeholder engagement in educational settings (pupils, staff, parents/carers, and governors) relates to **regular communication, induction, and information-sharing**.
    - The value of induction activities at early stages of involvement

"All teams have an intensive and robust induction process with each of their schools. There is ongoing support through supervision"

    - Attending school meetings

"There are weekly meetings with the pastoral/safeguarding teams within the school to help understand the current structure. We have access to all the school policies and these are embedded within our standard operating procedure (SOP) as well for ease of access"

    - Quality of the relationships between individual members of the MHST and the individuals within the school setting

"I think it's hugely dependent on the relationship you have with the school and being visible to them and I've noticed they are then happier to have us involved in meetings and issues within school"

    - Structures that bring key stakeholders into these meetings were less common

"Carers are included within the MHST Partnership boards"

2. Another major theme related to the importance of **gaining an understanding of the school environment**.
    - Informal visits, specific tasks completed by EMHPs, and audits

"EMHPs researched their allocated school's demographic, Ofsted Report, policies and get a feel for a school's environment. They reviewed how visible Mental Health and Emotional Wellbeing was around the school, analysed any themes in clinical work and held regular conversations with the Senior Mental Health Lead"

    - At Q4, there was a noticeable expansion of opportunities to build participation from different stakeholders

"All staff have attended participation training and plan to develop a participation strategy with our YP representatives next term"

3. A major focus was **upskilling stakeholders in relation to mental health** to create a strong collaborative team to promote the WSA.
    - The main focus was on training offered to staff in educational settings

"Offering webinars to all staff including support and pastoral team to inform about mental health needs"

    - Emerging efforts to engage with parents and carers

"Try to engage the hard-to-reach families through flexibility such as providing an audio version of books, making use of interpreters and working closely with schools to gain parents' trust"

    - Engagement with governors was very limited

"Have offered to attend Governors' meetings but offer not yet taken up"

4. Work on **staff wellbeing** has been an increasingly important focus of attention:

"Staff wellbeing workshops have been offered and are further being requested - feedback has been positive"

- It is clear that there is still some way to go to ensure staff members' own wellbeing and mental health issues are fully understood and addressed:

"A key feedback from school staff is around lack of supervision (re. mental health support)"

5. Interventions are a strong part of the direct provision of MHSTs, and **targeted work with selected pupils** appeared to be the major focus, with many examples of such work provided by respondents.
    - Development of systems for referrals

"Working with schools to identifying appropriate referrals to either MHST or other agencies, supporting with onward referrals where needed. This has been done through sharing appropriate case criteria as well as create resources to capture child voice"

- Engagement with other services in order to develop a more joined-up provision, although specific arrangements were highly variable across different MHSTs.

"Networking with other services in the school and outside the school to offer more joint and collaborative working through local multi-agency Early Intervention Meetings are completed"

6. **Systematic data collection and use of data to inform mental health practice was variable**.
    - Some good examples of Routine Outcome Measures (ROM) being systematically collated and analysed to inform practice in schools

All treatments involve the collection of a range of ROMS to assess impact of the interventions. Group Work and workshops provided also use ROMS to assess impact of intervention. We feedback anonymised outcome data from the groups to the schools to share with the SLT.

- Monitoring of impact in relation to WSA more generally was more limited and generally did not take a standardised form, although

"Evaluation forms from workshops, training and webinars provided. Reviewing the online Healthy School Check regularly"

"Audits, staff feedback forms, MH surgery record forms. Working on this"

"Evaluation of training – pre and post scales in knowledge, skills and confidence, things valued from training, what would make session more useful, next steps and overall rating of training; evaluation of consultation"

"This is an area that needs developing as currently we are not using any particular measures"

"We sent a survey to all parents, staff and students at our schools, and fed this back via a 'you said, we will do' poster. This was a one off"

7. There was an **overriding sense of understanding the work to be done with WSA.**

- Engaging with universities around training courses played a positive role

"EMHPs and Supervisors have covered the WSA module at [university] and have regular contact with mental health champions, pastoral staff, SENCOs and teaching staff"

- Enthusiasm for engaging with schools around WSA, including integration of mental health work within the curriculum, but this was tempered by a recognition that practice was highly variable

"We encourage the schools to integrate MHEW in all curriculum areas, not just PSHE or RSE. This is an ongoing piece of work and we are providing resources and activity ideas to encourage this more in schools"

"Very variable across schools. We work closely with many senior leaders, but not all schools are fully engaged with us"

- A solid set of structures for facilitating future expansion of good practice.

