

## This review and evaluation undertook the following steps:

- 1 A review and summary of the literature associated with WSA to Emotional Wellbeing and Mental Health (EWMH)
- 2 Process mapping of how WSA is being developed as part of Mental Health Support Teams (MHSTs)\* across South-East and East of England
- 3 Insight into the impact of an effective WSA on pupil mental health and wellbeing
- 4 Analysis of how the impact of WSA work with MHSTs is currently measured
- 5 Analysis of the nature and impact of WSA work delivered with MHSTs

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

### Based on three main functions:

- Evidence-based interventions (mild-moderate mental health issues)
- Supporting the schools to develop their WSA
- Help CYP 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.

## Prevention



## Identification



## External specialist referral



Work to develop a whole school approach is a multi-component process of change management

**YMCA**

## Early support in school



The Whole School Approach to mental health in schools aims to provide a progressive universal approach

# Literature Review

**An ethos and environment that promotes respect and values diversity:**

Taking policy to delivery is critical in "walking the talk"

**Targeted support and appropriate referral:**

Identification should start early in schools

**Working with parents and carers:**

Families and schools can support each other, and schools need to work inclusively with their values and attitudes



**Curriculum, teaching, and learning to promote resilience and support social and emotional learning:**

Effective implementation is significant

**Enabling student voice to influence decisions:**

Improving sense of belonging and connection can improve wellbeing and behaviour

**Staff development to support their own wellbeing and that of students:**

Staff members' own wellbeing needs to be addressed

**Identifying needs and monitoring impact of interventions:**

Impact of WSA to EWMH should be measured

# Pupil Voice

- We focused on pupils in Years 5 and 8
- Five schools responded, each from across South and South East of England
- Each had multiple pupil groups, giving 30 recorded images to analyse from a combined total of 266 pupils



**4 Primary**



**1 Secondary**



**The activity itself  
centred on a short  
'body map' activity**

## Ethos

- Personal relationships – most groups commented on teachers, pastoral staff or friends
- Primary schools focused more on objects (e.g. worry boxes, buddy benches, and wellbeing pets)

## Curriculum

- Bullying, school pressures and loneliness have a negative impact
- Coping mechanisms include friendships, and some found mindfulness and wellbeing pets useful

## Targeted support

- Lack of trust in help-seeking behaviours – worries about school telling parents, having no private space, or pupils not being believed
- If pupils experienced a trusting relationship with staff, this was viewed as a source of support

## Staff development

- Need for confidence in having early conversations about mental health – particularly important to addressing issues around lack of trust (cited as barriers to help-seeking behaviours)

## Analysis of data gathered at the end of Q3 and Q4:

- Completed by MHSTs, as well as individual schools in the MHSTs for their educational setting
- Ratings received for 22 MHSTs (including one Wave 4 team) and 28 schools (a mixture of primary and secondary from 9 MHSTs)
- Targeted mental health support and supportive senior leadership were generally rated highly in both subgroups
- Engagement of school governors and collection/use of data for mental health purposes were generally rated low, among both MHST and school ratings

**End of Q3 analysis:  
A series of open-  
ended questions  
about WSA**

**End of Q4 analysis:  
17 standardised  
ratings about  
different aspects  
of WSA**

## Key themes

- Regular communication, induction, and information sharing are key to building stakeholder engagement
- Importance of gaining an understanding of the school environment
- Quality is hugely dependent on the relationship between individual members of the MHSTs and the school setting

**(We have) weekly meetings with the pastoral and safeguarding teams.**

**All teams have an intensive and robust induction process.**

## Main focuses

- **Upskilling stakeholders** in relation to mental health
- **Targeted work** with selected pupils appeared to be a **major focus**
- **Overriding sense of understanding** the work to be done with WSA  
– **enthusiasm for engaging** with schools, while recognising that practice was highly variable
- **Systemic data collection** and use of data to inform mental health practice was **variable**
- **Monitoring impact** was generally more limited and did not take standardised form – needs developing



## Main focuses

Key feedback from school staff is around lack of supervision regarding mental health support.

We encourage the schools to integrate MHEW in all curriculum areas, not just PSHE\* and RSE.\*

We work closely with many senior leaders, but not all schools are fully engaged.

