Supporting mental health in schools and colleges

Pen portraits of provision

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Contents

Acknowledgements

Introduction

This report presents pen portraits of mental health provision based on case study research in 36 schools, colleges and other educational institutions across England.

Background to the research

As "universal services", schools and colleges play a vital role in promoting positive mental health, identifying need and providing early intervention in cases of mental ill health. This case study research follows on from work conducted on behalf of the Department for Education by the National Centre for Social Research (NatCen) and the National Children's Bureau (NCB) in 2016-17, which explored what schools and colleges across England were doing to support pupils' mental health. A nationally representative survey[1] conducted by NatCen provided robust estimates on the activities and support used by schools and colleges to promote positive mental health and wellbeing among all pupils; identify pupils with particular mental health needs; and support pupils with identified needs. It also provided a picture of the institutional arrangements in place to support this provision, including joint working with external services. Qualitative work conducted by the NCB[2] extended understanding of the survey findings and illustrated the range of activities used to deliver support for mental health provided in schools and colleges, including through a range of case study practice examples[3].

Research aims

This research aimed to gather detailed qualitative case studies of mental health provision that would illustrate achievable practice that can happen in schools, colleges and other educational institutions. There were nine particular elements of interest:

- Incorporating mental health into the curriculum
- Having a designated mental health lead
- Having a single point of contact in external mental health services
- Engaging parents and caregivers in supporting children's mental health
- Identifying mental health need
- Using universal data and measurement to identify need
- Offering counselling to support pupils' mental health
- Taking a whole school approach to mental health

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[1] Marshall, L., Wishart, R., Dunatchik, A. and Smith, N. (2017) Supporting Mental Health in Schools and Colleges: Quantitative Survey London: DfE.
[2] White, C., Lea, J., Gibb, J. and Street, C. (2017) Supporting Mental Health in Schools and Colleges: Qualitative Case Studies London: DfE.
[3] Available on the DfE project webpage.

- Having a plan or policy for mental health

The case studies were intended to:

1. Offer practical details about how schools and colleges set up and deliver particular elements of mental health provision;
2. Explore how this specific provision fits in to wider school activities and contexts;
3. Explore schools' and colleges' perceptions of the benefits of this provision; and
4. Identify lessons learned around keys to success and the ways that barriers to provision have been overcome.

The Department for Education has commissioned these pen portraits to facilitate the spread of mental health practice, by illustrating to schools and colleges what others like them have found useful, effective and achievable.

Case study methodology

The research was carried out using in-depth telephone interviews with key personnel at 36 schools and colleges. The interviews were carried out between October 2017 and January 2018.

The participating schools and colleges were purposively sampled to select schools and colleges with relatively advanced provision and to focus on the specific elements of provision of interest. This is therefore not a representative sample, and does not reflect all possible areas of current mental health provision in schools and colleges.

Participants were sampled from the pool of schools and colleges who had completed the Department for Education's Survey of Mental Health Provision in June – July 2016 and who had agreed to be re-contacted about taking part in further research. Schools and colleges were sampled using the survey data, using key variables to identify schools engaging in the practice or provision of interest and, where appropriate, to a relatively "high" and aspirational standard. For example, institutions were eligible for the mental health lead topic if they reported in the survey that they had a dedicated mental health lead who spent more than ten hours a week on the role (five hours in primary schools) and whose remit included three or more of the responsibilities listed in the survey (supporting individual students; teaching pupils about mental health; training staff; liaising with mental health services; co-ordinating and developing provision). Schools were also purposively sampled to include only those with a "Good" or "Outstanding" Ofsted rating.

Colleges, special schools and alternative provision and pupil referral units (PRUs) were included in the sampling frame for the topics agreed to be appropriate to them. In total, 150 institutions were eligible to take part, out of 469 institutions that consented to be recontacted about further research. Invitations to take part were sent by email, to the individual who completed the survey in 2016 or the general office if this person had left the school. Follow up phone calls were then made to schools to give more detail about

the research and identify the most relevant staff member(s) to take part. A time and date for the research was then agreed with each staff member. Participants and the Headteacher of each school were asked to provide written consent to take part, since the pen portraits would not be anonymised. Due to a high level of interest in the project, not all schools and colleges who volunteered to take part were able to be included.

The 36 participating institutions held a variety of characteristics in relation to the key sampling criteria of school type and stage (see Table 1), and were diverse in terms of other characteristics including rural-urban classification, region and rate of free school meal (FSM) eligibility.

Table 1 Achieved sample

	Total eligible sample	Target	Achieved
Mainstream primary	60	10	13
Mainstream secondary	36	10	11[4]
Special school	17	3	4
Alternative provision/PRU	24	3	5
College	19	4	3

Within each institution, between one and three members of staff volunteered to take part in interviews. The intention was to speak to the staff member(s) most knowledgeable about the interview topics. Interviewees included Headteachers and Deputy Heads, Mental Health, Inclusion and Engagement Leads, SENCOs and mental health professionals working in schools.

Each interview was conducted with the use of a topic guide, designed in collaboration with the Department for Education. Topics covered in the interviews are set out in Table 2. Interviews lasted between 33 minutes and one hour and 17 minutes, and all interviews were digitally recorded with participants' consent and transcribed verbatim.

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[4] Including six secondary schools with a Sixth Form.

Table 2 Interview themes

Theme	Sub-themes
Delivery	- What the provision looks like - Which pupils receive the provision - If not universal, how targeted - Frequency/duration/amount of provision
Aims	- Aims and objectives - Specific needs to be addressed
Development of approach	- Drivers of taking this approach - Pupil need - Staff experience of this approach - Evidence base - Recommendation from other schools - Leadership - Role of SLT in driving this approach - Staff with ownership/responsibility for developing provision - Involvement of pupils and/or parents in development
Information and advice	- Sources of information/advice while developing approach - Ongoing sources of information/advice
Resourcing	- Who delivers the provision? - Who else facilitates provision? - Internal staff - External individuals, networks or organisations - Time spent by each individual/organisation - Other resources used/needed - Training - Which staff trained - Nature of training - How training was sourced - Ongoing refresher training - Costs of training and how funded - Unmet training needs - Involvement of pupils and/or parents in delivery

Theme	Sub-themes
Funding	- Sources of funding - If external funding accessed - How first accessed - Requirements of funding e.g. limited to certain type of provision, payment in kind - If funded internally - Who authorised use of funds - Why decided to use funds for this - Duration of funding arrangements
Incorporation of approach into wider provision	- How provision fits into the school day/life - How provision links to other MH provision - How provision links to other policies and provision including SEN, behaviour, safeguarding, pastoral
Views on effectiveness	- Perceptions of benefits for pupils, staff and the school as a whole - Mechanisms for formally monitoring effectiveness - Feedback from pupils/parents
Barriers and facilitators	- Barriers to introducing provision - Barriers to ongoing delivery - How barriers have been overcome - Facilitators to introducing provision - Facilitators to ongoing delivery

The provision in each school and college was written up in to the short, two-page pen portraits presented in this report[5]. Participating staff and the Headteacher of each institution approved the drafts in order to ensure that their provision had been represented fairly and accurately.

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[5] Following initial interviews, it was realised that there was considerable overlap between the "identifying mental health need" and "using universal measurement to identify need" topics. For this reason, three case studies were conducted for each of these topics (combined in this report into the "identifying mental health need" chapter), and an additional case study was completed for each of the parental engagement and whole school approach topics.

Incorporating mental health into the curriculum

The pen portraits below provide examples of how schools and colleges incorporate teaching about mental health into the academic curriculum.

Findings from the Supporting Mental Health in Schools and Colleges Survey[6]

The survey found that skills development sessions (73%) and taught sessions about particular mental health issues (53%) were used to promote positive mental health and wellbeing among by the majority of schools and colleges in England.

Teaching about mental health was most common among secondary schools, with 82% of state maintained secondary schools reporting using skills sessions to support mental health and 87% delivering sessions on specific issues such as body image or self-harm.

There are four pen portraits illustrating practice in this area:

Mental Health Curriculum 1: Navigation Primary School

Mental Health Curriculum 2: Newstead Wood School

Mental Health Curriculum 3: Oldham Sixth Form College

Mental Health Curriculum 4: Albany Pupil Referral Unit

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[6]Marshall, L., Wishart, R., Dunatchik, A. and Smith, N. (2017) Supporting Mental Health in Schools and Colleges: Quantitative Survey London: DfE.

Mental Health Curriculum 1: Navigation Primary School

Navigation Primary School is a large Local Authority maintained school in an urban area of North West England. The majority of the school's teaching about mental health is delivered through the PSHE curriculum, which has been 'rebranded' as 'Skills for Life'. Weekly Skills for Life sessions typically last for 30-40 minutes. In addition, teachers block out extended time every fortnight to go into more detail on a topic. Classes usually include explicit teaching about an issue, but also involve sharing and discussion, often facilitated by role play or other creative tasks such as those that might be used in art or play therapy. The Skills for Life curriculum has been designed in order to meet pupil need. Topics identified as particular relevance to pupils in this primary school include:

- **Worry** and **anxiety**, and strategies to handle these feelings;

- **Transitions**, including from one Key Stage to another; and

- **Bullying and friendships** and its implications for mental health.

Staff at Navigation Primary School have worked hard to tailor teaching about mental health for pupils of different ages and stages. Classes focus on life events that might be on the horizon or begin to affect children's mental health at different stages. For instance, a focus for Infant classes is the transition to Key Stage Two, while classes for Year 6 cover issues such as sex, relationships, drugs and alcohol.

As well as Skills for Life sessions, the school often uses **assemblies** to teach about issues related to mental health. These cover similar topics as covered in Skills for Life sessions, including bullying and transitions in between and beyond Key Stage One and Two. The school also targets **specific skills teaching** to children identified as struggling. This is delivered through small group or one-to-one work with staff trained in specific areas, and aims to teach pupils skills they can come back to class and use.

Keys to success

Navigation Primary School have found the following factors to be essential in facilitating their effective teaching about mental health:

- Maintaining **flexibility** rather than following a set scheme of provision. This enables teachers to address and develop skills around particular issues that pupils are facing.

- Staff **interest in and commitment to mental health**, including willingness to attend further training in order to develop their provision. The school have found that teaching about mental health is best delivered by teachers who already have relationships with their pupils.

- **Growing awareness** around mental health. Growing awareness of mental health issues has facilitated discussion and enabled effective communication between staff and parents. Normalising discussion about mental health in the classroom furthers this awareness, and means that children feel able to talk about their mental health.

Developing this approach

Navigation Primary School introduced their Skills for Life approach around three years ago, in response to pupil need and a perceived gap in provision between the existing PSHE curriculum and advanced mental health support for pupils with particular mental health issues. Particular triggers for the change included:

- Staff identifying a need to support pupils displaying anxiety and behavioural issues;

- Feedback from staff that the existing PSHE curriculum was repetitive and not always addressing the needs of pupils;

- Feedback from pupils that they did not enjoy the existing provision; and

- Feedback from parents that they did not understand what PSHE meant or involved.

The development of the Skills for Life curriculum was led by one teacher with responsibility for PSHE, in consultation with other teachers. Staff decided to keep some existing PSHE topics, but changed others to focus teaching according to pupil need.

Staff at Navigation Primary School have found it useful to 'shop around' to gain free materials and resources for teaching about mental health. They have particularly drawn on resources and lesson plans provided by charities such as Mental Health First Aid to address more 'difficult' topics such as sex and relationships and the stigma surrounding mental health. Other resources they have drawn upon include teachers' previous experience and expertise and materials shared through the Trafford Teaching School Alliance. Now that this approach has been in place for a few years, teachers have a bank of lessons plans they are able to use and adapt to fit the current needs of their pupils.

Resourcing teaching about mental health

Navigation Primary School's Skills for Life curriculum is delivered by class teachers. The school have used their CPD budget to pay for staff training relating to mental health, as well as making use of low-cost or free training offered by charities. They also pay for a pupil support manager who leads on the one-to-one skills training for pupils identified as having particular mental health needs through a mentoring system. In addition, the school funds a play therapist and a counsellor to work with children in the school with significant mental health needs. These professionals also share their expertise with the staff teaching about mental health.

Challenges

A key challenge that Navigation Primary school have experienced in developing their teaching about mental health is that this teaching focuses on skills and strategies rather than facts or learnt knowledge. This can be challenging for pupils, and also makes it difficult for teachers to measure progress, recognising that there are no quick fixes to mental health issues. There are also funding challenges as support is withdrawn from the local authority, Navigation has had to use school funding to provide the additional support.

Mental Health Curriculum 2: Newstead Wood School

Newstead Wood is a high performing selective secondary academy for girls in an outer London suburb. Newstead Wood's mental health curriculum has been developed to help students become well-rounded, resilient learners who achieve highly academically because they have the coping mechanisms needed to do so:

> "We want well-rounded, resilient learners who go on and achieve highly, and we know that they can't achieve highly if we haven't given them those mental health skills and coping strategies and that ability to look inwards as well as outwards."

The mental health curriculum is needs-based and adaptive. Teaching is centred around promoting student's wellbeing and resilience, and it includes three key elements:

1. Weekly **PSHE Lessons** involve a range of activities related to mental health, such as discussion-based tasks looking at depression and anxiety, with credible and relevant material used to stimulate conversation. Mindfulness colouring sheets allow students time away from academic work. In addition, the school considers charitable-giving to be important for students' sense of self-worth and development, so preparation for upcoming charity events is often completed in these sessions.

2. **Foundation Studies** targets Year 7 students and provides the skills needed to become resilient individuals able to achieve their full potential. Teaching involves practical discussions around society and current affairs, encouraging students to start questioning and understanding the world around them.

3. **Mental Health Workshops** delivered by charities and other external organisations cover resilience skills, general wellbeing or address any anxieties and concerns around wider society. Sessions run for 45 minutes with individual tutor groups.

In addition to this dedicated teaching about mental health, staff take advantage of teaching opportunities that arise within the academic curriculum. For instance, English Literature might require a discussion around depression to understand a character.

Benefits of this approach

Incorporating mental health teaching into the curriculum has created observable benefits for Newstead Wood:

- **Students** are more engaged with their own mental health and are able to talk to staff about how they are feeling and what they need to be supported.

- Most **staff** recognise the importance of teaching about mental health.

- The **school environment** is becoming more harmonious and open.

Developing the mental health curriculum

Staff at Newstead Wood were motivated to incorporate mental health into the curriculum after the suicide of a student. The incident highlighted the need to better support students and address mental health issues within the school community.

Newstead Wood's teaching about mental health has been driven by the expertise and engagement of the Pastoral team. Their approach involves 'blue sky thinking': brainstorming ideas once a week with other interested staff.

The school have also drawn on online resources from the NSPCC, Samaritans, YoungMinds, Lewisham HealthWatch and the London Grid for E-learning to inform, guide and develop ideas. They have often chosen charities and organisations to work with based on previous positive experiences or pre-existing relationships that members of the pastoral team have had with these services.

The Pastoral team focus on listening and responding to student need, and in particular:

- The **pressure** placed on students in this high performing school
- Student's **anxiety** about entering the world outside of school, with worries particularly around issues such as Brexit, politics and terrorism.

The PSHE curriculum is highly dynamic and continually evolving to address emerging issues. For instance, the Head of Year 8 recently saw a need to address bullying and adapted lessons accordingly. Students are also involved in the development of the curriculum through the school's Student Parliament.

Enablers and challenges

Newstead Wood's approach to teaching about mental health has been made possible by:

- **Buy-in from staff**. Momentum has gradually grown as the Leadership team have made mental health a priority and promoted staff ownership of teaching content.
- **Student involvement**. Involving students in developing the approach has encouraged student engagement, as well as enabling more appropriate provision.

Ongoing challenges for Newstead Wood include:

- **Overcoming resistance from a minority of staff and parents** who do not believe that school staff are best placed to address mental health issues, or who are concerned that mental health teaching is taking away from academic subjects.
- **Resourcing mental health teaching**. The school has conducted fundraising activities to fund workshops delivered by external organisations. Additional funding would enable further incorporation of mental health teaching into the curriculum.

Mental Health Curriculum 3: Oldham Sixth Form College

Oldham Sixth Form College (OSFC) is a large sixth form college with around 2,200 students located in an urban area of Greater Manchester.