"Clear supervision and line management structure to ensure safe clinical practice and professional development. Good links with university. Attendance at MHST best practice meetings. Clear management structure. Management posts all filled. Regular team meetings. Appraisals. MHST Management Strategy meeting"

Summary of data returns

- Considerable distance to go in order to achieve consistently high level of whole-school engagement in a mental health strategy.

- Variable practice in engaging staff, pupils, and parents/carers, while engaging with governors is generally very limited.

- Some strong steps have been taken to support staff members' professional development in relation to mental health, as well as to support their own wellbeing, but this is a work in progress, particularly in relation to potential supervision needs.

- In addition, while there is a recognition of the need for data to monitor outcomes and track impact, the extent to which this takes place is variable, and monitoring improvements in WSA is generally unsystematic.

Staff interviews

- We sampled MHSTs from four different models, namely those set up within an Education service, a Health service, an integrated Health and Education service, and a Voluntary and Community Service

- Our focus was on Trailblazer, Wave 1 and Wave 2 of the national roll out across the South-East and East of England

- School staff were recruited from select flagship schools across the Primary and Secondary age range, including special schools

- Interviewees represented 11 areas in the South-East and 8 areas in the East of England. A total of 29 people participated in interviews.

- Interviewees included 12 managers with responsibility for the team service delivery of WSA, 6 MHST practitioners with day-to-day responsibilities in schools, 5 MHST clinical leads, and 6 senior school staff members with leadership responsibility for mental health work (one primary head teacher, one assistant headteacher for a secondary special school, and three mental health leads in secondary schools).

Interview schedule

Questions in our interview schedule were designed to:

- Provide an in-depth understanding of the way support for WSA is designed and delivered at the local level.

- Understand what underpins judgements and decisions about the range of support offered, who provides it, how it is delivered and tracked (service plan).

- Explore decision making about how service activities are integrated with other school or college provisions

- Understand the facilitators and barriers for delivering a WSA

- Explore how the workforce have been developed and supported

- Identify effective, innovative, and high-quality strategies for promoting WSA

- Understand how top-down reform of health and education systems interacts with bottom-up people- and place-based solutions.

Interviews – key findings

1. **MHSTs are set up in very different ways**

- Health based MHSTs tended to get the team working on effective delivery of targeted early interventions for young people considered to be at risk or displaying early indicators of difficulty; Education-based MHSTs tended to engage with WSA activity at an earlier stage; Those set up in a community and voluntary sector context tended to have stronger partnerships with other local provisions although they tended to be less integrated with the formal health and education services.

"We are an integrated team… That works fantastically well. It gives a real rich breadth of experience to the team"

"We work alongside a number of different [community] services in our cluster schools who are working around mental health and well-being, especially at the mild to moderate presentation…. we talk a lot with them regarding referrals, especially when a referral isn't suitable for us, to offer the CYP support"

2. Overall enthusiasm from schools

- School leads were consistent in recording an overall positive response to the potential and actual contribution of the MHSTs

"Previously, we've always struggled with various agencies and services we work with. They are always so busy. To have specific support for a child's mental health, which is a pretty broad spectrum, is amazing. In fifteen years of teaching, I've not come across anything like this service offer"

- Appreciation for the more open and inclusive offer of services, including aspects of WSA, in comparison with previous experiences of health services

"Obviously, the financial side of the MHST support has been great because we can broaden out from the individual work with the children and think about staff development without having to take away from other areas of the budget"

- Importance of clear lines of communication between different members of the MHST and the school staff.

"Within the team, the Seniors and the EMHPs have got really good relationships with their schools and they have ongoing, informal, ad-hoc opportunities with these people that they use to ensure they are having conversations all the time about whole school needs of the school"

3. Selecting the starting point

- Starting small in establishing relationships

"We are keen not to be seen as the new kids on the block who are treading on the toes of our colleagues who have been doing great work for a long time. There's been a little bit of finding our place there. It helps that we're starting small"

"My experience tells me that focussing on a small step that we can work towards is a good place to start … We don't want to jeopardise anything by bombarding them with everything we offer to develop a WSA"

- MHST engagement requires both professional credibility and a non-judgmental attitude regarding the local context of each school

"What I've learned is, every school, even if you're in the same town, is completely different in ethos and culture. And so much of that is often based on the school's history, the demographic of the school, the leadership team, the head…. What I learned very quickly is to be curious and non-judgmental, because some of the things that I initially came in and thought weren't working were actually that way for a good reason"

- Schools needed to be prepared to be 'vulnerable' about where they needed support.

