

Mental Health Support Teams: Information for Education Settings

**Audience:
Schools NE
Healthy MindED 2019**



Background and purpose of this slide pack

Further contacts/information – North of England

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Background and purpose of this slide pack

This pack is intended to:

- Help Clinical Commissioning Groups prepare their expression of interest for the selection of 19-20 trailblazer areas, including working with education partners.
- To provide information to education settings on what is expected of them if they sign up to be part of a new Mental Health Support Team (MHST).



Clinical Commissioning Groups



We want to...

- Ensure that Clinical Commissioning Groups (CCGs) prepare and submit bids in collaboration with stakeholders including those from education. This should include but not be limited to the Accountable Officer or Chief Operating Officer of Clinical Commissioning Groups (CCGs), the Director(s) of Children's Services, the Director(s) of Public Health and an appropriate representative from the Health and Wellbeing Board, the strategic lead for the bid and any other supporting senior strategic signatories that you felt were relevant to demonstrate joint sign up.
- **Ensure education partners and settings are fully engaged and have agreed to sign up.** We expect signatories of any expression of interest (EOI) to include representatives from the education sector this includes DCSs. This stage is about strategic sign up with local intelligence fed in, we are not expecting detailed lists of education settings at this point, we do however, recommend that this begins as part of the EOI process.
- Ensure involvement of Regional Schools Commissioners and DCSs.
- The Secretary of State has written to the Association of Directors of Children's Services to ask that they also encourage individual DCSs to join up with their CCG partners in the EOI process and beyond.



The core functions of MHSTs are...

Delivering evidence based interventions for mild to moderate mental health issues

The new teams will carry out interventions alongside established provision such as counselling, educational psychologists, and school nurses building on the menu of support already available and not replacing it. The MHST will provide:

- Individual face to face work: for example, effective brief, low-intensity interventions for children, young people and families experiencing **anxiety, low mood, friendship or behavioural difficulties**, based on up to date evidence
- Group work for pupils or parents such as Cognitive Behavioural Therapy for young people for conditions such as **self-harm, and anxiety**.
- Group parenting classes to include issues around **conduct disorder, communication difficulties**

Supporting the designated senior mental health lead in each education setting to introduce or develop their whole school or college approach:

- Work with the designated senior mental health lead and existing service providers, to map what provision is already in place in settings and where the gaps are.
- Provide targeted help as agreed with the lead, e.g. to support monitoring of well-being across the education settings, teaching about mental health (in the context of health education becoming compulsory from September 2020), understanding how peer support and interpersonal relationships impact on children and young people well-being and mental health, train others to help children and young people, parents/carers and teachers to identify and manage stress and anxiety.

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:

- Work as part of an integrated referral system with community services to ensure that children and young people who need it receive appropriate support as quickly as possible.
- External support could include more specialist NHS mental health support, support for Autism Spectrum Disorder, Learning Difficulties or physical needs, or for issues such as substance misuse.
- Ensure smooth transition from specialist services.



19-20 Mental Health Support Teams

Implementation: expression of interest process

Mental Health Support Teams (MHSTs) will be rolled out to at a fifth to a quarter of the country by the end of 2022-23. The ambition is for national rollout.

The timeline below is driven by the start dates for the Education Mental Health Practitioner training and Recruit to Train programmes. Please note there may be some variation to specific start dates.

19-20 Selection process		
What	Who	When
Regionally led selection process	NHSE & DfE Regions	25 th March – 14 th June
CCGs develop bids	CCGs	8 th April – 24 th May
Due diligence & regional panels	NHSE Regions/DfE	27 th May – 14 th June
Clear funding for selection outcome for Wave One	NHSE	17 th -28 th June
Confirm Wave One sites	NHSE DfE Regions	1 st July
Recruitment of trainees	HEIs/Providers/CCGs	Mid-June onwards*
Confirmation of Wave Two sites to follow on from output from HEI procurement	HEE/NHSE Regions	1 st July onwards
Training Programmes start	HEIs	9-27 th September 2019 January 2020



Selecting education settings

For ease of reference this note uses the phrase 'education settings' to encompass the range of settings which Mental Health Support Teams (MHSTs) might support. This may include primary, secondary and all-through schools, further education and 6th form colleges, special schools, alternative provision and pupil referral units.

We expect decisions on groupings of education settings to be made in partnership with education colleagues based on:

- an assessment of local need and what will work best at a local level in terms of existing school/college feeder arrangements and local school/college groupings.
- reducing health inequalities and promoting access to vulnerable groups.

We ideally would like to see in each trailblazer area (not necessarily each MHST), a range of:

- provision, phases, types and Ofsted rated education settings being supported with the aim of achieving good coverage. A requirement for 19-20 is that sites exclude inadequate education settings.
- Different stages of development in taking a whole school approach with the aim of achieving a range of issues/starting points.
- at least a mix of primary and secondary schools facilitating training placements for Education Mental Health Practitioners.