Working with schools to identify appropriate referrals... has been done through sharing appropriate case criteria and creating resources to capture child voice.

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



# Staff Interviews: What did staff say?

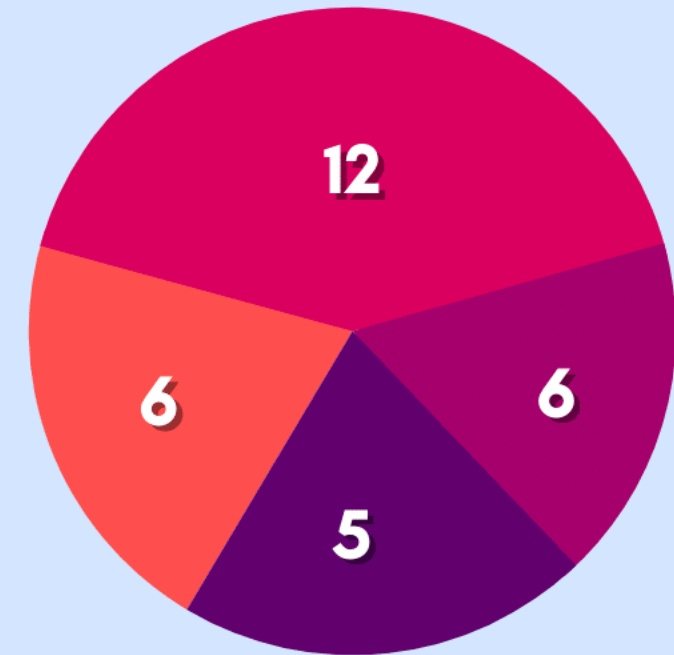
- Sampled MHSTs from four different models, namely those set up within an Education service, a Health service, an integrated Health & Education service, and a Voluntary & Community service
- Focus on Trailblazer, Wave 1 and Wave 2 of the national roll out across the South-East and East of England
- School staff were recruited from select flagship schools (Primary and Secondary) including specialist schools
- Areas represented by the interviews:

**11 areas represented in the South-East**

**total of 29 participants**

**8 areas represented in the East**

**Managers with responsibilities for team service delivery of WSA**



**MHST  
practitioners  
with day-to-day  
responsibilities  
in schools**

**Senior school staff members  
with leadership responsibility**

**MHST  
clinical  
leads**

## Overall enthusiasm from schools

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

## Selecting the starting point

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

Starting small in establishing relationship

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

Previously we've always struggled with the various services... they're always so busy. To have specific support for a child's mental health, which is a pretty broad spectrum, is amazing.



The Seniors and the EMHPs\*... 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.



## Key interview findings:

### Balancing targeted interventions and WSA

Uncertainties about WSA development, Multiple pressures from schools and MHSTs to focus on targeted early intervention

### Data, measurement and evidence

Significant gap in measuring change, with some progress in engaging with data collection to support WSA activity

### Achieving system change

Questions around mental health within school culture and a disconnection between work on mental health and behaviour in schools

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.

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.

**The key elements of best practice found in the current review are:**

## Key strengths:

- MHST staff are providing something different to schools' previous experience with mental health support
- Contributing schools were enthusiastic about MHST impact
- A valuable quality of MHSTs was an increasing sense of integration between education and health services
- Senior leadership was reported to be consistently strong in its commitment to the development of WSA

## Foundations for Success:

Effective groundwork  
to build relationships

Programmatic approach to  
supporting staff professional  
development

Tailored approach to  
supporting staff wellbeing

Integration of mental health  
resources in the curriculum

Engagement of multiple  
stakeholders

Systematic and routine  
collection and analysis of  
data on WSA

Partnership work with  
other services

**1** Maintain a sustainable funding commitment to MHSTs

**2** Provide guidance for staff to develop a thorough and rich understanding of school policies, procedures, and practices



**3** Prioritise the establishment of mechanisms for engaging multiple stakeholders

**4** Systematically gather and collate evidence of the WSA profile

**5**

**Address the challenge of balancing clinical interventions with wider WSA goals of creating a strengths-based school environment that promotes wellbeing**

**6**

**Enhance workforce development regarding WSA for MHST leadership, school Senior Mental Health Leads (SMHLs), and all clinical and educational staff members**

**7**

**Undertake a substantive programme of implementation work**