OSFC's teaching about mental health centres around three key pillars:

1. Tutorials;

2. Resilience training; and

3. Targeted skills sessions for students experiencing particular mental health issues.

The college has worked hard to tailor the mental health curriculum by age and stage, with teaching for Year 12 having a specific focus on the stressful transition from school to college, and the curriculum for Year 13 paying close attention to recognising symptoms of mental ill health, especially depression.

OSFC's **tutorial programme** focuses on topics such **as reducing the stigma** around mental health**, identifying depression** in oneself and others, and **stress management**. All students at the college attend **weekly tutorials**, in groups of no more than 22 students. The tutorials include a mix of whole-class teaching and small group practical activities. A key innovation of the sessions is past and present students sharing their experiences of mental health issues in order to spark discussion within tutorials. At the end of each tutorial there is time for one-to-one conversation between the tutor and students about any issues that have been discussed.

During the transition from school to college, all OSFC students are shown an internally produced video, focusing on **resilience**, **managing anxiety**, **recognising the signs of mental ill health** and **accessing support**. Teaching staff at the college also embed **resilience training** within the wider curriculum, working with students in subject lessons to develop strategies to cope with failure or under-achievement. A particular strategy is to help students to address where they have not done so well by coaching them to identify how they can move forward more positively, therefore building their resilience to setbacks.

As well as the tutorial programme and resilience training delivered to all students, OSFC also offer **targeted skills sessions** for students identified as experiencing particular mental health issues. This has included provision from the external organisation Positive Steps, who delivered lunchtime sessions on **positive mindset** and **resilience**.

Benefits of this approach to teaching about mental health

Staff at OSFC believe that their approach to teaching about mental health is active and beneficial for students in a number of key ways:

* The emphasis on resilience **equips young people for the future** by enabling them to take ownership of their mental health as well as responding to their current needs.

* Inviting past and present students to talk about their own mental health helps to **reduce stigma** around mental health and to **normalise help-seeking behaviours**. Peer support is also emphasised through the college's peer mentoring scheme.

Developing this approach to teaching about mental health

OSFC developed its teaching about mental health as a result of tutors observing increasing numbers of young people reporting mental health issues and accessing mental health services. The particular focus on resilience was recommended by other colleges facing similar issues. The college has worked with both Mind and Papyrus on staff training and on adapting materials for the classroom. The support team and personal tutors have also attended courses delivered by the local council on specific aspects of mental health, including depression, coping with anxiety, eating disorders, and suicide awareness. Internal training has been delivered during inset days, including training for teaching staff about how to develop resilience in the classroom.

The college's mental health curriculum has mostly been designed internally, making use of free materials including information and guidance from the Department for Education, Association of Colleges and Sixth Form Colleges Association (SFCA) and videos and materials from charitable organisations such as Mind and Relate. The college also participates in several local boards sharing ideas about supporting young people's mental health, such as the Emotional Wellbeing Board and Local Safeguarding Network.

Senior leaders feel that engaging *all* staff has been essential in enabling them to successfully incorporate teaching about mental health and resilience training into their curriculum. This success has also been made possible by the significant amount of tutorial time devoted to mental health teaching.

Challenges

An ongoing challenge for the college is that accessing formal training and external resources can be prohibitively expensive. Meanwhile, freely available resources for mental health provision are often focused on schools rather than post-16 colleges. Staff have become skilled in designing or adapting materials in order to make them suitable for their students.

Staff have also found that assessing the impact of teaching about mental health can be challenging, as academic attainment data only provides part of the picture. The college has monitored changes in attainment for students who receive targeted support, and has gathered feedback from students on universal teaching about mental health through focus groups and questionnaires as part of the wider curriculum review process.

Mental Health Curriculum 4: Albany Pupil Referral Unit

Albany Pupil Referral Unit (PRU) is a secondary PRU in an urban area, attended by around 35 pupils who have been excluded or are at risk of exclusion from school for behavioural reasons. Albany's **teaching about mental health** has three key elements: a Wellbeing Programme aiding transition into the PRU, the Thrive Programme and the PSHE curriculum. The first two of these focus on **building skills** through **practical tasks**, while the latter involves more "formal teaching".

Albany PRU has developed its own bespoke '**Wellbeing Programme'**, designed to embed physical and mental wellbeing into the curriculum from the start of a pupil's time at the PRU. The programme is delivered through one-to-one or small group meetings, held weekly in an informal setting in the PRU's "assessment hub". Pupils complete a workbook developing **skills** and **awareness** relating to mental health, such as mindfulness and the importance of physical exercise, with ongoing reflection about what they have learnt in areas including **relationships, resilience** and **mindfulness**.

The **Thrive Programme** is an externally sourced psychological training programme aimed at developing **mental resilience**, **self-esteem** and **coping strategies**. Staff at Albany PRU use the Thrive Programme to help pupils to understand how their mental health affects their ability to function at school, as well as to identify particular areas of concern that need to be focused on in wider teaching about mental health. The Thrive programme centres on practical activities, often in the form of play therapy. One particularly successful example is a session where pupils make their own stress toy as a group activity, which then facilitates a discussion about **managing stress**.

In recent years Albany PRU have worked to develop their **PSHE curriculum** to focus more on mental health, including topics such as **coping with bullying** and **homophobia** and how these experiences can impact pupil's mental health. The curriculum has also been made more adaptable, so that teachers are able to plan lessons to address issues of particular concern arising among their pupils, including for example **drug use** and **sex and relationships**. PSHE lesson plans are often informed by the topics addressed and issues raised during the Wellbeing and Thrive programmes.

Benefits of this approach to teaching about mental health

Albany PRU believe that their approach to teaching about mental health means that pupils, staff and families feel included and supported. Regular discussion around mental health and the inclusion of past and present pupils' own experiences in teaching shows young people that mental health is a part of everyday life, and not a taboo subject. Embedding mental health within the wider curriculum also empowers the staff; highlighting that it is everyone's responsibility to support pupils' mental health, and that staff members' own learning and experience can be valuable and helpful.

Developing this approach to teaching about mental health

Albany PRU have developed their mental health teaching with the specific emotional and behavioural needs of their pupils in mind. One particular issue identified by staff was pupils' difficulties adapting to the PRU environment after coming from a negative experience of mainstream education, or following long absences from education. The Wellbeing Programme was introduced as a direct response to this challenge, and was designed to equip pupils with strategies to deal with this transition as well as offer a space for reflection on the process. The Wellbeing Programme is delivered through the "assessment hub", a new annex to the PRU that has been designed specially to assess pupils' mental health and to aid the transition into the unit.

The development of the Wellbeing Programme was informed by Albany PRU's wellbeing engagement lead's background in mental health work. The Unit has drawn on external resources, including in particular the NHS and other medical websites and, as well as building on the standard PSHE curriculum delivered historically.

Resourcing teaching about mental health

Albany PRU's bespoke Wellbeing Programme is delivered by the wellbeing engagement lead. It has been carefully designed so that pupils' workbooks include written prompts to help teaching and support staff run the programme in the lead's absence. The Thrive programme is delivered by two members of staff who are trained Thrive practitioners. The intention is to train other staff in the near future. The PSHE curriculum is taught by all teaching staff, headed up by Albany PRU's assistant head.

Challenges

Albany PRU have found that pupils' past experiences influence the way that they respond to teaching about mental health. While for some, prior experiences of their own or their family members' mental ill health makes this an everyday and "normal" topic to discuss, for others a difficult past leads to reluctance to engage. Some pupils and parents are also discouraged from engaging as a result of poor experiences of mental health professionals and other external agencies, for instance where children have been removed from the home as a result of their parents' mental ill health. The Unit have worked hard to build strong relationships with both pupils and their parents, demonstrating that they are willing to listen from the first time they meet a family. This has helped staff to overcome these barriers and to understand how best to "pitch" mental health teaching to pupils and parents.

A barrier to further development of the Unit's mental health teaching is a lack of funding. In particular, the Unit would welcome additional funding to invest in training staff to become Thrive practitioners.

Having a designated mental health lead

The pen portraits in this chapter provide examples of how designated leads for mental health support provision in schools and colleges.

Findings from the Supporting Mental Health in Schools and Colleges Survey[7]

The survey found that around half (49%) of educational institutions in England had a dedicated lead for mental health provision. This was most common in colleges - 69% of colleges had a mental health lead, compared to 48% of state maintained primary schools and 59% of state secondary schools.

The survey found that the remit of mental health leads was broad, encompassing internal coordination of activities and liaison with external services, as well as supporting pupils and training staff. Despite the breadth of this remit, leads in mainstream schools typically spent no more than five hours a week on the role.

In the survey, institutions with mental health leads reported wider provision for the promotion of positive mental health and for the support of pupils with identified needs. They were also more likely to adopt systematic approaches to identifying need.

There are four pen portraits illustrating practice in this area:

> Mental Health Lead 1: Rickleton Primary School
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> Mental Health Lead 2: Whitcliffe Mount School
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> Mental Health Lead 3: Gilbrook School
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> Mental Health Lead 4: Gloucestershire Hospital Education Service

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[7]Marshall, L., Wishart, R., Dunatchik, A. and Smith, N. (2017) Supporting Mental Health in Schools and Colleges: Quantitative Survey London: DfE.

Mental Health Lead 1: Rickleton Primary School

Rickleton Primary School is a Local Authority maintained primary school in Sunderland with a 'Good' Ofsted rating.

Rickleton Primary School has three designated mental health leads; each of whom have their own area of expertise and responsibilities, but who work collaboratively towards the shared goal of ensuring positive mental health outcomes for children.

1. The **Headteacher** of the Rickleton Primary is responsible for setting the **strategic direction** for the mental health support within the school; developing action plans for ensuring positive mental health outcomes for pupils; and capturing pupils' experiences of the interventions and support in place to ensure they feel they are safe and supported and to identify and address any gaps in the provision available.

2. A **learning support teaching assistant** (**TA**) works alongside teaching staff to identify pupils with particular mental health needs; provides a single point of contact within the school for staff requiring advice about how to support their pupils; disseminates mental health training to staff; and has developed a 'nurture facility' within the school to ensure pupils have a space where they feel happy and supported.

3. An **in-school therapist** delivers additional support to pupils and their parents, typically for a period of ten weeks; conducting mid-point and end-point review meetings with parents throughout the intervention. The therapist also signposts staff to relevant research and guidance around mental health support which they use to support pupils, and offers supervision and staff training before and after school.

Benefits of having mental health leads

Rickleton Primary School feel that having designated mental health leads has driven forward the agenda of providing a high level of mental health support for pupils. Having dedicated points of contact is also crucial for the wellbeing of staff:

> "…having nominated people within the school, it is vital for my staff to feel well supported, so that they can go to somebody, as a sounding board, they know they've got expertise within the school, that they can access that advice."

The school believe that having a senior manager as one of the mental health leads is particularly beneficial as the Headteacher has the authority to make financial decisions around resourcing the provision. Senior leaders are also able to have a more 'outward-looking' view - having more space and time than teaching staff to identify additional resources or avenues of support that the school could utilise and incorporate into their provision. Having a mental health lead at senior level within the school also demonstrates the level of importance given to the issue of mental health.

Developing and resourcing these roles

After joining the school five years ago, the Headteacher of Rickleton Primary School observed a number of pupils attending the school at the time who required high level mental health support. They recognised a need for designated professionals within the school to address pupils' mental health needs.

The Headteacher allocates some of the school's pupil premium funding to mental health provision, such as the relevant mental health training the TA attends and the cost of employing the therapist for one day per week. As well as prioritising children's mental health, the Headteacher is confident that the interventions in place are having a positive effect on pupils' academic performance;

> "It's about making sure that you put your money where your mouth is, even in times of scant resource. I think you've got to see the link between positive mental health and good pupil and parent well-being equalling, in the long-term, better educational outcomes."

While the Learning Support TA also delivers classroom support, the majority of their time is spent delivering mental health provision.

Facilitators and challenges

In order for their mental health leads to be effective, Rickleton Primary have worked hard to ensure that they receive **adequate training and support**, have **appropriate supervision in place** and have the relevant **skills and expertise** for the role. They have sourced training on supervision from a local private safeguarding service.

The Headteacher makes sure that the TA and therapist feel valued and well-supported, and develops and maintains relationships with external services that can provide additional support. Having appropriate supervision in place for the mental health leads is also crucial in supporting the professionals working with pupils directly.

> "It's useful as a sounding board, but also as personal support. Because it can be terrifically hard work for a professional to be dealing with a child who's displaying (…) very high levels of anxiety and difficult behaviours to actually cope themselves."

Challenges faced by the mental health leads include stigma around mental health. In some instances, parents feel their child requiring mental health support is a failure on their part as parents and may therefore avoid recognising that their child is experiencing difficulties. The mental health leads work hard to counter this perception, by cultivating an open and supportive environment where people feel comfortable talking about mental health support.

Another challenge is resourcing. The Headteacher would ideally like the TA mental health lead to be able to focus on providing mental health support full-time.

Mental Health Lead 2: Whitcliffe Mount School

Whitcliffe Mount School is a Local Authority maintained secondary school in a relatively deprived urban area of West Yorkshire with a 'Good' Ofsted rating. Whitcliffe Mount has two **Wellbeing and Support Leads** responsible for leading mental health provision. The remit of the Leads include:

- monitoring CPOMS, an electronic recording system with a specific category for staff to record concerns around pupils' social or emotional wellbeing;

- liaising with parents about any concerns about children's mental health;

- referring pupils to the school nurse or ChEWS counsellor (the Children Emotional Wellbeing Service attached to their local CAMHS) for therapeutic interventions;

- meeting weekly with the Student Support Team (made up of Attendance officers, Attainment Leads, heads of year and keyworkers) to discuss pupils receiving support;

- providing staff with information about the remit of their roles and training updates for staff on safeguarding and supporting pupils with mental health issues; and

- providing information sessions for parents about how they can best support their children's mental health and about the support available within the school.

One of the Wellbeing and Support Leads has more of a **strategic role** whereby they are responsible for meeting with the Senior Leadership Team (SLT), school governors and outside agencies about safeguarding; early intervention; identifying pupils who may benefit from interventions; and the support on offer more generally. The other has a more **pupil-facing role**, providing one-to-one sessions with pupils. These sessions typically include helping pupils to develop their emotional literacy and coping strategies to use and sometimes signposting pupils to additional sources of support such as external agencies.

Benefits of having mental health leads

Whitcliffe Mount have found that having designated Wellbeing and Support Leads, rather than staff who focus on mental wellbeing on top of other pastoral responsibilities, means that the school is able to provide more timely support for pupils. In particular, the Leads are well placed to:

- provide interim support before a pupil is referred onto CAMHS;

- provide support to pupils who may otherwise not have been able to access school due to issues they were experiencing, therefore maintaining their attendance and avoiding exclusions; and

- act as an easily-identified point of contact for pupils, parents and external agencies.

Development of these roles

Whitcliffe Mount School's SLT were prompted to restructure their pastoral system in response to increased social and emotional wellbeing need among their pupils and concerns about behaviour, attainment, attendance, and safeguarding. They decided to reallocate resource in order to have a small team of key workers and the two Wellbeing and Support Leads working across the school, instead of members of staff within each year group leading on mental health. The two additional Wellbeing and Support Lead roles were recruited from within the school.

The SLT met with the existing year group leads to ascertain what they envisioned the roles to look like, and visited other schools within the local authority to learn from examples of good pastoral practice. Other types of information consulted in the development of the Wellbeing and Support Lead roles included articles published through the Times Education Supplement (TES) and information from the LA safeguarding board.

Keys to success

Whitcliffe Mount's Wellbeing and Support Leads attend, on average, three mental health training courses a year. Much of this training is provided free of charge by the local CAMHS team and the LA-run safeguarding training board. The school has also paid for one of the Wellbeing and Support Leads to attend bereavement counselling training. Regular training is essential due to shifting understandings and evidence about how best to support young people's mental health and this continuing professional development has been crucial to the success of the Leads.

As well as external training, Whitcliffe Mount's Wellbeing and Support Leads make use of resources provided by the local CAMHS team and other training providers. For instance, they have used resources provided by CAMHS to develop low-level CBT interventions to manage pupils' anxiety, bereavement or anger management.