Recruiting education settings to be supported by Mental Health Support Teams

- As part of your expression of interest (EOI) you will need to show evidence that you have begun the process of signing up **education settings who will be supported by your Mental Health Support Teams (MHSTs) to provide assurance that education settings have been contacted and willing to take part.**
- We are not specifying how Clinical Commissioning Groups (CCGs) select education settings to be part of this programme but would expect you to work closely with local education partners to agree the best process for doing this.
- However, CCGs should ensure that education settings are aware that agreeing to be part of the expression of interest bid does not guarantee involvement in the 19-20 MHSTs programme.
- If your CCG is successful we will require a list of all education settings with evidence that they have signed up to the requirements of the programme within 4 weeks of being notified along with project plans so the dates of school terms locally should be taken into account (as outlined in section 5.2.1 in the guidance).



Working with education partners

- Mental Health Support Teams (MHSTs) should be established to work in an integrated way with education settings.
- As trailblazer sites move into the more detailed set up of MHSTs and start to develop local working groups to guide implementation they should also consider how they can link with other local education partners such as:
 - **Regional School Commissioner office.**
 - representatives of the **Further Education** sector.
 - **public health colleagues.**
 - **existing workforces** such as Education Psychologists (and other education specialists) school and college based counsellors and school nurses.
 - and where applicable ensure that links are made with **other locally run government initiatives** who may already be focussing on mental health, for example the DfE Opportunity Areas.



Education Settings



Education settings: why should you get involved?

- Schools and colleges have told us that they are dealing more and more with mental health issues on a day to day basis.
- This is a great opportunity to get genuinely additional support and build a sustainable partnership with health to support your work to develop a holistic approach to mental health for pupils/students including promoting positive mental health and overcoming mental health challenges.
- The implementation of the Mental Health Support Teams goes hand-in-hand with the ongoing plans to achieve an increase in specialist NHS Children and Young People's Mental Health services which will benefit children and young people with more severe needs across the country.



Education context

A clear acknowledgement from Govt that wellbeing, character and resilience are part of a world-class education - supported by:

- Curriculum reforms to make relationships and [health education compulsory from 2020](#)
- [Mental Health and Behaviour Guidance](#) and [respectful schools](#) tool
- [Trials](#) of evidence on school-based interventions to support children and young people's mental health and wellbeing
- [Pilots of peer support for mental wellbeing](#).
- [Guidance on effective school-based counselling](#), which can be an important complement to what MHSTs provide
- [Ofsted consultation](#) putting the curriculum at the heart of the new framework, bringing the focus of inspection back to the substance of education.
- [CMOs' advice on screen and social media use](#)
- [The Online Harms White Paper](#) sets out the government's plans for a world-leading package of measures to keep UK users safe online
- [Initial Teacher Training Standards](#) & new [Early Career Framework](#)



Education settings: key principles

- Sign up from individual education settings must be **optional**.
- All education settings to have a **senior point of contact** who can engage with the Mental Health Support Teams (MHSTs) from the very start. In practice we expect this will be/become the senior mental health lead - DfE funded training is scheduled to start during the academic year 2019-20.
- We **will not disadvantage any education setting** that is already providing a service. **MHSTs must supplement not replace an existing service.**
- **The key aim is to test out how MHSTs can work with and complement what is already in place.**



Expectations/roles of education settings

- ❑ To appoint a **named senior lead**/point of contact to work with CCGs and the MHSTs
- ❑ To **involve children and young people** and their families/carers in the design and set-up of the teams
- ❑ To engage fully with **monitoring and evaluation** requirements – and as a first step complete a baseline survey
- ❑ To commit to the principle that the MHST will complement, rather than substitute for, **existing support**
- ❑ To work with providers and universities to offer **trainee placements** for Education Mental Health Practitioners during their training year
- ❑ If they have existing **appropriate accommodation** that could be used for group work and individual interventions and potentially office space for the MHSTs.

Slides 14 – 17 give further information on some of these points as well as giving some further information about additional DfE support that will be available going forward.



Senior lead/point of contact and their role

- By agreeing to take part, education settings should commit to having a **senior lead**/point of contact who can engage fully with the Mental Health Support Teams and work with Clinical Commissioning Groups to plan for implementation.
- Consultation with education settings suggests that, to operate effectively, senior leads/point of contact need to be **part of the senior leadership team** or have express senior team endorsement.
- The senior lead/point of contact will be required to confirm their commitment towards achieving key aims and principles of the programme, including sharing best practice and lessons learnt and engaging fully with the monitoring and evaluation of the programme to help inform future rollout.
- The senior lead/point of contact should also support the team's engagement and fit with statutory roles in the school/college including the SENCO, Designated Safeguarding Lead and Designated Teachers for Looked-After and Previously Looked-After Children. The head teacher or principal should confirm that the senior lead within a setting will have the time and support available to deliver on the role.