"The best examples are where they will just say, we need to improve our system. And they are just really open with us…. where the trust between the school or college and MHST means they can almost be vulnerable with us and say, we're not doing very well with this, instead of just saying we'd like some training on anxiety"

4. Balancing targeted interventions and WSA

- Fundamental uncertainties regarding the development of a WSA across school settings given multiple pressures from both schools and MHSTs to focus on targeted early intervention work with individuals.

"The first area we prioritised with the MHST was identifying children we thought would benefit because we had children who were crying out for that kind of help. We've worked on the referral process"

"Of the 8 principles of the WSA, we're having the most impact in targeted support. For example, we've done a lot of work with our referral form"

- The attention to WSA could change over time, as the dynamics of the MHST developed

"In our 'Consultation and Liaison Meetings' there had been a sense that we would 'sort out' and 'fix' individual cases and problems. When we've done Reflective Practice session in a school, those dynamics changed and what's happening now is that staff are bringing a young person's presenting problem and talking about what they're doing to support that young person, saying where they're not sure, saying where they think things are improving"

- A fundamental tension between deficit and strengths-based approaches

"Whole school approach is always thinking about the child in context and it runs kind of counter to the other function of the MHST around the individual work, where you're sort of locating the problem in the child"

"We inadvertently force young people into categories and towards behaviours and they move towards crisis so that they can get a service, rather than saying to ourselves, we have this huge need in a big part of our youth population and asking ourselves, what do we need to do as a community?"

5. Data, measurement, and evidence

- There is a significant gap in measuring change and gathering evidence relating to WSA

"When it comes to our evaluation and number crunching the Whole School Approach doesn't yet count for reporting so in the set-up we prioritised services that have measurable deliverables"

"With regard to the impacts of our whole school approach work, we've been quite aspirational in what we want the impact to be but we haven't got a good way of effectively measuring that because we'd be looking at school data as well and we can't confidently say, 'those results are because of our WSA work that attendance has increased'. We can't claim that, we can't attribute it to our work, it's just a correlation at best"

- Some progress in engaging with data collection to support WSA activity

"From a WSA perspective, we're encouraging schools to sign up to do that Schools Health Check tool… All the WSA questions, based on the PHE model of 8 principles are mapped to the Healthy Schools Audit questions in 4 sections so people can just fill that out easily"

"The EMHPs have created evaluation forms for training, for staff meetings and for consultations. We're able to collate that information around whole school approach work which we can't measure in terms of a young person's symptoms

6. Achieving system change

- The culture of the school; where does mental health and emotional wellbeing fit in?

"If we were to kick off our support in schools with a whole school approach up front, we'd begin with an audit and by spending time really getting to know the setting, immersing ourselves in the ethos and the culture through our consultation work, and focusing on group work and psychoeducation offers from the start rather than working out the referral process and then bringing in the whole school approach"

- Frequently cited disconnection between work on mental health and behaviour in schools

"The language around emotion coaching is not about punishment. But the Behaviour Policy says, if a CYP has done something wrong, they will be sanctioned. The language in the Behaviour Policy speaks to a different mindset. If the two are not aligned, it is difficult for staff to know when to follow one kind of approach to problematic behaviour and when to follow the other"

- Staff development

"As teachers, we've become accustomed to being a little bit reactive. A problem comes up and we use our experience to try and deal with the situation; often you can't get professional advice. Since we've been part of the MHST team, we've got expertise to give us a clear idea of what can be done in certain situations for young people. We have shifted from being reactionary and crisis management to pre-empting problems"

"A lot of the support schools need is helping staff about making sense of how a young person is behaving, getting them to help a young person to make sense of their experiences and where these are difficult, to have a different experience of relationships and themselves. These whole school initiatives are a lot more difficult to achieve than just offering a standard intervention"

- Supporting the mental health and wellbeing of school staff members

"Staff who are under so much pressure. It's incredible how many facets they've got to juggle. But supporting their mental health in school is a much better way of helping them"

"Staff know there is an offer from us for a reflective space where they can come and talk to somebody. But there's a real barrier for them in accessing that. We don't quite yet know if that's because there's a stigma or why staff aren't using that offer as much as they could"

- Interviewees did not always share an understanding of the systemic level of analysis needed for WSA.