The school also feel that the success of their Wellbeing and Support Leads has depended on having proactive and responsive Senior Leadership and Pupil Support teams in place to support the work of the Leads.

Challenges

Whitcliffe Mount worked hard to overcome the stigma surrounding mental health when first developing their mental health provision and introducing the Wellbeing and Support Lead roles. This included universal work to promote awareness, and one-to-one work with initially more resistant staff and parents. The Leads found that the most convincing message was that promoting positive mental health and wellbeing is essential to enabling young people reach their full potential.

Ongoing challenges for the Wellbeing and Support Leads include managing workload in the face of significant need. The school would also like to be able to afford to recruit more staff to the Wellbeing & Pastoral support team.

Mental Health Lead 3: Gilbrook School

Gilbrook School is an "outstanding" Local Authority maintained special primary school for pupils with social, emotional and mental health difficulties (SEMH). Gilbrook is part of the Aspire Schools Federation, and is located in a relatively deprived urban area in North West England.

When the Head of Gilbrook School was appointed two years ago, mental health was identified as a key issue for staff and students, and there were concerns about the levels of external mental health support available to pupils in the context of funding cuts. For these reasons, the newly appointed Headteacher was also designated as the school's mental health lead, with a remit to include developing the school's ethos and attitude towards mental health. In practice, this has involved:

- Reshaping the school's approach to **behaviour management**;
- Providing **staff training** and fostering a **staff coaching culture**;
- Ensuring that mental health is at the **top of the school's agenda**.

The Head has worked hard to instil a non-confrontational and compassionate approach to **behaviour management**. This was an approach practiced at a school where the Head worked previously, to great effect. This approach is now intrinsic to the ethos of Gilbrook – not only being used with pupils but with other staff members and parents.

As well as transforming behaviour management for pupils, the Head of school has sought to transform the environment for staff. A solutions-based **'coaching culture'** has been introduced to support staff wellbeing and resilience through six-weekly sessions.

Gilbrook School have found that appointing the Headteacher as mental health lead means that the issue of mental health remains embedded, and at the **top of the school's agenda**. Staff at the school are encouraged to conduct research about mental health, looking at, for example, whether young people with SEMH respond to sanctions; the wellbeing of staff working in challenging environments; whether coaching improves emotional resilience and pedagogy; breathing techniques to de-escalate children in crisis; and whether music can aid the executive function of children with SEMH.

Benefits of this lead's approach to mental health

Staff at Gilbrook believe that the Headteacher's approach to mental health has led to better outcomes for pupils and staff: improving executive functioning, decision-making and emotional resilience in pupils and ensuring that staff feel valued, supported and able to maintain positive relationships with pupils. These positive outcomes are all conducive to learning, as well as a more pleasant school environment. The school also believe that they have led to much improved attendance rates, and a decrease in exclusions. A recent Ofsted inspection praised Gilbrook's supportive and calm environment, and the investment that the leadership team have in the staff and pupils' wellbeing.

Keys to success

Gilbrook School identify a number of factors that have been key to the success of their mental health lead and the approach that they have introduced. These include:

- **Including all key stakeholders** in the development of the role and wider mental health provision. The school consulted pupils, parents, staff and governors about what they wanted their school to be like, and used this to inform the Headteacher's role as mental health lead. An open-door policy and regular meetings with parents and staff ensure that people feel their opinions are valued. These strategies have ensured that all stakeholders have felt listened to and valued, facilitating greater investment and buy in to the non-confrontational behaviour management approach.

- **An 'appreciative enquiry model'** has been used to include staff in the development of mental health provision. This model encourages staff to identify what is already working well, and to envision how they can build on these successes to achieve what the school wants to achieve in the future.

- **Maintaining strong links with external services** such as CAMHS, social services, paediatricians and the local authority in order to draw on these services' expertise around mental health provision and behaviour management approaches. Gilbrook are an "accelerator school" for the Future in Mind Project with their local CAMHS, and have brought CAMHS workers and other professionals in to advise and train their staff.

Challenges

In order to develop their provision further, Gilbrook School would like to be able to employ a dedicated mental health practitioner, such as a counsellor or CAMHS worker, as well as the strategic lead for mental health already in place. This would enable more specialist, one-to-one provision for children with particular mental health needs.

Another challenge that Gilbrook have faced is in improving understanding around mental health. They have worked hard to explain to external professionals working with children that behavioural issues can often be a symptom of poor mental health, and to encourage people to tackle these social and emotional needs, rather than simply the behaviour.

Mental Health Lead 4: Gloucestershire Hospital Education Service

Gloucestershire Hospital Education Service (GHES) is a medical Pupil Referral Unit with an 'Outstanding' Ofsted rating. GHES caters to pupils aged 4-18 including paediatric inpatients within the regional hospital, and outpatients. Pupils attending GHES have either severe mental health or severe physical health issues and will attend GHES anywhere from between a number of weeks, if they are recovering from surgery, or several years, if they have more chronic, long-term health conditions preventing them from attending a mainstream school.

GHES has two mental health leads: an Emotional Wellbeing Nurse and a Wellbeing Curriculum Lead.

The **Emotional Wellbeing Nurse** is a primary care mental health nurse who has been permanently seconded to GHES from Children and Young People's Services (the local equivalent of CAMHS) for the past nine years. The responsibilities of the Emotional Wellbeing Nurse are to:

- Assess pupils' mental health and wellbeing;

- Deliver support and interventions including anxiety management support and CBT;

- Support pupils' reintegration back into mainstream schools, including working with pupils, families and receiving schools;

- Develop and deliver workshops to pupils on how young people can manage transitions and change in a positive way;

- Work with the Wellbeing Curriculum Lead to develop and deliver the wellbeing curriculum;

- Deliver informal development and formal training to GHES staff; and

- Support staff members' mental health and wellbeing.

The **Wellbeing Curriculum Lead** is a full-time teacher at GHES who spends approximately one quarter of their time on developing and teaching the wellbeing curriculum. Staff at GHES believe that this curriculum is similar to the PSHE curricula on offer in mainstream schools, but that it has a stronger focus on pupils' mental health and wellbeing. The responsibilities of the Wellbeing Curriculum Lead are to:

- Plan and develop the wellbeing curriculum within GHES; and

- Deliver a weekly class focusing on wellbeing to all GHES pupils, including those who have and have not been identified as specifically requiring wellbeing support.

Wellbeing classes are delivered physically in classrooms and online through a virtual learning portal for outpatient pupils accessing GHES remotely.

Development of the Mental Health Lead roles

It was clearly apparent during the set-up of GHES that a dedicated person to support both the mental health of staff and pupils was required, as at least half of the pupil cohort had mental health needs. Another driver behind the employment of the Emotional Wellbeing Nurse was the concern around potentially 'medicalising' teaching staff. The Unit were keen to employ a medical professional rather than expect teachers to be experts in pupils' mental health:

> "We cannot pretend to be medical professionals and I think the severity of mental health issues that are presenting in schools now across the country highlights the need for specialists being involved."

The Wellbeing Curriculum Lead's role has been developed over the past five years as a result of the recognition of the link between pupil performance and their wellbeing. The remit of the Wellbeing Curriculum Lead was developed through consultation with the student council and informed by the findings of the Gloucestershire Online Pupil Survey that explored what young people worry about and the issues that they are facing. The book *Teaching Happiness and Well-being in Schools: Learning to Ride Elephants,* was another key source of information drawn on in the development of the Wellbeing Curriculum Lead's remit and the wellbeing curriculum.

Benefits of this staffing arrangement

GHES are uniquely placed in having a mental health professional embedded within their education service. Senior leaders at GHES believe that having a mental health specialist embedded within an education service or school provides the expertise needed to support pupils and staff and offers confidence to schools that they are correctly addressing mental health issues. Staff at GHES feel that other education services, including mainstream schools, would benefit from having mental health professionals on their staff. Moreover, they anticipate that having mental health nurses in schools could lessen the pressure on external services by reducing the need for referrals.

Keys to success

Senior leaders at GHES have made a conscious decision that prioritising spending on mental health leads is necessary and beneficial for pupils' attainment:

> "…we are under huge budget pressures, aren't we, in schools, in general, everyone will say that, but there's still a sense (…) of choice and where you put your focus. (…) I think addressing mental health needs often addresses…many of the other things. (…) Mental wellbeing and academic performance go hand-in-hand."

As well as prioritising funding for the leads, GHES believe the success of their mental health leads has depended on employing leads who are pioneering, adaptable, flexible and willing to take on challenges, as well as having an SLT who believe in compassion and challenge and seek to embed a growth mind-set among pupils and staff.

Having a single point of contact in external mental health services

The pen portraits in this chapter provide examples of how schools and colleges work with single points of contact in external mental health services in order to facilitate joined up working and access to specialist services.

Findings from the Supporting Mental Health in Schools and Colleges Survey[8]

The survey found that most (68%) institutions had a dedicated member of internal staff responsible for linking with external mental health services, and that very few (6%) reported a lack of priority towards joint working with external services. However, fewer than one in five (19%) schools and colleges had a single point of contact (SPOC) in those services that could be accessed for help and advice.

Having a single point of contact helped to build relationships and provided valuable specialist support and guidance for staff, and schools and colleges with a SPOC typically reported more positive experiences of working with external services.

There are four pen portraits illustrating practice in this area:

Single Point of Contact 1: The Meads Primary School

Single Point of Contact 2: Nottingham Free School

Single Point of Contact 3: Hope School

Single Point of Contact 4: The Shepwell Short Stay School

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[8]Marshall, L., Wishart, R., Dunatchik, A. and Smith, N. (2017) Supporting Mental Health in Schools and Colleges: Quantitative Survey London: DfE.

Single Point of Contact 1: The Meads Primary School

The Meads Primary School is a Local Authority maintained primary school with a 'Good' Ofsted rating located in Luton, Bedfordshire. The Meads have seen an increasing number of their pupils requiring mental health support over the past year.

The Meads Primary School has a partnership with NHS Child and Adolescent Mental Health Services (CAMHS), purchased though the local authority, that includes having a **named single point of contact**. The single point of contact is a CAMHS clinician, who will visit The Meads at least once a term throughout the year. The clinician's remit includes:

- Meeting with the school's inclusion manager to discuss pupils who have been referred to, or identified as potentially benefitting from, CAMHS interventions and assisting with referrals to external CAMHS provision as appropriate;

- Conducting child observations to further assess need;

- Providing advice and support for teaching staff working with pupils with mental health needs, and to the school's behavioural support (BEST) team;

- Offering advice around the school's behavioural and emotional support strategies; and

- Providing support to parents and caregivers. This includes face-to-face advice about responding to children's mental health needs, as well as informal support for parents and caregivers' own mental health as they deal with potentially distressing situations.

The CAMHS point of contact largely liaises with the school's inclusion manager, who then feeds advice and suggestions back to the relevant staff members who are working with pupils with mental health needs. As well as the termly visits, the inclusion manager is able to contact the point of contact for ad hoc advice, usually by phone.

Developing this arrangement

The Meads Primary School's service level agreement with CAMHS has been in place for over five years and is funded from the school budget in recognition of need within the school and leaders' desire to prioritise the emotional wellbeing of their pupils. Each year, the Headteacher reviews the agreement and authorises the funding based on recommendations from the inclusion manager about what is needed. This year, the school has purchased the highest level of support package from CAMHS due to the level of need within the school population, which senior leaders felt to be beyond the capacity of internal staff:

> "…even people like our emotional support team that are experienced, they're not counsellors, they're not clinicians, they're not medical health professionals (…) So, I think it was just, actually, how do we best meet this level of need and (…) CAMHS seemed to be the way to go."

Benefits of having a single point of contact

Staff at The Meads have found that having one consistent, named contact in CAMHS to refer to for advice is highly beneficial as it means that they do not have to repeat the same information to different contacts. Having the service level agreement in place is also reassuring for staff, who know that CAMHS support is there should pupils require it, and are able develop their provision in collaboration with a mental health expert. The single point of contact also provides invaluable advice when the school are responding to individual pupils with particular needs:

> "…just that background from a mental health professional that can advise on things to put in place (…) We're teachers and we do our best but we're not mental health professionals, so having that reassurance of how to deal with certain situations from them is really positive."

Overall, staff at The Meads believe that their service level agreement with CAMHS benefits pupils by facilitating **early intervention**, both through the support available to staff and the interventions available to pupils. They believe that, in the context of restricted school budgets, this is an effective use of resource as this investment in the pupils' mental health 'pays off' in the long-run:

> "…it's sort of early intervention isn't it, we would rather put that support in as quickly as possible (...) before the family or children reach crisis. (…) I know school budgets are tight but we've prioritised a certain amount of our funding that we think, actually, investing in early intervention in the long-run is paying off."

In order to achieve these benefits, staff at The Meads recognise that the single point of contact within external mental health services needs to be adaptable, flexible and easily contacted and that both the school and the single point of contact need to be willing to invest in maintaining good communication.

Single Point of Contact 2: Nottingham Free School

Nottingham Free School (NFS) is a secondary academy with a 'Good' Ofsted rating. Immediately after opening in 2014, the Headteacher forged links with external mental health support services in order to support pupils struggling with anxiety issues.

Nottingham Free School now has working relationships with a number of external mental health services, including **Kooth**, an online and in-school counselling service for children and young people, and the **Self Harm Awareness Project (SHARP)**, who offer drop-in sessions to support pupils with self-harming issues. The school has a named single point of contact in each of these services, who primarily liaises with the school's Student Welfare Officer.

Both single points of contact visit the school once a year to promote their services in a school assembly. In addition, the Kooth single point of contact:

- Manages the waiting list of pupils referred to counselling and allocates pupils to counsellors;

- Collates information on the impact that the Kooth support has had for pupils accessing the service, and provides this information to the school on a termly basis; and

- Arranges on-going support when a particular pupil might benefit from receiving more than the standard six sessions of counselling.

The **SHARP** contact, meanwhile:

- Delivers support to pupils with self-harming issues in hour-long, monthly, drop-in sessions;

- Assesses pupils' needs, ranking the severity of threat to their wellbeing as low, medium or high;

- Develops a safety plan and recommendations for each pupil, to share with the school;

- Facilitates CAMHS referrals;

- Hosts a support group and a discussion forum for parents of pupils who are self-harming; and

- Notifies staff of free training courses available through SHARP.

Benefits of having a single point of contact in external services

Staff at Nottingham Free School believe that having a single point of contact in an external service has a number of benefits for pupils and staff.

First, having dedicated mental health specialists on hand means that pupils requiring a high level of mental health support receive a more advanced level of care than teachers are able to offer:

> "We're all trained a little bit in mental health, but we're not specialists (…) and we wouldn't be able to offer the amount of time either that the pupils need (…) we really needed that specialist support."

Second, having an external single point of contact present on the school premises can be helpful for pupils who may not feel comfortable confiding in a staff member who they work with in other contexts. The confidentiality means they are able to open up and not worry about anyone else being told:

> "…having somebody to talk to for an hour, uninterrupted who's not got anything to do with school (…) I think we thought was really important for them. (…) And unless they're in danger, they know that information's not going to go anywhere."

The student welfare officer has found that working with a designated point of contact has improved the quality of care available to pupils by improving efficiency. Effective joint working has aided mutual understanding, and helped with the sharing of information when referring pupils to external support services.

Keys to success

Staff at Nottingham Free School note that the success of their working relationships with the contacts in external services is due to the school's senior leaders identifying appropriate services to work with from the outset, and then building collaborative relationships to provide appropriate services for pupils.

This success depended on senior leaders having a good understanding of their pupils and the services that they need most.

The successful partnership between the single points of contact and the Student Welfare Officer has been based around excellent rapport, facilitated by face-to-face meetings about the content of the provision as well as regular virtual contact about day to day logistics. Face-to-face contact was particularly important in early stages of the relationships, when school staff were seeking to identify pupil need and needed to work closely with the external services in order to tailor services effectively for the school. Regular contact with the same contact for a number of years has allowed the services to grow organically based on the needs of the school.

Single Point of Contact 3: Hope School

Hope School is an "Outstanding" special school in Liverpool for children aged 5 to 13 who have social, emotional and mental health difficulties, including attachment issues and experiences of trauma. The school has around 60 full-time pupils, as well as a small number of pupils who attend Hope School for an assessment period before returning to mainstream schools.