Trainee placements

- Each trailblazer site will need to identify a subset of education settings who are willing and have the capacity to offer **training placements** for the Education Mental Health Practitioners during their training year.
- These settings will need to work with universities and trainee supervisors and be able to identify opportunities for trainees to work within their settings and with children and young people.
- We expect that for 19-20 Wave 1, trainee placements will need to be available from September 2019. For Wave 2, trainee placements will need to be available from January 2020. Placement start dates may vary depending on the University that the trainees are attending.
- To meet the requirements of the training programme, trailblazer sites will need to provide opportunities across a range of settings (primary, secondary and special provision) and ensure that trainees are working with children and young people with an appropriate range of difficulties (mild/moderate anxiety, low mood and behavioural difficulties).



Accommodation and intervention spaces

- Mental Health Support Teams should be in or near education settings and trailblazer sites will need to work with their settings to work out the best way of achieving this in their area, in a way that considers the sensitivities for children and young people around attending sessions.
- To help with this, trailblazer sites should use the recruitment of settings to gather information from settings that will help with this planning. For example, this could include asking about existing office and potential treatment/intervention spaces as it will be essential that education settings can offer the teams access to appropriate space to deliver face to face and group interventions



Department for Education support

- The Department for Education have appointed a small **Mental Health Implementation Team** specifically to work closely with and support educational settings in the establishment and running of the Mental Health Support Teams (MHSTs).
- Each NHS England region has a DfE Mental Health Implementation Lead who will liaise directly with the educational settings participating in the trailblazer programme in their areas to:
 - Gain and maintain an **understanding**: identify, collate and assess strengths and weaknesses of Trailblazer sites (TBSs), including successes and risk factors, within education settings, regionally and nationally
 - **support** the education system within each region– and education settings within it – to ensure it is sufficiently **engaged** and informed so that it can help shape MHSTs and work effectively with the teams to create strong and sustainable partnerships



Department for Education support

- **work closely with NHSE** to link with all the Trailblazer Sites, and with other key stakeholders, to support all of our education colleagues being involved or represented in the planning for their local Mental Health Support Teams
- help to ensure **education has a voice in shaping MHSTs**, that new support is tailored to the specific context, plan and progress made by each education setting, and is **additional** and complementary to existing work
- link with the governance structures and any nominated education lead within each partnership and work with NHS E to ensure a support and **communication mechanism** exists for everyone involved
- facilitate meaningful partnership between health and education so education settings influence the design of the MHST offer, both across the partnership and in their own setting, steer priorities for the MHST's time within their setting and can access the promised support.



How many education settings?

- Mental Health Support Teams (MHSTs) funding has been based on delivering a service to a population of around 8,000 children and young people which we estimate will lead to between 10 and 20 education settings being supported. This could include primary, secondary, further education, alternative provision, special, pupil referral units and non-mainstream 'settings' such as home school networks and work-based learning.
- The mix of settings is likely to affect the number of settings, given the variation in pupil/student numbers between for example a pupil referral unit or a rural primary school with under a hundred pupils and a further education college with several thousand pupils.
- Clinical Commissioning Groups should use the guidance documents provided to ensure that the core principles and requirements are being met.



Mental Health Support Teams – a new workforce

The trailblazers will test a range of approaches to deliver the core functions, therefore the Mental Health Support Teams (MHSTs) may look different across the country. All MHSTs will however, include:

- **Education Mental Health Practitioners** - each MHST will be made up of 4 EMHPs who will deliver evidence based interventions once trained. These posts are paid at NHS Band 4 during training and Band 5 once qualified.
- **Higher level therapists/senior staff** – each team will have senior level therapists/senior staff who will act/train as supervisors to the EMHP. This training has been commissioned to run alongside the EMHP training programme which started in Jan/Feb 2019.



Mental Health Support Teams – a new workforce

- **Team Manager** – each team should have a team manager/lead. This person may manage more than one MHST.
- **Administrative Support** – each team should have its own dedicated support.

For 18-19 wave one, only seven Higher Education Institutions were able to provide training for EMHP at the pace required which limited the geographical spread nationally. We will address this for 19-20 as Health Education England will be commissioning additional HEIs to deliver the training for EMHPs from Jan 2020.