"The weakness of my course was that the CBT training is very specific to the manual but there isn't so much about the wider theories behind it or the wider perspective of mental health"

"The WSA is open to interpretation. For example, in the manuals and guidance, WSA isn't mentioned that much"

- Approaches to delivering systemic change were being brought in.

"Each department in school links in with the cross curricular programme of learning about wellbeing and supporting good mental health. As a school we take an evidence based, best practice approach to the teaching of PSHE which is complemented by themed assemblies, topic days as well as cross-curricular links which map out and departmental staff self-audit to show where mental health and wellbeing are addressed in their schemes of work"

- Hearing the voices of all the stakeholders

"Superficial consultation generates superficial responses and a really well constructed pupil voice agenda has to get at the real issues for pupils, in a way they can access and in a way that feels safe"

"We've developed a network of Mental Health Governors. We have about 80 Governors involved and we have a separate training programme for them"

Summary - interviews

- Both the nature of system change required, and the mechanisms for delivering this, were a source of great uncertainty.
- One route to developing a WSA seemed to focus on early intervention for young people currently (or at risk of) experiencing difficulties, and spreading awareness and responsibility in relation to this across all staff. However, this approach does not necessarily align with the more fundamental issues raised by many interviewees about the culture of the school as a whole.
- A particular challenge lies in lack of clarity and agreement (from all parties – e.g., commissioners, MHSTs, and schools) about precisely what needs to change and how this can be measured.

Conclusion and recommendations

- MHSTs are seen as providing an extremely valuable input to the development of schools' capacity and confidence to address mental health issues in the young people.
- MHST staff are seen as providing something different to schools' previous experience with mental health support, and schools that contributed to our work were enthusiastic about their impacts.
- Part of the distinctive value of MHSTs relates to an increasing sense of integration between education and health services.
- The senior leadership was reported to be consistently strongly committed to the development of WSA, but in the best practice cases, this basic commitment was expanded and amplified through a number of strong foundations. These constitute the key elements of best practice found in the current review:
    A. Effective groundwork to build relationships
    B. Programmatic approach to supporting staff professional development
    C. Tailored approach to supporting staff wellbeing
    D. Integration of mental health resources in the curriculum
    E. Engagement of multiple stakeholders
    F. Systematic and routine collection and analysis of data on WSA
    G. Partnership work with other services

Recommendations

1. Maintain a **sustainable funding commitment** to MHSTs. Concerns about investing effort in mental health approaches that might not last or could be withdrawn can and do seriously compromise the effectiveness of developing collaborative work
2. Provide guidance for, and allocate substantial time for, MHST managers, clinical leads, and practitioners to develop a **thorough and rich understanding of school policies, procedures, and practices.**
3. Prioritise the **establishment of mechanisms for engaging multiple stakeholders** who have an impact on the functioning of the school, including the CYP themselves, the wider body of school staff, governors, parents and carers, and other specialist teams in local services (e.g., educational psychologists). Commissioners and managers should consider establishing measurable KPIs for the involvement of stakeholders.
4. **Systematically gather and collate evidence of the WSA profile**, across multiple time points, tapping into how different aspects of WSA are being delivered and implemented. Beyond conducting audits to inform practice, this work should include comparisons over time to monitor change, as well as comparisons across different sites in order to establish counterfactuals for the MHST work in a given setting.

5. Address the challenge of **balancing clinical interventions for mental health difficulties with wider WSA goals of creating a strengths-based school environment that promotes wellbeing**. There were inconsistencies in understanding and practice between and even within MHSTs and schools, as well as a more fundamental conceptual tension that had largely not been addressed. WSA in some cases was seen mainly as a provision of early intervention resources, or a scaling up of knowledge and skills for more people in the school community, in order to recognise and address mental health difficulties at an early stage. But this is only a part of the change needed to transform school communities at a systemic level.

6. **Enhance workforce development regarding WSA for MHST leadership, school SMHLs, and all clinical and educational staff members**.

7. Design and **undertake a substantive programme of implementation work, using a systematic evaluation process, to select the optimal tools and resources for delivering WSA**.

For more information, please contact:

Becca Randell (Becca.Randell@nhs.net)

Georgie Gremesty (Georgie.gremesty@spft.nhs.uk)

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