Hope School were assigned a single point of contact in NHS Child and Adolescent Mental Health Services (CAMHS) towards the end of the 2016/2017 academic year. This followed a restructuring of local CAMHS services, and the introduction of a new model of assigning CAMHS workers to work with schools.

The single point of contact visits Hope School regularly, for half a day every four weeks. Her main responsibility is to meet with the Deputy Head and Special Educational Needs and Disabilities Co-ordinator (SENDCo) to discuss pupils who are presenting with or who have a history of mental health issues and to suggest strategies that staff can put in place to support these pupils. She also provides further support to the school by:

- Being available in between visits to offer the school information and advice by email or telephone;

- Sharing any relevant and appropriate information with the school about pupils and families who have had prior involvement with CAMHS;

- Facilitating CAMHS referrals for pupils in need of further professional support; and

- Delivering training for staff about the importance of looking after their own mental health, and strategies to manage the second-hand trauma that they might experience when supporting pupils with mental health difficulties.

Going forward, it is expected that the single point of contact will also work with the staff at Hope School to support families. In particular, she will attend 'Hope Family Partnership' meetings, where the school meet with parents and caregivers to share information about attachment and trauma, and to work on ensuring a consistent approach to children's need is adopted at home and school.

Benefits of working with a single point of contact

For Hope School, having a single point of contact in NHS CAMHS has both improved the efficiency of referrals to external, specialist mental health support and equipped the school to better support pupils internally;

> "Working collaboratively with others allows for a more streamlined approach, allowing me, as the SENDCo, to use my time more efficiently."

A consistent relationship and regular communication with one designated point of contact has meant that the CAMHS worker has become familiar with the caseload of pupils and is able to support Hope School in making referrals to CAMHS services. Equally as important, the information that she feeds back to the school helps them to respond quickly to pupils with urgent mental health needs, which can be particularly challenging when pupils join in the middle of the year with little information from previous schools:

> "As building trusting relationships can take time, having a CAMHS worker who knows the pupils and families improves transition and integration of new pupils."

Working with a single point of contact in NHS CAMHS has also provided staff at Hope School with valuable information and guidance about how best they themselves can support pupils' mental health needs, as well as reassurance that they are responding appropriately:

> "As a school, we are fortunate to have a CAHMS worker as the work they do improves the efficiency and speed of both signposting students to support, and providing relevant information on students' needs to the appropriate staff."

Keys to success

Hope School emphasise that the success of their working relationship with the single point of contact in CAMHS has depended on efficient, regular and open communication. Both the school and the CAMHS worker have been proactive and receptive to ways in which the working relationship can be improved further.

Hope School's relationship with their single point of contact is currently funded by the local authority. Even if this arrangement were to come to an end, senior leaders at the school are optimistic that CAMHS would choose to retain this model of working, and would look to "buy in" this provision in alternative ways due to its benefits for staff and pupils.

Single Point of Contact 4: The Shepwell Short Stay School

The Shepwell Short Stay School is a medical pupil referral unit (PRU) in the West Midlands. The school provides education for pupils aged 11 to 16 who are unable to attend their mainstream schools because of mental health and social and emotional needs. The majority of pupils are dual-registered with Shepwell and mainstream secondary schools.

The Shepwell School's named point of contact in NHS Child and Adolescent Mental Health Services (CAMHS) is a registered nurse who visits the school on a fortnightly basis. The main remit of this nurse is to meet with the SENCO, Early Help lead professional and Headteacher to discuss the progress of individual pupils who are engaging with or on the waiting list for CAMHS services, and to ascertain whether pupils may benefit from further intervention. They are also responsible for:

- Writing reports on pupils to be presented at CAMHS pupil referral meetings;
- Delivering staff training on mental health conditions and strategies to manage these;
- Delivering sessions for parents and pupils around coping with mental ill health;
- Providing guidance to staff around supporting pupils; and
- Directing the school to relevant research to inform their mental health provision.

The school also has a nominated CAMHS consultant who attends pupil review meetings. In addition, CAMHS have brokered a key relationship between the school and **Walsall Pregnancy Help (WPH)**, a local service which has diversified into a general counselling service. A WPH counsellor attends the school once a week to provide counselling for pupils who do not meet the threshold to be referred to CAMHS, but who want to discuss issues (not necessarily related to mental health) that they may be experiencing, with someone who is not their teacher.

Benefits of having a single point of contact

Staff at Shepwell School recognise that they are unique in the 'direct link' they have with CAMHS, which has benefits for both staff and pupils. Having a single point of contact gives staff confidence that they have the relevant knowledge and understanding of mental health issues:

> "Knowing that we've got that ear there that we can always call upon for advice and knowing that they're willing to support us as well, that's the biggest benefit."

In this way, working closely with CAMHS enables staff to more confidently and effectively provide pupils with the best possible early intervention. Based on their experience with pupils who have been excluded from mainstream schools on the basis of behavioural problems relating to poor mental health, staff at Shepwell School believe that similar arrangements between CAMHS and mainstream schools could reduce pupil exclusion by promoting early intervention and reducing poor behaviour.

Developing this working relationship

Shepwell School was established in direct response to mental health issues which were affecting attendance at local schools. The school has always worked with CAMHS, but the relationship with Shepwell School's point of contact in CAMHS has strengthened over time. Staff members were keen to have one designated named point of contact with whom they could work closer, and in particular were keen for this contact to visit the school regularly.

The school's SENCO and Early Help lead professional are the two staff members who are responsible for liaising with CAMHS. In order to facilitate a productive working relationship, both staff members received training on the importance of multi-agency and partnership working. The Early Help lead's training was funded by the Local Authority and the SENCO's through the school budget.

Keys to success

Staff at Shepwell School emphasise that a successful working relationship with points of contacts in mental health services depends on **open communication** and **commitment** from both sides. This can be facilitated by the school:

- Being aware of and acknowledging the constraints that CAMHS workers are working within, including funding restrictions;

- Communicating how much they value the work of CAMHS, not taking their work for granted, working in collaboration as 'equal partners'; and

- Demonstrating the progress pupils have made following interventions.

At the same time, the school fosters an environment where pupils feel comfortable discussing the support they receive in order to reduce the stigma around seeking support for mental health.

> "There's that open and honest culture, you know, you'd be proud of going to get help, it's not a sign of weakness (…) it's a positive way forward."

In turn, Shepwell School feel that a single point of contact within CAMHS needs to be extremely efficient, proactive and dedicated, as well as being receptive to constructive feedback.

A challenge that the school has faced has been ring-fencing time to prioritise working with CAMHS. Funding restrictions have also limited their capacity to develop areas within the school better suited for pupils to meet with the CAMHS and Walsall Pregnancy Help contacts, although the school have managed to create a space by sectioning off a corner of a classroom to address this need in the interim.

Engaging parents and caregivers in supporting children's mental health

The pen portraits in this chapter provide examples of how schools and colleges seek to engage parents and caregivers in supporting children and young people's mental health.

> **Findings from the Supporting Mental Health in Schools and Colleges Survey[9]**
>
> The survey found that most[10] schools and colleges sought to engage parents and caregivers in order to promote positive mental health and wellbeing among their pupils. More than half (59%) offered mental health interventions for pupils that included parents and caregivers, and a similar proportion (57%) organised face-to-face sessions to share information about supporting children and young people's mental health. Almost half of institutions offered one-to-one support such as counselling for parents and caregivers themselves (47%).

There are five pen portraits illustrating practice in this area:

Parental Engagement 1: Ingatestone Infant School

Parental Engagement 2: Westfield Infant School

Parental Engagement 3: Wonersh and Shamley Green Primary School

Parental Engagement 4: Bank View High School

Parental Engagement 5: The St Aubyn Centre

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[9]Marshall, L., Wishart, R., Dunatchik, A. and Smith, N. (2017) Supporting Mental Health in Schools and Colleges: Quantitative Survey London: DfE.
[10] 89% of institutions indicated that they offered at least one of the specific parental engagement activities listed in the questionnaire. In addition, the 11% that indicated that they offered "none of these" may have employed parental engagement activities other than those listed.

Parental Engagement 1: Ingatestone Infant School

Ingatestone is an infant school in rural Essex with 135 pupils. The school seeks to engage parents and caregivers in all aspects of their children's education, and has three key areas of provision aimed at engaging families in supporting their children's mental health:

1. **Family counselling:** Ingatestone is part of a local partnership of schools that pool resources to fund, and refer families to, Kids Inspire, a private counselling service for parents and children.

2. **Ongoing communication to create a culture of parental partnership:** Staff at Ingatestone aspire to maintain regular dialogue with parents and caregivers. If they notice an issue with a child's wellbeing or behaviour, staff seek to talk to their parents as soon as possible to understand if there are any issues at school or home that may be contributing to this. Teachers' informal interactions with parents, such as greeting them at the school gate, are equally important in engaging and supporting families. All teaching staff and the SENCO have an open door policy and spend a lot of time talking to parents about their child and issues at home.

3. **Sharing information about the school's mental health provision:** Ingatestone offers many activities to improve the children's wellbeing and mental health, particularly through their Social, Moral, Spiritual and Cultural (SMSC) curriculum and wellbeing events. They share the messages that they are teaching to children with parents through written letters and by uploading information and photos to the school website, as well as asking for parents' feedback and contributions.

Developing this approach to engaging parents and caregivers

The Headteacher at Ingatestone is passionate about working with parents and caregivers to support children's mental health. Her experiences working in deprived areas have taught her that engaging and empowering parents can be the most effective way to supporting children experiencing mental health issues when other resources are scarce. Much of the provision at Ingatestone has been developed based on the experience that the Head has gained throughout 30 years of teaching. As well as the Headteacher's personal belief in the power of engaging parents, there are a number of factors that have prompted Ingatestone's focus on involving families in supporting children's mental health, including:

- Staff noticing increasing numbers of children experiencing mental health issues as a result of instability in their home lives;

- Concerns that there was insufficient support available in the local area for children with 'lower-level' mental health issues (i.e. those not self-harming or suicidal); and

- The removal of funding for a social worker who used to come in to the school to work with families.

Benefits of parental engagement

Staff at Ingatestone believe that engaging parents and caregivers in supporting children's mental health has benefits for pupils, families and the school:

- There is more likely to be a positive outcome for **the child** if the school and parents are working together to put support in place;

- Regular communication means that **parents** can receive extra support from the school, including being able to share their concerns about their child; and

- Working in collaboration with families means that the **staff** at the school receive extra support. For example, more parents are keen to help in class and on the Parent Teacher Association (PTA).

Lessons learnt

Ingatestone have learnt some key lessons about what is needed to successfully engage parents in supporting children's mental health.

Engaging with parents requires time and resource. The school's SENCO, who works part time, spends most of their time speaking with parents and caregivers about their children's mental health and/or issues going on at home.

Schools can be creative in funding mental health provision. Ingatestone have prioritised spending on mental health provision, including family counselling, which has meant that they have had to cut back in other areas. Collaborating with around 18 other schools has allowed them to fund the Kids Inspire service at a cost of only £9.50 per child per year, compared to a much higher cost if they had contracted a family counselling service as a single school.

The wider school ethos is essential to supporting families. The school have worked hard to overcome resistance from some parents who struggle to trust the school and avoid communication with the teachers. This has taken time, with teachers slowly breaking down barriers through consistent, friendly interactions with parents and demonstrating that they have the best interests of the child in mind. Senior Leaders at Ingatestone have also invested in coaching and supporting teachers and modelling best practice for how to work with parents, including mediating disagreements about how best to support the child.

Parental Engagement 2: Westfield Infant School

Westfield Infant School is a Local Authority maintained infant school in urban Leicestershire with an 'Outstanding' Ofsted rating. The school has just over 300 pupils, and includes an additional unit for children with moderate learning difficulties.

Westfield's primary vehicle for engaging parents and carers in supporting children's mental health is their **Family Learning Programme**. This involves weekly sessions co-ordinated by one member of teaching staff aimed at encouraging parents/carers to be involved in their child's learning, wellbeing and mental health. The sessions are available for everyone, though if the school feels a child or family would benefit from more targeted activities they encourage particular parents and carers to come along. The Family Learning Programme includes:

- **Parents/Carers-only sessions** teaching adults techniques to support their child's learning, wellbeing and behaviour at home; and

- **Parents/Carers and children sessions** involving activities aimed specifically at supporting mental wellbeing such as relaxation, massage techniques or physical activities, and more general activities enabling families to enjoy spending time together.

Benefits of engaging parents in supporting children's mental health

Westfield's Family Learning Programme and additional activities described below help the school fulfil two key aims:

1. **Creating consistency for children**

The Family Learning Programme enables parents to support and reinforce approaches used at school in order to support their child's mental health within the home environment. Westfield uses Jenny Mosley's "Golden Rules" which are that "*We are gentle, We are kind and helpful, We listen, We are honest, We work hard, We look after property.*" The rules are used throughout the school and shared with families so that children experience consistent relationships and boundaries across home and school.

Parents are also regularly invited to assemblies where children are taught about mental health, including coping strategies and resilience. For example, they recently used the *We're Going on a Bear Hunt* story to demonstrate resilience. Assemblies are recorded and available on the school website, with photographs and a write up about what was said helping parents to reinforce at home what the children have learnt at school.

2. **Building relationships with parents**

The Family Learning Programme also contributes to building relationships with parents and carers. Having family members regularly come into the school as part of the programme helps school staff to better understand their pupils, their circumstances at home, their barriers to learning and the support that parents and carers may need.

As well as the Family Learning Programme, parents and carers can have appointments with the school's Emotional Literacy Support Assistants. The school has a drop in service every morning providing support and guidance around physical and mental health. Both activities provide the opportunity for parents and carers to alert the school to any issues at home that may be affecting the child, and enable the school to signpost families to external services such as play therapists and behavioural consultants where appropriate.

Keys to success

Staff at Westfield have found that it can sometimes be challenging to engage "harder to reach" parents – that is, engaging those who they rarely see at school and not just already engaged families. Particular examples include parents who work full time and parents who have had negative experiences with school in the past. Staff have found that inviting parents for tea and cake can be really effective in encouraging more parents to engage with the school in an informal and unintimidating setting.

Another challenge for the school has been the emotional demands that engaging with families can place on staff. It can be difficult for staff if children or families they work with are experiencing difficulties in their home life. The school has worked hard to identify external services that they can refer to if parents and pupils are facing problems that are beyond the remit of the school.

Including parental engagement as part of Westfield's strategic school development plan has helped to ensure buy-in to the Family Learning Programme from staff and create a supportive school ethos. The success of parental engagement activities has depended upon commitment from all members of the school community, including:

- Staff and pupils accepting that parents are going to be around school;

- Staff adapting to ensure that there is a room and staff member available for half an hour every morning for parents to drop in for support;

- Governors supporting spending on engagement activities; and

- Staff giving up time, including weekends, to organise and deliver the Family Learning Programme.

In order to continue developing the approach, the school seeks feedback through parent forums and annual parent and pupil questionnaires. These consultations enable staff to ensure that they are providing the opportunities that parents and children want and need. For example, parents and carers have asked to learn more about anxiety in particular. Meanwhile, pupil questionnaires have shown the great value that children place on having parents and carers coming into school.

Parental Engagement 3: Wonersh and Shamley Green Primary School

Wonersh and Shamley Green is a Local Authority maintained Church of England primary school in rural Surrey. The school has recently grown to include juniors as well as infants leading to the characteristics of the school population changing considerably. Most notably, the proportion of children with special educational needs and disabilities (SEND) and the proportion of disadvantaged children have increased significantly.

Around four years ago when the school began admitting juniors, staff noticed an increasing number of children developing mental health issues, as well as rising concerns amongst parents. As a result, the leadership decided to create a **family support team** who parents could speak to when feeling anxious or needing help and advice. The team consists of:

- **A single point of contact for parents**: The school has a dedicated member of office staff who acts as a point of contact for parents. This staff member can then communicate any issues concerning pupils to appropriate teaching staff.

- **The Headteacher and SENCO**: The Headteacher and SENCO operate an **open door policy** and invest time in building relationships with parents and talking to them to about what is going on at home and the way it's impacting their children.