Mental Health Support Teams workforce – education settings expectations

- Education Mental Health Practitioners (EMHP) and Higher level therapists/senior staff will work in *some* education settings as part of the EMHPs year long course.
- Plans and coverage for each site will be reviewed and the numbers and recorded outcomes of children and young people seen will also be monitored.
- Mental Health Support Teams will not just be about delivering treatment - they will form part of collaborative support alongside education settings and other services.



Potential team illustrations

The next two slides show a couple of possible scenarios for the team set up and types of institutions. The boxes at side are there to give some ideas about potential commissioning models for overseeing the pilots – recognising that there may be a variety of models that could work.

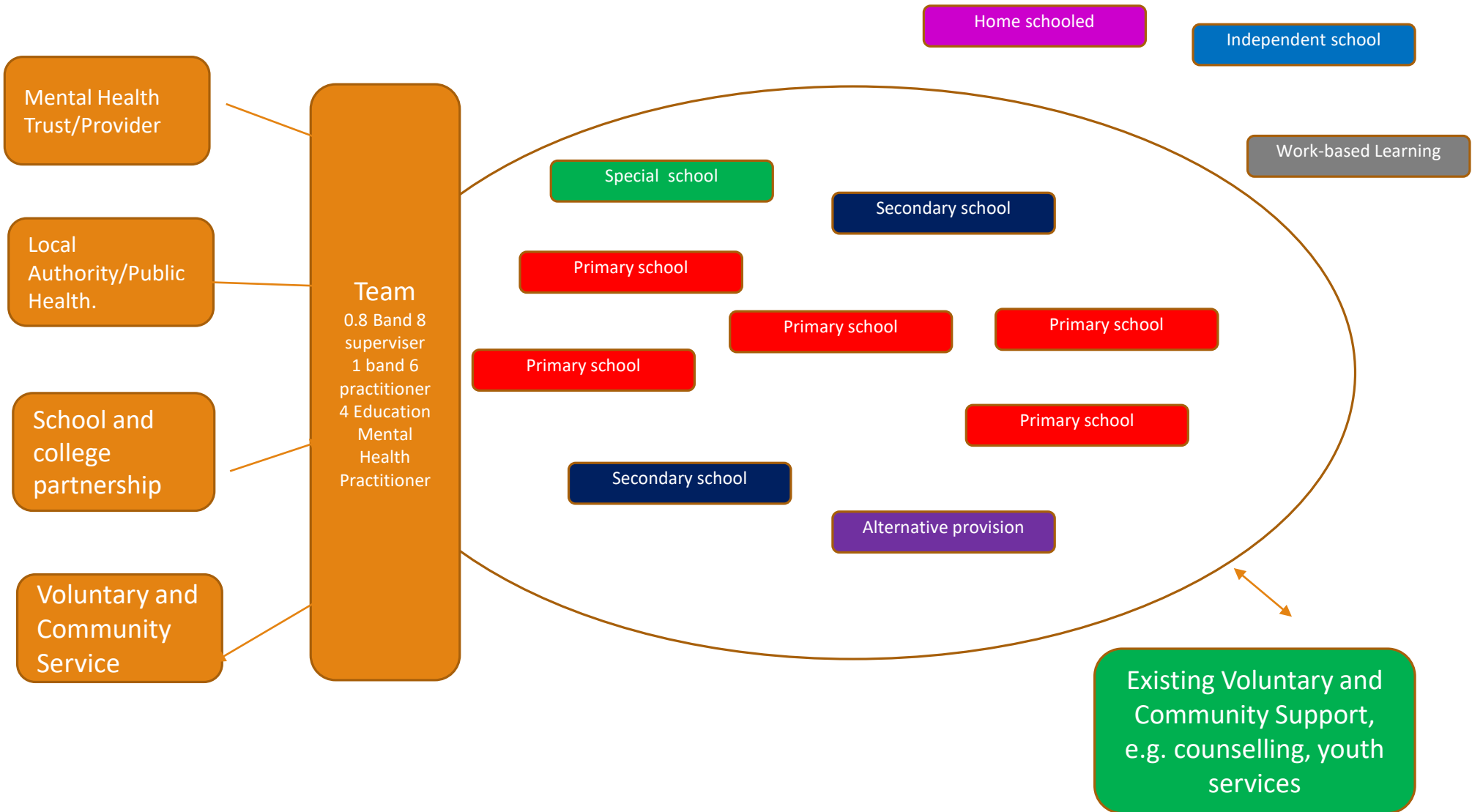
- Slide 11 provides an example covering a couple of secondary schools with a some feeder primary schools.
- Slide 12 provides an example to show what it could look like with a further education college linked to a small number of secondary schools. We recognise however, that one further education college might take up a large proportion of the population.

We would also expect to see other professional involved i.e. GPs, speech and language therapists, educational psychologists, school nurses and counsellors.





Potential team illustration A.



Potential team illustration B.