As well as working directly with families, the family support team signpost parents and caregivers to external support, for instance financial advice organisations.

Staff engage with parents on an individual basis before beginning any individual interventions with children, including counselling from a qualified, internal School Counsellor. In response to requests from parents, the school has also developed two key activities for engaging parents and caregivers in supporting their children's mental health.

- **Information mornings for parents**: Hour long informal training sessions are run by staff from local schools who share expertise and resources on certain mental health topics. Wonersh and Shamley Green is part of a local confederation of schools that includes three special schools, and particularly draw upon the expertise of special school staff. Recent topics covered at information mornings have included understanding anxiety and attachment.

- **Support groups:** Sessions with parents of children with SEND or mental health problems are used to provide support networks for parents facing similar experiences. These groups also reduce pressure on school resources, as parents are able to support each other as well as relying on school staff.

All of these parental engagement activities serve to build relationships and trust between parents and caregivers and the school, and foster a 'team approach' in supporting the child. Staff aim to educate parents across the entire school community about mental health issues.

Benefits of engaging parents

The family support team at Wonersh and Shamley Green have found that engaging parents in supporting children's mental health:

- **Benefits children's mental health** by equipping parents to best support their child at home.

- **Reduces the stigma** surrounding mental health. Children are beginning to understand and accept that everyone faces challenges and parents are more likely to understand their child's behaviour at home and reach out for help.

- **Provides vital support** for parents. A recent Ofsted inspection found that families trusted and felt well supported by the school. Engagement activities also encourage parents to support each other.

Resourcing parental engagement

In addition to a dedicated family support team, at least one of whom is available to speak to parents throughout the week, all teachers have a shared responsibility for keeping in touch with what is happening at home with the children in their class. The school protects funding for around two and a half days per term of supply cover in order to enable teachers to spend time meeting with parents, as well as using Pupil premium and support from local charities to fund the counselling provision on offer. The school has also invested in books for parents to borrow about emotional or behaviour issues such as about anger management.

Barriers and facilitators

Although many parents are willing to engage with the school, some are still concerned that this will draw attention to problems their child or family is having and lead to stigmatisation from members of the school community. The school is working hard to educate everyone about mental health issues and SEND in order to reduce stigma and consequently increase the level of communication between the parent and the school.

Financial constraints limit the number of information sessions the school is able to run and therefore the number of parents that the school are able to engage in such activities. The school would also like to be able to afford additional training for staff. However, the school have been creative in finding ways to fund parental engagement, for example by pooling resources with other schools in the local federation, including special schools, who have been able to share their particular skills and expertise.

Parental Engagement 4: Bank View High School

Bankview High School is a special school attended by over 170 pupils with complex learning difficulties including autism and ADHD. Bankview serves families from across the city of Liverpool, many of whom live in deprived areas.

Parental engagement is a cornerstone to Bankview's holistic approach to mental health. The school seeks to engage parents and caregivers in supporting pupil's mental health in order to ensure that:

- Parents are **equipped with the knowledge and skills** needed to understand and support their children's mental health;

- Parents are able to **identify** when children are experiencing mental health issues and **feel comfortable** raising any issues with school staff; and

- The school and parents can work **collaboratively** to do the best for pupils.

Staff at Bankview encourage open discussion about mental health and invite parents to come into school to discuss their children's wellbeing. The school's Additional Resource Centre (ARC) provides a vital space where both children and parents can drop in at any time and speak with Learning Mentors about any issues or concerns. The ARC is also used to monitor student's wellbeing; if a child attends more than three times within a couple of weeks the ARC staff will investigate and inform both parents and other staff that there is a cause for concern.

Half-termly coffee mornings for parents address a range of issues related to mental health in an informal setting. They play a key role in raising awareness about mental health and building long-term trusting relationships between staff and parents. Coffee mornings also facilitate networking, sign-posting and the sharing of resources and knowledge.

Training sessions, organised by the ARC are run twice a year for parents to explain how they can protect their children's mental health and enhance their emotional wellbeing. These sessions also raise awareness of the referrals process that children are likely to go through if experiencing particular mental health issues.

Opportunities for engaging parents also arise as part of Bankview's 'Health and Wellbeing Week', during which practical sessions on useful techniques such as mindfulness and cooking are offered to families. Parents are also signposted to online mental health resources, such as the YoungMinds website.

Benefits of engaging parents and caregivers

Bankview believe that their approach to engaging parents and caregivers in supporting pupils' mental health has benefits for pupils, their families and staff:

- Open discussion about mental health fosters a preventative approach. Parents are equipped to identify mental health issues and access support early on, thus protecting children's long-term mental health.

- Providing parents with support to develop their knowledge and skills empowers them to fulfil their parental responsibilities, benefitting them as individuals, their children and their community.

- The school now benefits from an engaged parental audience who are keen to attend coffee mornings and ask questions. Engaging parents means that the school is not working alone to support pupils' wellbeing, reducing the burden on staff and creating a collaborative approach to mental health.

Developing this approach

Bankview's parental engagement activities around mental health have been led by the Inclusion and Therapeutic manager. Strong leadership has also come from the Headteacher, whose vision for a nurturing school has inspired parental engagement activities as well as the wider approach to supporting pupils' mental health. Bankview's approach has also been informed by pupils' and parents' priorities, formally, through regular Pupil and Parent Satisfaction Surveys, and through informal channels where parents are invited to suggest topics to be addressed at coffee mornings and training sessions.

Challenges

Staff at Bankview have found that a lack of awareness about mental health can be a barrier to parental engagement. However, in recent years they have observed a general rise in awareness, which has made parents more open to discussion. The school's relaxed coffee mornings and training sessions have also been vital in normalising discussion around mental health.

Other challenges for Bankview include:

- **Serving a widely dispersed community**, some of whom experience high levels of socio-economic deprivation. To prevent this becoming a barrier to engagement, the school offers free transport for parents to attend events.

- Ensuring that communications and activities are **accessible to parents experiencing mental health or learning difficulties themselves**.

- **Providing ongoing supervision and support to staff** who work closely with those pupils and their families who are experiencing poor mental health and other difficulties.

Parental Engagement 5: The St Aubyn Centre

The St Aubyn Centre Therapeutic Education Department provide education for young people admitted to the St Aubyn Centre, a tier four Child and Adolescent Mental Health (CAMHS) hospital unit for 13 to 18 year olds in the South of England.

Both the Therapeutic Education Department and clinical staff at the St Aubyn Centre are highly committed to engaging parents and caregivers in supporting their child's mental health, as they believe it can be key to young people's recovery and ability to cope in society. They understand family to be a central part of young people's lives and therefore integral to understanding their mental health needs, treatment and recovery. Moreover, staff feel that the best outcome for most young people after leaving hospital is to live within a supportive family environment. Consequently, improving the functioning of the family and helping parents and caregivers to understand a young person's mental health needs is highly beneficial for fostering the supportive base that young people need when discharged.

Family engagement also has benefits for parents, caregivers and staff. Each young person at the centre is assigned a key teacher. These key teachers provide educational advice and practical and emotional support for parents, for whom having a child experience serious mental health problems and be admitted to hospital for an extended period can be traumatic. At the same time, gaining a holistic picture of a young person's home life enables staff to better understand and work with their needs.

The Unit's holistic approach to parental engagement is adapted to young people's individual circumstances, and not all activities are appropriate in all cases. However, the approach typically includes three major elements:

1. **Initial Assessment and Progress Reviews:** On admission to hospital, the Head of Education joins the clinical team to meet with young people and their parents and/or carers to discuss the circumstances and experiences leading to their admission. The key teacher also has a more informal conversation with the young person's parents, to ask for their views on and hopes for their child's care and educational needs in hospital. Six-weekly progress meetings are a central part of every young person's care programme and provide families with regular updates.

2. **Family Therapy:** The families of young people admitted to the unit are expected to engage with weekly or bi-weekly family therapy sessions.

3. **Ongoing communication and support:** Key teachers are always available to speak with parents about their feelings and concerns around their child's time in the Unit. The Unit also provides written resources about supporting young people's mental health, and welcomes families to ask for further help and information.

Developing this approach to parental engagement

The St Aubyn Centre has been focused on engaging parents in supporting young people's mental health for a number of years. Many teaching staff in the Therapeutic Education Department are trained mental health professionals and highly aware of the importance of family relationships to the recovery of most young people.

Around five years ago, the local authority paid for the Therapeutic Education Department to engage with the 'Achievement for All' initiative. The programme provided training for staff around how to engage with and improve parental relationships, which renewed the Unit's focus on working with families. As a result, the Department formalised their own 'Structured Conversation', the initial informal conversation with parents to understand their hopes for their child's time at the Centre. The training also encouraged a more open approach across the Unit. Other sources of information used by the Therapeutic Education Department to inform this approach included online training on working with young people experiencing mental health problems, such as 'Future Learn' courses. As well as resources for professionals, online courses aimed at parents and caregivers have helped teachers to understand the perspective of parents.

The Centre is committed to ongoing reflection and improvement, and staff attend annual Teachers' Days hosted by Quality Networks for Inpatient CAMHS Units and Units United study days, which the Head of Education helps organise. These events provide important opportunities to learn from best practice from similar settings across the country.

Keys to success

The St Aubyn Centre have learnt some key lessons about what is needed to successfully engage parents in supporting children's mental health:

- **Maintaining a non-judgmental approach**. Parents and caregivers do not always understand their children's mental health and there can be resistance from families who have had negative experiences with education or mental health professionals. Staff have worked hard to reassure parents and to build trusting relationships by involving them from the outset.

- **Assessing what is right for the individual child**. Staff at the centre emphasise the importance of balancing the benefits and risks of engaging families in supporting young people's mental health. While having a supportive family unit can be central to many young people's recovery, for others involving parents or caregivers may not be beneficial. In addition, difficult family relationships can contribute to young people's mental health difficulties, and staff are wary of aligning themselves with parents if this poses a risk to the young person's trust, particularly in cases of abuse.

- **Being proactive**. Staff at the St Aubyn Centre emphasise that it takes time and effort to build relationships with families. As a residential unit, staff at the centre have to proactively reach out to parents, as they are less likely to have regular face-to-face contact than they might have in a mainstream school.

Identifying mental health need

The pen portraits in this chapter provide examples of how schools and colleges identify mental health need among their pupils. This includes identifying individual pupils with particular needs, and monitoring needs across a cohort in order to inform wider provision within the school.

Findings from the Supporting Mental Health in Schools and Colleges Survey[11]

The survey found a near universal (99%) attempt across all institutions to identify pupils with particular mental health needs.

Ad hoc identification by staff was by far the most common method of identification, used by 82% of institutions. Nevertheless, almost all (93%) schools and colleges undertook more systematic activity to try and identify pupils with particular needs. This included making use of information from external services or previous schools (76%), using administrative data collected for other purposes such as attendance or attainment records (50%) and, less commonly, conducting targeted (24%) or universal (15%) screening of pupils.

The survey also found that just less than half (48%) of schools and colleges collected data about **all** pupils in order to inform their mental health and wellbeing provision at an institutional level. This was most common in alternative provision and pupil referral units (77%), special schools (73%) and colleges (72%), and less common in mainstream schools (44% of primary and 49% of secondary schools).

There are six pen portraits illustrating practice in this area:

Identifying Need 1: Claremont Primary School

Identifying Need 2: Exeter Road Community Primary School

Identifying Need 3: St George's Community Primary School

Identifying Need 4: Durham Johnston Comprehensive School

Identifying Need 5: Henry Cort Community College

Identifying Need 6: The Priory School

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[11]Marshall, L., Wishart, R., Dunatchik, A. and Smith, N. (2017) Supporting Mental Health in Schools and Colleges: Quantitative Survey London: DfE.

Identifying Need 1: Claremont Primary School

Claremont is a local authority maintained primary school in Moss Side, Manchester. The school is attended by approximately 700 pupils, many of whom come from vulnerable backgrounds such as living in temporary housing or seeking asylum. Given the high degree of vulnerability of many pupils, identifying mental health need is a key priority for the school.

The main approach used to identify pupils with particular mental health needs at Claremont is **staff observation**. Teaching staff and the inclusion team at Claremont develop close working relationships with pupils and are able to identify changes in behaviour that might indicate that pupils might be in need of additional support.

Pupils at Claremont are also able to **self-refer** to a counselling service during break and lunch times. As well as allowing children to easily access this service, self-referrals highlight to the Inclusion Team that these children may need further targeted support.

Claremont also work with **external agencies** to stay informed of incidents and circumstances that may affect pupils' mental health. They work in partnership with the local Early Help Hub to identify and support pupils and families who may benefit from assistance and guidance. In particular, Claremont participate in conducting the Early Help Assessments that help both the school and the LA to identify pupils' and families' needs. The school is also part of Operation Encompass**,** an external programme which links local police and schools so that the police can inform the school when a pupil has experienced an incident of domestic violence.

Once pupils who might have particular mental health needs have been identified by staff or external agencies, Claremont seek to further assess and understand these needs. Class teachers use the **Boxall Profile** questionnaire with pupils to identify areas of concern. Once needs have been identified, the school offers targeted support such as counselling services, art therapy, play therapy or horticultural therapy. Most of these interventions take place within the school, and many are provided by Place2Be, a mental health organisation working in schools. The school also provides family-focussed support, including counselling for parents. Once underway, these interventions help the school to further understand pupils' mental health and provide continued support. In some cases, the school also consults an external education psychologist for further guidance.

Keys to success

Claremont have invested heavily in equipping their staff to identify mental health need. In particular, the school have paid for **training** from a range of specialists and consultants. Recent examples of training around identifying mental health need include a workshop on attachment issues and another on understanding and identifying pupils struggling with friendship groups and relationships. This investment in skilling staff has been crucial in building a **shared understanding** of the complex lives of pupils and of the importance of identifying and addressing mental health concerns.

Staff also believe that **working collaboratively with multiple agencies** has been key to their success. In addition to commissioning a counselling service, Art, Play and Horticultural therapists and working with the Early Help Hub and Operation Encompass, Claremont is part of the Parental Inclusion Partnership (PIP). This is a group of eight schools that has commissioned two highly skilled Welfare Officers to work collaboratively with these schools to provide evidence-based early help for families and develop community links. Working with and commissioning external agencies allows the school to draw in additional expertise and resources and to build internal capacity by advancing staff's knowledge and skills.

Finally, the **commitment of the senior leadership team** to creating an ethos in which the wellbeing and mental health of children, parents and staff is seen as a priority has been crucial to the success of the school's approach to identifying need.

Challenges

Staff at Claremont are convinced of the importance of understanding the "bigger picture" of pupils' lives, including their family circumstances, in order to successfully identify their social, emotional and mental health needs and plan appropriate interventions. They note that engaging and understanding families can sometimes be challenging, particularly where the stigma surrounding mental health issues discourages parents from taking up support or disclosing needs. They have worked hard to overcome this barrier by identifying vulnerable families and building trusting relationships throughout a child's time at school by offering support for the needs of both the child and family. For example, they offer parents counselling as well as support with applications for benefits and housing offer.

Claremont have also found it important to engage families from the very beginning and to include them in discussions about their child's mental health needs so as to avoid distrust. They have found that this early identification, engagement and intervention is vital in preventing families from reaching a point of crisis.

Identifying Need 2: Exeter Road Community Primary School

Exeter Road Community School (ERCS) is a primary school in a small, seaside town in Devon, with around 200 pupils from Reception to Year 6. The school has above average levels of deprivation, owing largely to irregular employment patterns in the area.

Fewer than 10 years ago, ERCS was performing poorly and had gained a bad reputation among the local community. Following a change in leadership, the school focused on data collection as a crucial step in identifying pupil need, setting up the required support for pupils, and improving overall standards. ERCS now uses two strategic data collection and management tools to identify mental health need:

1. **School Pupil Tracker** – The Pupil Tracker is the main data management tool used at ERCS to record data for all pupils. In addition to recording student attendance, progress and attainment data, ERCS has also developed a bespoke internal mechanism to record pupil confidence and well-being. All teachers have access to the Pupil Tracker and are expected to analyse their students' data.

2. **Social and Emotional Aspects of Learning (SEAL)** – SEAL is used when pupils show a lack of progress or attendance. It involves a questionnaire with both the pupil and their parents to track emotional well-being. The school SENCO and one other staff member trained in the programme have access to the data generated through the SEAL programme, which requires parental consent. The information is selectively shared with other staff members others on a "need to know" basis, and is used to devise specific interventions for that particular pupil and their family.

Embedding this approach

The use of data has become a key element of ERCS's mental health provision. The Pupil Tracker feeds into the use of the SEAL questionnaire, by identifying pupils who might benefit from further attention. When the data from either source flags a pupil at risk, individual attention is provided to such pupils by one of two full time staff members trained in pastoral care. While all pupils are offered regular chat times with a pastoral carer, the carers will dedicate additional time to talk to pupils at risk and engage their parents on a more intensive level.

Data, particularly on pupil confidence, is also used to monitor the impact of mental health interventions and activities. For example, while engaging in an activity such as cooking, drawing, wood carving or art therapy, pastoral carers ask students suffering from anxiety or a lack of confidence how they feel about trying new challenges, taking risks, going to different places, and mixing with different children. They then monitor students' responses over a period of time to track progress.

Benefits of this universal data collection

Staff at ERCS have found using data to identify mental health need to be beneficial in several different ways:

- **Informing and improving provision.** Initially, analysing pupils' attainment, progress, and attendance data helped the school to systematically identify pupil needs and develop their overall approach to mental health need. By speaking to parents of children identified as struggling to progress, the leadership team found that many pupils came from difficult and complex backgrounds, and often needed someone they could talk to. This led them to employ two full time pastoral carers who dedicate their time to talking to pupils. Since then, the school's pupil progress, attainment, and attendance data have improved.

- **Enabling early intervention**. The Pupil Tracker flags changes in pupil data in real time, helping to identify pupils who may be at risk of developing mental ill health at an early stage. For example, in one instance, the data showed that a pupil who had been doing quite well in school was starting to fall back on her progress in a particular year group. After a few weeks the data also showed that she was absent from school quite often. The school was able to dispatch the pastoral carer to investigate the situation and found that the child was exhibiting a change in behaviour as a result of parental separation. The school was able to intervene early and provide the pupil and her parents with the support needed. ERCS feels strongly that without the data identifying her change in progress immediately and without the individual care given by the pastoral carer, the student could have become a "school refuser" in the long term.

- **Engaging parents.** Universal data collection has also provided the school with the supporting evidence needed to engage parents more actively in supporting their children's mental health. While many teachers intuitively recognise when something is wrong with a child, that perception may not be sufficient to convince parents that something is wrong. Staff at ERCS believe that having objective data that indicates changes in a child's progress and behaviour provides a strong starting point for a conversation with the family, and offer the support needed to both the child and the family.

Challenges

Government changes to tracking pupil progress have posed one challenge to ERCS's universal data collection processes. Previously, National Curriculum levels were used by every school nationally to measure pupil performance and the pupil tracking tools that are used at ERCS were based on National Curriculum levels. Since these levels were removed two years ago, the data that ERCS use has become harder to monitor, analyse and compare with other schools. The developers of the tools that ERCS use are continuing to work to come up with a solution that produces data that is common across different schools. In the meantime, ERCS recognise the important of looking at children's work in the classroom as well as the data that they hold.

Identifying Need 3: St George's Community Primary School

St. George's is a Local Authority maintained primary school in rural Dorset. One in five of the 440 pupils attending St. George's have special education needs, and the school serves a high number of children coming from vulnerable and socially deprived families.

In the last few years, staff at St. George's have been using data to identify children with particular mental health needs and to inform the school's overall mental health provision.

Identifying individual pupils with particular needs

St. Georges has a three-stage process of data collection and assessment to identify pupils who might have particular mental health needs. Universally collected academic data is used to identify pupils who are not progressing, who are then screened for special educational needs (SEN) and mental health needs:

1. Staff assess all pupils' reading, writing, and mathematics every half term and use the School Pupil Tracker programme to input and analyse this academic data.

2. When a pupil is identified as struggling to progress academically, staff will assess them to identify any special educational needs (SEN) using the school's screening system for learning needs.

3. If the pupil does not have any identified special educational needs, staff then look at underlying issues that might be affecting the child's mental health, and use the Thrive online programme to assess the child's emotional needs. Parents and a trained staff member go through a series of online questions that generate a "profile" indicating the child's emotional and social needs and a "targeted learning plan" that can help the child develop their emotional resilience.

Informing the school's mental health provision

As well as to assess the needs of individual pupils, staff at St. George's have used the Thrive programme to assess the needs of all pupils in a particular year group where the academic progress has been lower than expected.

This data collection using Thrive has helped staff to adjust the school's Personal, Social, Health and Economic Education (PSHE) curriculum to address group needs. For example, when the Thrive data indicated that there was a lot of conflict between pupils in a year group, the PSHE was adjusted to focus more on nurturing activities and building children's resilience and emotional well-being.

Tracking the impact of interventions

The two types of data collected at St. George's (universal data on academic progress and data on emotional health using Thrive) provide useful indicators of the impact of interventions. For example, academic data is used to assess the impact that the Thrive intervention has had in reducing barriers to learning for those pupils. Meanwhile, Thrive has also proved to be a helpful "interim" tool to track progress of pupils' emotional health before and after an intervention when academic progress may "take time to catch up". Together, the tools provide the data needed to monitor the school's interventions and provide evidence of their effectiveness. This has been particularly beneficial to St. George's in their journey to progress from a "requires improvement" to a "good" school.

Enablers and challenges

The school uses pupil premium funds to support its mental health provision, including paying for the online Thrive tool. The staff at St. George's have also learnt that parental engagement is a key enabler to any mental health intervention, as the school is not able to collect data or deliver mental health interventions without parental consent.

Another key enabler of St. George's approach is collaborative working. While data collection and analysis can be time consuming, at St. George's the responsibilities have been spread out among a number of staff members, helping to manage the process and reduce the burden on teaching staff. All staff are responsible for the general academic data collection that takes place every half term. While teachers input some of this data, the school has also employed a separate staff member primarily to control and input data. Three staff members have also been trained in using the Thrive programme and have access to the online Thrive tool. This division of the work has ensured that staff do not "notice" the time spent on data collection.

Finally, while they have found data to be useful in picking up some pupils facing particular issues, staff at St. George's warn against solely relying on data to identify mental health concerns. For instance, with high attaining students, staff note that it is possible to miss mental health need such as high anxiety if depending solely on data on academic progress. The school's wider mental health provision follows a nurture and attachment approach where each child forms a safe and trusting relationship with a "key attachment figure". This helps to mitigate the risk of missing certain pupils by relying solely on data.

Identifying Need 4: Durham Johnston Comprehensive School

Durham Johnston is a comprehensive secondary school catering for around 1,600 pupils aged 11 to 18, with 140 teachers. The pupil population includes a wide range of socio-economic backgrounds, academic abilities, and social, emotional and learning needs.

There are four key ways in which the school identifies pupils in need of mental health support:

1. **Staff observation.** Any member of staff, including support staff, can refer a pupil to a member of the senior leadership team, normally the head of year, who would then meet with the pupil to ascertain the next steps. Whilst staff referrals have always taken place, in the past two years the Senior Leadership Team (SLT) have implemented training for all members of staff to ensure that they are equipped to identify mental health needs, reassure pupils and refer them to the most appropriate member of staff.

2. **Collating background information about pupils.** Staff members record key information about pupils so that they and other staff can remain aware of any particular vulnerabilities, such as deprivation, special educational needs or recent family trauma. Methods for gathering such information are often creative. For example, when pupils arrive in Year Seven, teachers ask them to do a drawing of where they do their homework, to get an idea of their home background. Form tutors and Heads of Year are responsible for keeping records on their pupils in order to build understanding and inform future intervention.

3. **Questionnaires.** The school regularly use questionnaires, such as a basic personal happiness scale developed by the Head of Year to help understand more about pupils and identify pupils who may be at risk of developing mental ill health. In addition, staff conduct a survey each year with a sample of pupils from across year groups to identify age-specific mental health concerns. For instance, exam stress tends to be more common among older students, whilst for younger year groups the survey has identified anxieties around friendships and confidence. The findings are used to tailor the PSHE curriculum to each year group.

4. **Self-referrals.** The school uses PSHE lessons to empower pupils to identify their own mental health issues and access relevant support. This includes discussion about normal levels of stress and anxiety, for example around exams, and how to recognise that they are experiencing a serious problem that they need support to resolve. The aim is to give pupils a sense of perspective as well as the autonomy to manage their own mental health.

Keys to success

The SLT at Durham Johnston recognise the important role that schools, as universal services, have to play in identifying children and young people's mental health needs. They feel that their approach to identifying need enables staff to be successful 'first responders', and to fulfil their duty to identify mental health issues early on in the hope of reducing the prevalence of mental health problems later in children's lives.

- **Leadership within the school.** Within the last year, the school created a new SLT position to take the lead on wellbeing and mental health. Having a senior leader with responsibility for this area guarantees that mental health remains a priority, and has ensured that the school's work on identifying mental health needs is properly resourced, including access to staff support and training.

- **Working with mental health charities.** The school's relationship with the Charlie Waller Memorial Trust has given staff access to invaluable training around mental health first aid and identifying pupils' mental health needs, as well as to additional resources such as handouts for PSHE lessons and assemblies.

- **Taking a multi-faceted approach.** Whilst questionnaires can be useful tools for identifying vulnerabilities to mental health, senior leaders at the school emphasise that such assessments are secondary to teachers' assessments of children's needs. The collection of data would not be sufficient if used in isolation from the schools' wider understanding of children's lives.

Challenges faced in developing this approach

Staff at Durham Johnston have also worked hard to overcome some of the challenges associated with identifying mental health problems.

First, there is a need to overcome any concerns from staff that focusing on mental health might somehow disadvantage pupils by compromising their ability to deal with day to day problems independently without relying entirely on support from others. In response, the SLT has offered regular and consistent training for staff to emphasise the long-term benefits of identifying and responding to pupils' mental health needs. In addition, staff are supported to develop their knowledge and skills further through optional training that they are able to pursue in their own time.

A second challenge is the additional burden placed on staff by the expectation that teachers ought to identify children's mental health needs as well as provide an academic education. The school recognises the important role that they have to play in identifying need, but also emphasise that there are limits to what teachers can offer. The school has ensured that arrangements are in place so that pupils with severe needs can be referred on to specialist services when needed. This has been facilitated in part by a local mental health network, where the school have regular contact with CAMHS workers who can keep staff up-to-date on best practice and new learning.

Identifying Need 5: Henry Cort Community College

Henry Cort Community College (HCCC) is a local authority maintained secondary school in a relatively deprived urban area of Hampshire with a 'Good' Ofsted rating.

HCCC use a range of approaches to identify students in need of mental health support including:

- **Behaviour management** procedures. HCCC recognise that behavioural problems can often stem from student's social and emotional needs and mental health issues. As a matter of course, staff identify mental health needs by observing students' behaviour and feeding back any concerns in daily "wash up" meetings. In these meetings, a least one Head of House, a member of the Senior Leadership Team (SLT) and the Student Support Team (made up of tutors, house progress leaders, a higher-level teaching assistant and an administrative assistant) review behaviour incidents occurring across the college. This enables the team to identify recurring issues and promptly investigate the causes.

- Investing in developing trusting and consistent **relationships** with students. HCCC has a 'vertical tutoring' system in place whereby tutor groups are made up of small, mixed age groups of students from different years. As far as possible, students at HCCC stay with the same tutor group and Head of House throughout their five years at the college. This means that staff get to know their students very well and are well-placed to identify signs of poor mental health, and students are comfortable disclosing their needs. Tutors and Heads of House also build relationships with families to help them to understand the home life of students presenting with mental health needs.

- Identifying students with mental health needs via **information from external services**. For example, the college receives information from the police that can flag up issues the student may be experiencing at home, as well as the need for mental health support.

- Students **self-referring to mental health support**. The college has a dedicated student support room where pupils can drop in for an informal chat and support from the Student Support Team. This team have oversight of all the behavioural incidents in the college on a daily basis and are therefore key to identifying patterns and trends in behaviour that teachers may not necessarily pick up on.

Once identified, students can be referred to a wide range of support including support from the Student Support Team; Parent Support Advisor (PSA); Emotional Literacy Support Assistants (ELSAs); in-school counsellors; external counsellors from a local counselling charity; NHS CAMHS; or an external educational psychologist. The PSA and ELSAs meet to review cases of students who have been identified as requiring support and discuss the most appropriate form of support for the student, dependent on their needs. Home visits may also be conducted by the PSA to further assess students' need.

Developing this approach

As a result of an increase in demand in mental health support across the area, the Children and Adolescent Mental Health Services (CAMHS) in HCCC's local authority are currently only accepting referrals for people with high-level mental health needs. The lack of support currently in place for young people presenting with lower, but still significant, levels of mental health need prompted the college to focus on improving internal strategies for identifying need and referring to appropriate support.

In developing their approach to identifying mental health need, HCCC have learnt from examples of best practice from other schools; briefings from the local authority; and resources from MindEd, the Fareham Mental Health Forum and a local mental health and wellbeing consultation group.

Keys to success

HCCC's success in identifying mental health need has depended on:

- **Having a 'team approach' to identifying pupils' mental health needs.** Input from a variety of staff generates greater understanding of the pupil's situation and needs.

- **Increasing the contact that staff have with pupils**. The college's Senior Leadership Team (SLT) now stand at the school gates every morning to meet pupils, which has enabled senior leaders to observe young people's behaviour and identify pupils who may be experiencing mental health issues and in need of support. Another recent development is the banning of mobile phones at the college. This has helped staff to pick out students who had been using their phones to hide the fact that they struggle to interact socially, which can be an indicator of mental health issues.

- **Training staff to better identify pupils with mental health needs**. Staff have received training around identifying mental health issues such as self-harming behaviours and eating disorders, including through the Mental Health First Aid course, and the college is increasing the number of staff undertaking counselling courses.

- **Encouraging pupils to feel comfortable talking about issues.** Personal development learning sessions delivered to students focus on issues that they may be experiencing to facilitate self-referrals.

Future priorities

SLT at HCCC believe that **closer working with feeder primary schools** and more focused work on the transition to secondary school could further improve their approach to identifying children coming from primary school with mental health needs, and put early support in place.

Identifying Need 6: The Priory School

The Priory School is a Local Authority maintained secondary comprehensive in Hertfordshire, with 1200 students across Year 7 to Year 13. The school has a high proportion of pupils with Special Educational Needs and Disabilities (SEND), and high levels of disadvantage.

At The Priory, using universal data to identify mental health need is at the forefront of providing support around mental health and wellbeing. Every year, all students complete a **bespoke online survey**. The survey takes 10-15 minutes to complete and consists of approximately fifteen questions, tailored to each year group's needs and the challenges they will face such as transition for Year 7 and exam stress for Year 11. The school works hard to ensure that these questions are age appropriate, accessible and not leading. Data from the online survey is used to respond to mental health need in three key ways:

- To **identify and respond** to the needs of each Year. The school uses PSHE sessions and learning days to address issues that arise across a cohort.

- To **inform further intervention** for individual students already receiving mental health support; and

- To detect mental ill health in students **not previously identified** as needing support.

Students identified as having particular mental health needs through the survey are referred to the school's wellbeing team for further assessment and support. Tools used for targeted assessment include the YP-CORE Outcome Measure and several well-established mental health assessment tools including the Strengths and Difficulties Questionnaire (SDQ) and the Revised Children's Anxiety and Depression Scale (R-CADS), which allow the wellbeing team to quickly identify the level of the need for the young person. The student will then be signposted to appropriate internal support such as counselling or external support from CAMHS.

Benefits of this universal data collection

The Priory School's bespoke survey highlights issues occurring for large numbers of students, enabling the school to appropriately **adapt mental health provision and teaching** at a whole school level. Having a strong data set on mental health also means that the school can **justify investing** in mental health provision. The data collected through the survey has, for example, been used as evidence of the need to employ counsellors.

The survey also provides a **straightforward and immediate** method of identifying individual students with particular needs, enabling the school to put appropriate support in place before a pupil reaches crisis point. Collecting this data importantly means that access to support is **not dependent on students self-referring**:

"Having a really, really straightforward, universal survey […], it means that they don't have to find the emotional language, they don't have to have an uncomfortable conversation with somebody, they can just answer a survey."

Data from both the survey and standardised mental health assessment tools has also made **referrals to CAMHS** quicker and easier, and aided handovers between the school and CAMHS. On the other hand, not all students require support from CAMHS or clinicians and data from the survey has helped the school to distinguish between different levels of mental health need. In-school support offered at the Priory includes counselling, mentoring and drama therapy.

Keys to success

Staff at the Priory identify three key factors that have enabled them to successfully use data to identify mental health need:

- Using a **bespoke, simple and short** survey has minimised costs and the burden on staff. Keeping the survey short also helps students to stay focused and answer the questions meaningfully.

- Having a **mental health lead** in the school has been vital to the success of the approach. The mental health lead's commitment ensures that data is collected and actively used to identify need and inform provision.

- Using a **universal approach** to data collection has helped to guarantee that mental health is taken seriously across the school, and to ensure consistency in the way that pupils' mental health is monitored.

Challenges

Staff at the Priory acknowledge that student surveys cannot be solely used to identify mental health need, as there is no guarantee that all pupils will answer honestly and disclose potential mental health issues. Nevertheless, the survey has helped them to identify some pupils with mental health needs that had been otherwise missed, and to uncover common issues within year groups, including for example concerns about weight and sex and relationships.

Initially, some staff at the Priory were alarmed when survey data indicated that students who they thought they knew well were experiencing problems. The leadership team has endeavoured to reassure staff that this is not an oversight on their behalf, but somewhat inevitable due to the nature of mental health. Pupils may not feel comfortable starting a conversation around mental health and so a problem may remain hidden. Over time, this has served to highlight the importance of the survey for helping staff to identify pupils in need of support.

Offering counselling to support pupils' mental health

The pen portraits in this chapter provide examples of the counselling provision on offer in schools and colleges across England.

Findings from the Supporting Mental Health in Schools and Colleges Survey[12]

The survey found that three in five (61%) schools and colleges in England offered counselling services for pupils. Colleges and secondary schools were significantly more likely than primary schools to offer counselling, to offer more hours of counselling, and to employ qualified or accredited counsellors.

Most institutions funded this provision in part internally, though one in six (17%) reported provision funded by NHS CAMHS and one in seven (14%) reported counselling being funded by their local authority.

There are four pen portraits illustrating practice in this area:

>Counselling 1: Cubert School

>Counselling 2: Hove Park School and Sixth Form

>Counselling 3: Prenton High School for Girls

>Counselling 4: Inscape House School

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[12]Marshall, L., Wishart, R., Dunatchik, A. and Smith, N. (2017) Supporting Mental Health in Schools and Colleges: Quantitative Survey London: DfE.

Counselling 1: Cubert School

Cubert School is a local authority maintained primary school in a rural area of Cornwall. Cubert School has developed a strong reputation for dealing with children with complex emotional needs and mental health issues. A large proportion of the school's 200 pupils have experienced some form of trauma or abuse and staff deliver three types of therapy to staff, pupils and parents:

1. **Counselling**. The Headteacher at Cubert has a Counselling and Psychotherapy Central Awarding Body (CPCAB) Level 2 qualification – a year-long course dedicated to counselling with practical sessions. She delivers "low-level" talking therapy to pupils, staff and parents, and is also able to signpost pupils and families to professional counselling organisations such as Outlook South West or Relate.

2. **Thrive**. The Headteacher and SENCO assistant at Cubert are licenced Thrive practitioners. They use the online Thrive programme to identify and understand children's social and emotional needs, and put into practise the targeted strategies offered by the programme, including small group activities such as messy play.

3. **Creative therapies**. A Teaching Assistant (TA) has qualified as an art therapist and works with traumatised children on a one-to-one basis to help them express themselves through art. Four other members of staff have been trained to deliver "Drawing and Talking", a metaphor based therapy which encourages the child to work through their issues using drawing.

The school also have a freelance **Educational Psychologist** who works with individual children, and refers children to **CLEAR**, a local charity offering therapy for children who have experienced domestic violence.

Benefits of this provision

The Headteacher of Cubert School has prioritised investing in counselling provision because of the benefits it has provided for the whole school community:

- **Pupils** who have experienced real trauma in their early lives receive appropriate support and are able to participate in mainstream education.

- **Staff** have happier classes and are able to teach more effectively. They benefit from having their own mental health needs cared for and from a supportive, collegiate environment.

- **Parents** are given strategies to help their children, and are able to access support for their own needs.

Investing in this provision

The Headteacher has been keen to upskill existing staff in order to be able to provide counselling and other interventions internally. The investment it has taken to provide the therapeutic provision on offer at Cubert School has included **training staff** and allocating **dedicated staff time** to delivering and organising the provision. For example, the school have funded the 10-day Thrive course and supply cover for the two members of staff to attend, night school classes for the TA to qualify as an art therapist, and "Drawing and Talking" training for other staff. A number of school staff spend time delivering the counselling provision, including each of the five staff members trained in creative therapies spending one hour per week and the two members of staff delivering the Thrive programme. In addition, the Headteacher (who is also the SENCO) spends around 6 to 10 hours a week counselling pupils, as well as working with parents and staff and liaising daily with the SENCO assistant to decide which pupils are in need of counselling.

Offering this provision has significant cost implications, but the Headteacher and governors believe that the benefits outweigh the costs. The training and provision has primarily been funded using Pupil Premium funds. Looking to the future, Cubert School plans to transition this year from being a Thrive school to a Trauma Informed School – accessing further training and support from psychologists in order to create a school environment where every pupil feels safe and supported and where staff are committed to an understanding of how trauma can affect children's behaviour and emotions. The Headteacher is also particularly keen that staff delivering therapeutic interventions and dealing with children with high-level mental health needs have access to clinical supervision in order to protect their own mental health.

Keys to success

The counselling provision on offer at Cubert has been developed gradually, beginning with the Drawing and Talking therapy that was introduced seven years ago. Developing this provision over time has enabled the school to make the most of appropriate opportunities to train existing staff, and to make informed decisions about which therapies are worth investing in.

Introducing this provision in a gradual way has also allowed the time needed to convince different members of the school community of the value of counselling and other therapies. One particular challenge was overcoming the idea that offering therapy might reward difficult behaviour by giving children additional attention. The Headteacher has used inset days focussing on mental health and example cases of children who have benefited from counselling to ensure buy-in from senior staff and governors.

On a practical level, the success of the therapies on offer at Cubert has depended on having a dedicated space away from peers where children can relax and engage with staff one-to-one. This year, the school have introduced a 'nurture room' containing comfortable chairs and toys and activities for creative work. This has been particularly beneficial in providing a space noticeably different from the classroom environment.

Counselling 2: Hove Park School and Sixth Form

Hove Park is a local authority maintained secondary school in an urban area with a 'Good' Ofsted rating. Counselling and other mental health support for pupils at Hove Park is delivered by the three members of the school's **Wellbeing Team**:

1. An **NHS Child and Adolescent Mental Health Services (CAMHS) Primary Mental Health Worker** works in the school for two days a week. This BACP-registered psychotherapist is employed by the Local Authority and funded by a partnership between the local Clinical Commissioning Group and the Local Authority. He delivers solution-focused, short-term (6 to 10 session) mental health interventions such as cognitive behavioural therapy for pupils, as well as working with parents to develop strategies to support their children. He is responsible for upskilling school staff and providing supervision for the social, emotional and mental health (SEMH) team, and leads on referring pupils to specialist CAMHS services.

2. The school has a full-time, BACP-registered **integrative art counsellor** who works at a clinical threshold and is able to see pupils for longer periods of time; typically for 12 weeks, but in some cases longer. The counsellor works with parents to explain the work being done, the benefits of therapeutic interventions and to facilitate a holistic approach to supporting the pupils outside of school. She also provides supervision for staff working with pupils with lower levels of mental health need.

3. Hove Park's **student welfare officer** holds a Level 2 Counselling Skills qualification and works three days a week to conduct lighter-touch counselling sessions with pupils. This support ranges from one-off sessions to more structured courses of support, dependent on the pupil's need. The student welfare officer also runs group sessions with pupils on topics such as bereavement, appropriate relationships, managing exam stress and anger management.

The Wellbeing Team also support SEMH key workers to deliver group sessions at the school's short-stay facility for students who are at risk of permanent exclusion.

Ensuring that pupils access the right support

Working in collaboration with their CAMHS Primary Mental Health Worker, Hove Park have recently developed a "mental health and wellbeing framework" that sets out the support available across the school. This framework maps provision from informal support from tutors up to the specialist counselling provision described above. Staff use the 'Plan, Do, Review' model of graduated response set out in the Department for Education's SEND code of practice to assess and move pupils through the pathways of support in a graduated way, according to their need.

Heads of Year and Assistant Heads of Year are responsible for overseeing pupils' mental health, including using formal assessment tools such as the Strengths and Difficulties Questionnaire to assess need. When a pupil is identified by staff or parents as potentially benefiting from mental health support or self-refers to counselling, these Year Teams present the pupil's case history at a Pastoral Triage meeting. In these meetings the Wellbeing Team, the assistant SENCO, who leads on SEMH, and other members of staff (including for example an in-school social worker, education welfare officers, an external educational psychologist and other members of the pastoral team) discuss the pupil's needs and the form of intervention that would be most suitable before referring them on to that support. If counselling is felt to be appropriate, the Wellbeing Team then decide which of their types of provision would be most fitting:

> "…where is this young person best to receive some specialist support (…) would it be [the art counsellor's] skill set or would it need to be [the internal CAMHS worker] or is it appropriate for a Tier 3 referral [to external mental health services]? So we are thinking all the time about where we're allocating appropriate support."

Benefits of this model of counselling provision

Hove Park's unique model of counselling provision has become an example of good practice for schools across the city. Staff report a number of benefits of this integrated model of support:

- Having mental health staff embedded within the school structure has resulted in better communication between staff members and has led to **shorter waiting times** and therefore more effective early intervention for pupils.

- Working closely with other staff during the referrals process means that counsellors are **familiar with the pupil and their case history** before engaging them in mental health provision. This has facilitated more effective working and stronger relationships between counsellors and pupils.

- Being able to access counselling support on the school premises has **reduced the stigma around mental health** for pupils, normalised the idea of accessing mental health support and ensured that pupils feel their needs can be met at school:

  > "We're not losing young people for an afternoon because they're going out for counselling work (…) it's really something that they have in school (…) we give a good sense of belonging to our community - that we can meet a lot of their needs here, rather than it being something that's additional that they have to go away for."

- Having qualified counsellors who are able to offer regular supervision, reassurance and guidance to staff has **increased teacher's confidence** in offering pastoral and mental health support for their pupils. The supervision offered by the CAMHS Primary Mental Health Worker also provides an important space for the SEMH team to talk through any issues they may be facing, supporting their own mental health.

Counselling 3: Prenton High School for Girls

Prenton High School for Girls is a secondary, non-selective academy in the borough of Wirral. Whilst the school serves a wide area with a mixed demographic, levels of poverty in the surrounding area are above the national average, and two in five pupils receive pupil premium.

The counselling offered to pupils at Prenton is provided by a BACP-accredited registered counsellor who works full time on-site, delivering one-to-one counselling to pupils and other forms of support to pupils, staff and parents. The counselling she offers is:

- **Tailored to the individual**. The counsellor seeks to avoid a prescriptive approach, especially around the duration of the counselling provided. Some pupils attend for five to six sessions, whilst others may receive counselling for a full year.

- **Creative**. The counsellor has a dedicated room within the school, but occasionally works with pupils outside using play. She also uses games and art materials to work therapeutically with pupils who might not wish or feel able to talk.

As well as this one-to-one counselling, Prenton's counsellor is responsible for:

- Facilitating other support for **pupils**. The counsellor runs a peer support group and other group-based activities to foster supportive relationships among pupils. Young people who do not want to access counselling at school can be referred to local agencies, such as the Response, The Open Door Centre and Listening Ear.

- Supporting and upskilling **staff** so that they are more informed about mental health. The counsellor runs formal staff training sessions as well as developing ongoing relationships that encourage staff to come to her for advice and guidance.

- Offering provision for **parents and caregivers** including one-to-one sessions, either with or without the pupil present, and group sessions where parents can share experiences, gain information and find out about different sources of support. Parents can contact the counsellor if they are concerned about a pupil's mental health.

Ensuring that pupils access this support

Any staff member can refer a pupil to be considered for counselling. Staff are prompted to refer a pupil if they witness self-harming behaviour, low mood or challenging behaviour, or become aware of a situation at home that might be distressing for a pupil. Pupils are also able to self-refer to the counsellor by dropping in at break or lunchtime.

In weekly team meetings, the counsellor and the Student Services team, which includes a Student Support Lead, Family Support Lead, Behaviour Manager and Attendance Manager, discuss pupils that have been referred for or have self-referred to counselling. This team decide whether counselling is the most appropriate form of support at this particular time, or whether a pupil would better be supported by other members of the team, or supporting agencies.

Benefits of this support

Senior Leaders at Prenton are convinced of the benefits of the model of counselling that they offer pupils. First, having a full-time counsellor who is employed internally means that pupils and parents have **easy and immediate** access to counselling and other support. This is particularly important at a time when waiting lists for external services, for example through NHS Child and Adolescent Mental Health Services (CAMHS) are long.

Second, having counselling on site means that the pupil-counsellor relationship can be **long-term and supportive**, continuing even after formal contact has ended.

Third, the counsellor brings specific **expertise in mental health** to the staff body, and adds value above the listening ear that other staff can offer. As well as the benefits for pupils, staff at Prenton have benefited from the counsellor's expertise. She is able to share advice around supporting pupils experiencing difficulties, and stays up to date with current research and learning to ensure that staff are able to better understand pupils' mental health. The counsellor has also used research evidence, government reports and information from charities such as Papyrus and YoungMinds to promote the need for new ways of working to staff.

Finally, Prenton's counselling model means that mental health provision has become **embedded in school life**, rather than being seen as a separate entity. Provision has become more holistic, staff are having conversations around mental health with confidence, and the counsellor is working alongside others to ensure pupils are receiving the appropriate support.

Developing this approach over time

Prenton are committed to improving and developing their counselling provision over time, and so have gathered and acted upon feedback from pupils and parents. For example, they moved the counselling office to another part of the school after pupils shared their unease about the connotations of receiving counselling in the busy Student Services corridor.

The counsellor has also worked hard to balance a sense of independence from and productive working relationships with teaching staff. It is important that pupils feel confident that the counselling service will be truly confidential, but at the same time the counsellor understands that building relationships with staff is crucial to sharing the benefits of counselling and get everyone on board with the provision.

Counselling 4: Inscape House School

Inscape House is a non-maintained specialist school for children and young people aged 5 to 19 with autism spectrum conditions (ASC). Inscape House has a large therapy and additional support team who deliver and support different types of provision across the school: communication and interaction; sensory and physical; pastoral care and support; and emotional, behavioural and social provision.

The school's counselling provision sits within the emotional, behavioural and social provision and is delivered by two full-time British Association for Counselling and Psychotherapy (BACP)-registered counsellors. The counsellors offer three levels of support:

- **Level 1** entails the **universal** support that the counsellors offer for all members of the school community as a matter of course, including drop-in sessions for all pupils, advice, consultation and training for staff (for example around self-harm, basic counselling and play therapy principles, referrals processes), and workshops for children, parents and carers to explain their role as counsellors.

- **Level 2** consists of targeted, **group-based** interventions and activities for pupils, ranging from relaxation and mindfulness groups and sessions on managing stress and emotional resilience to self-directed play therapy sessions.

- **Level 3** involves weekly, confidential **one-to-one** counselling or play therapy sessions for pupils with higher levels of mental health need.

Inscape House aim to have a relatively small proportion of pupils accessing the Level 3 counselling and therapeutic support or needing referrals to external services. Levels 1 and 2 offer vital forms of early intervention, enabling counsellors to support pupils' mental health needs before they become more serious, as well as equipping pupils to maintain their own mental health:

> "Initially the counselling service focussed on delivering a Level 3 provision, as this was where student need was most focussed, however this provision could only meet the needs of a smaller number of pupils. Therefore, we focussed on developing the Level 2 and Level 1 counselling provision so we were able to target more students and support them to be more proactive with their own mental health.

Ensuring that pupils access the right support

Pupils can be referred to Level 2 and/or 3 support by staff, parents or carers, and through self-referrals. The counsellors use the Strengths and Difficulties Questionnaire (SDQ) to assess the level and nature of pupils' need and adapt support accordingly. Level 2 group support sessions are typically conducted with groups of three or four pupils with similar levels of needs based on the SDQ.

The counsellors at Inscape House work closely with both internal and external professionals. If a student is accessing external counselling services (for example through NHS CAMHS), Inscape House Counsellors would not deliver any Level 3, one-to-one counselling sessions, in order to avoid confusion for the child. Pupils would still be able to access Level 1 and Level 2 counselling provision within the school, with the internal counsellors liaising closely with external services. The school counsellors also endeavour to ensure that any necessary additional support is in place before beginning working with a pupil. For instance, group counselling support for pupils with communication difficulties has been delivered in partnership with the school's speech and language therapists.

Benefits of this provision

Having in-house counsellors has ensured that all pupils at Inscape House have someone to talk to about their mental health and wellbeing and any social and emotional issues they may be experiencing. Since the introduction of the counsellors, the school's Head of Therapy and Additional Support and the school counsellors reflected that pupils appear better able to manage their emotions, resulting in improvements in wellbeing. This has resulted in lower incidents of challenging behaviour, in turn improving language development, concentration and learning. They have also seen a change in the way in which mental health is perceived, with an increasing number of pupils now choosing to self-refer to counselling.

Keys to success

- **Having appropriate resources in place**. Designated counselling rooms that are different from teaching classrooms and toys and games for play therapy has eased pupils' anxiety and encouraged them to engage with mental health support.

- **Referring to expert guidance.** The school's counselling policy and guidelines were developed in line with BACP guidelines, as well as the DfE *Counselling in Schools; A Blueprint for the Future* guidance, and the website The Key for School Leaders.

- **Ring-fencing funding**. Inscape House have used funds from their school budget to fund the counsellors' training and supervision.

- **Having a 'person-centred' approach to all pupils**. This involves the whole school team engaging and working closely with families, and uses pupils' interests and strengths to ensure they experience success; underpinning the school ethos to create a flexible learning programme that can respond rapidly to changing needs.

- **Engaging the whole community**. The counsellors have worked hard to educate staff, pupils and parents about the importance of counselling and have sought feedback from staff, pupils and parents to improve the provision on offer. The counsellors prioritise delivering a fluid, adaptable, integrative approach based on the needs of pupils.

Taking a "whole school approach" to mental health

The pen portraits in this chapter provide examples of how schools and colleges promote a "whole school" or "institution-wide" approach to promoting and supporting mental health.

Findings from the Supporting Mental Health in Schools and Colleges Survey[13]

In the survey, almost all (92%) institutions reported having an ethos or environment that promoted mutual care and concern, and the majority (64%) of respondents felt that the promotion of positive mental health and wellbeing was integrated into the school day. Other common institution-wide, or "whole school" approaches to promoting positive mental health and wellbeing included providing information or signposting to external support (63%), and providing opportunities for pupils to be involved in making decisions about wellbeing provision (59%).

In addition to these activities, which were listed in the survey, institutions reported offering a range of other activities to promote positive mental health among all pupils including themed weeks, days or terms, and sessions on yoga, relaxation or meditation.

There are five pen portraits illustrating practice in this area:

Whole School Approach 1: Birdlip Primary School

Whole School Approach 2: Culcheth High School

Whole School Approach 3: London Academy of Excellence

Whole School Approach 4: Woking College

Whole School Approach 5: Hospital and Outreach Education

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[13]Marshall, L., Wishart, R., Dunatchik, A. and Smith, N. (2017) Supporting Mental Health in Schools and Colleges: Quantitative Survey London: DfE.

Whole School Approach 1: Birdlip Primary School

Birdlip is a Local Authority maintained primary school in rural Gloucestershire attended by around 100 pupils. Birdlip have a '**multi-layered',** whole school approach to supporting mental health, based on an understanding that mental health is *'all-pervasive, at all times, in all areas'*. The approach is driven by the school's mental health and PSHE policies, and the different layers include:

- Embedding mental health in **all interactions** that take place at school. All classrooms have emotion charts that help children to express and recognise emotions in a safe and informal way. Assemblies are a crucial mechanism for bringing the whole school together and delivering consistent messages about mental health to all pupils.

- **Working with families** to support children's mental health within and beyond school. If parents share concerns about a child's mental health, teachers can respond by delivering appropriate lessons to all pupils, as well as supporting the individual family.

- Targeting **tailored mental health support** to those most in need. Interventions for children include nurture groups, Drawing and Talking and professional counselling. Support for parents is also adapted according to the need, and past support has included signposting to counselling, self-help support groups and parenting classes.

Other key elements of the approach include:

- Being **'consciously aware'** of mental health. Teachers are encouraged to reflect on how they act and respond to situations, and how their interactions with children can affect pupils' mental health. The school also recognise the way in which mental health and wellbeing is influenced by a host of factors, including children's home lives.

- Encouraging **open discussion**. Birdlip encourage open discussion about how people are feeling in order to promote positive mental health. Senior leaders and staff model this in their interactions with colleagues, pupils and families, including for example at the Parents' Forum, assemblies, staff meetings, taught lessons and story times.

- Emphasising **shared responsibility.** Mental health provision at the school is led by the Headteacher and PSHE lead, but duties are delegated and shared among the rest of the staff in order to that ensure the whole school community is taking responsibility. All staff are encouraged to embody Birdlip's supportive school ethos.

- Drawing on the **views and expertise of all stakeholders**. From the inception of the whole school approach, the leadership team at Birdlip presented plans to parents in order to identify and address their concerns. They spoke to staff, pupils and governors in come to a common understanding of what 'positive metal health' looks like in order to put appropriate provision in place.

Developing Birdlip's whole school approach

Birdlip's whole school approach was driven by:

- The Headteacher's passion for children's mental health and wellbeing;

- National and local government agendas around mental health in schools; and

- Increasing mental ill health among pupils whose needs did not meet the threshold for NHS Child and Adolescent Mental Health Services (CAMHS) support.

Birdlip's Local Authority has been instrumental in pushing forward a positive mental health agenda and has offered free training opportunities including a number of courses that Birdlip staff have attended. Examples include training for midday supervisors looking at positive wellbeing and positive play, and Mental Health First Aid training for teachers.

The school have drawn on advice and guidance produced by a wide range of bodies to develop their whole school approach and make the most of evidence-based practice. One key source of information and resources is PINK, Gloucestershire's PSHE and Safeguarding curriculum, which includes an online planning tool and free resources for schools and covers core topics such as health, wellbeing, relationships and bullying. Other sources include government guidelines, research by psychologists such as Carol Dweck's work on the growth mind-set, and information provided by NHS CAMHS, the PSHE Association and charities such as Mind and the Mental Health Foundation.

Reflections and recommendations

Birdlip worked hard to overcome initial challenges when introducing this whole school approach, including:

- Bringing everybody on board. In particular, Birdlip needed to reassure parents who were concerned about the impact that teaching about mental health issues such as anorexia could have on pupils.

- Finding the right provision and training for staff, pupils and parents. The free training from the local authority was crucial.

- Negotiating the abundance of information available about mental health. A particular challenge was finding guidance on the age-appropriateness of different topics.

Ongoing challenges for Birdlip include balancing mental health provision with other demands of school life. The school has also struggled to find dedicated space in which to deliver mental health interventions for pupils with particular needs.

One unexpected consequence of Birdlip's open, whole school approach has been the extent to which parents have opened up and sought advice about their home life and own mental health difficulties. This has been a challenge but also an opportunity for staff to better understand and support pupils and signpost parents to appropriate support.

Birdlip reflect that the key to a successful whole school approach is to ensure that provision is bespoke and adaptive, reflecting the changing needs of pupils and families.

Whole School Approach 2: Culcheth High School

Culcheth is a rural high school with approximately 1100 students aged 11-16, situated in an affluent area in Warrington. At Culcheth, staff and students' mental health is supported through a comprehensive whole school approach that is underpinned by the school motto "be the best you can be" and aims to make the school a place that is **positive and supportive**; **safe and stable**; and **protective and preventative**.

The whole school approach is based upon the recognition that academic performance is highly dependent on mental wellbeing, and on the principle that it is vital to support the mental health of staff in order for them to be able to support students. All activities and strategies apply to the whole school community. The pillars underpinning Culcheth's whole school approach include:

- **Formal and informal peer support**. Staff are encouraged to communicate through the 'staff voices group' and support one another by nominating colleagues for formal recognition of their hard work. Across the school community as a whole, initiatives such as 'Random Act of Kindness Friday' take place to encourage positive and supportive behaviour. A network of Youth Health Champions has been trained to signpost fellow students to appropriate support.

- **Access to counselling and advice.** The school has two on-site counsellors and students also have access to the confidential online counselling service 'Kooth'. The school nurse and two tutors from each year group who are dedicated mental health reps also offer drop-in sessions. In addition, advice sessions for students are delivered by youth workers from Warrington Youth Service.

- **Raising awareness amongst staff and students**. All staff at Culcheth are taught to proactively recognise and respond to mental health needs and are trained in techniques to help children to become more resilient. Teaching about mental health takes place in fortnightly PSHE sessions, with modules on topics such as resilience. These PSHE sessions are supported by regular assemblies and tutor group activities as well as occasional "drop-down days" where students are removed from their usual timetable to learn about issues such as self-harm or drugs and alcohol. Educational resources are also made available to the whole school community through the support, care and guidance section of the website and a PSHE Twitter feed.

- **A strong network of staff.** Culcheth's whole school approach to mental health depends on support from across the school community. The approach has been pushed forward by senior leaders and has required commitment from a large number of staff members, including the personal development team, SEN inclusion team and safeguarding team, as well as mentors, counsellors, and mental health reps.

Collaborating with others to develop an effective whole school approach

Culcheth work in partnership with a range of other organisations and schools to deliver their whole school approach. In 2016, Culcheth volunteered to lead the government-led 'Future in Mind' initiative after being approached by Warrington CCG. As part of Future in Mind, Culcheth have received funding to develop their whole school approach as well as access to relevant training. Working with other schools has enabled Culcheth to share and learn from examples of good practice. For example, a Google account has been developed where schools share resources and ideas, such as mental health policies and schemes of work. Staff at Culcheth believe that this collaborative approach has been essential to the success of their whole school approach to supporting mental health.

Benefits of this whole school approach

Leaders at Culcheth believe that their whole school approach to mental health has led to staff and students being more aware of the importance of mental health and how it relates to children's performance at school. They have found that the approach has empowered adults and children to talk about their own mental health and develop strategies to manage it, observing that staff and students are more resilient and have a more positive outlook on life. They are also confident that staff and students now feel supported by their peers, as well as having access to formal mental health support.

Lessons learnt

As well as the value of collaborating with other schools, staff at Culcheth have learnt some key lessons about what is needed to foster a supportive whole school approach. First, the process of offering more comprehensive mental health support resulted in the realisation that many students who had not previously disclosed their mental health needs required support. Though the unanticipated level of demand initially posed a strain on staff, over time it has fostered a proactive approach and reinforced the importance of staff training and development and of resilience in protecting children's mental health. In line with this, Culcheth will soon be leading the 'Outstandingly Happy Schools' project, which will promote a 'prevention rather cure' philosophy.

Culcheth have also learnt that having the practical facilities and space available to deliver interventions and activities is important for developing a successful whole school approach to supporting students' mental health. Their on-site inclusion area, which includes a wellbeing room and a play therapy room, has enabled the school to promote positive mental health through lunchtime activities and sessions and to offer a quiet space for respite, as well as to deliver one-to-one counselling and therapies.

An ongoing challenge for Culcheth is overcoming scheduling issues in order to engage more effectively with external agencies. Events organised by external organisations often fall within school holidays, when it is hard for teachers to attend. In addition, safeguarding procedures can mean that it takes time to organise visits from external services, as school staff must carry out risk assessments and seek parental permission as well as obtain sign off from Senior Leaders.

Whole School Approach 3: London Academy of Excellence

London Academy of Excellence is a high performing Sixth Form college in London. The college is a free school academy, set up in 2012 in partnership with local independent schools in order to provide the equivalent of an independent school education in the state sector.

Pupils come to the college with very high aspirations and soon after opening, staff noticed high levels of anxiety and exam stress in pupils. Both staff and pupils began to think about how to address some of these issues as a whole school strategy. The key aims of the whole college approach to supporting pupils' mental health at London Academy of Excellence are:

- To raise awareness of mental health issues and reduce stigma;

- To ensure that staff know every pupil in the round, including their mental health;

- To develop well-being strategies to help pupils build resilience and be healthy;

- To upskill staff so they are able to respond to pupils' mental health needs; and

- To facilitate pupil voice in decision-making about mental health.

In order to achieve these aims the college has developed a number of activities, including:

- A **Mental Health Network** established and run by pupils who are passionate about mental health. The Network have slots in **weekly assemblies** to present on aspects of mental health. They also hold termly events with external speakers, as well as workshops on well-being, mindfulness and coping skills.

- **Tutor meetings**. An integral part of the house system, these meetings aid early identification of mental health issues. Tutors also hold ten-minute, one-to-one check-ins to support pupils reporting mental health problems.

- **Peer to peer** support from students from a local University. Psychology students from Queen Mary's University were interviewed and selected to act as well-being mentors for Year 12 pupils. This involves a weekly wellbeing programme for each pupil, totalling 5 hours in length, structured around strategies for positive wellbeing.

- Opportunities for **pupil voice**. The school council and headmaster's tea provide opportunities to pupils to bring messages to the Senior Leadership Team.

Another major element of the whole college approach is the effort to **equip staff** to support pupils' mental health. This includes a yearly training programme for tutors, delivered internally and externally through INSET days and head of house meetings, sharing mental health strategy documents, and signposting staff to external providers for additional information and guidance.

Keys to success

Staffing is essential to the delivery of London Academy of Excellence's whole college approach. Staff have found that it is particularly important to have someone in a leadership role who is able to generate ideas and to follow them through. The academy has also employed an associate staff member to coach the Mental Health Network.

The academy monitor the effectiveness of the whole college approach using a termly pupil survey, which has quantitatively shown a positive impact on pupil attitudes around wellbeing. This survey also enables staff to evaluate particular activities and adapt delivery according to pupils' priorities and needs.

London Academy of Excellence's whole college approach has developed organically, often through trial and error. For instance, when the Mental Health Network was first set up, staff found that assemblies about stress were in fact using language that heightened the stress pupils were feeling. They then changed the message to 'thriving, not surviving' to focus on positive mental health rather than on negative experiences. Another lesson learnt has been to arrange peer mentoring sessions at more convenient times for pupils, rather than after school. Constant tweaking is key to implementing a whole college approach that works for pupils; when trying out new approaches staff at the academy would advise other schools and colleges not to 'give up at the first hurdle' but to allow time for evaluation and improvement.

Challenges and opportunities

One challenge that London Academy of Excellence encountered when establishing their whole college approach to supporting pupils' mental health was the amount of time and thought that it required of staff in leadership positions. It became easier once the approach was established and staff training and cooperation were in place.

Having a completely new cohort every two years can make it easier for colleges to quickly establish a supportive 'ethos' for pupils. London Academy of Excellence's LGBT support group is a good example of how they have been able to quickly grow an inclusive, positive environment in just a couple of years. Conversely, staff note that always having new pupils requires the right handover from current pupils to ensure that good work will continue.

Whole School Approach 4: Woking College

Woking College is an open access Sixth Form college in the south of England. The college has a slightly higher than average proportion of students with education and health care (EHC) plans due to the support on offer.

Woking College believe that mental health should not be looked at in isolation. Their whole college ethos centres around '*developing the whole person not developing parts of people*'. One of the college's key initiatives is around '**what every 18 year old should know**'. The vision is that when they leave the college students shouldn't just have academic knowledge but should have the skills to survive in the world, including being able recognise and respond to their own mental health. The whole college approach to mental health is also defined by:

- **Open communication**. The college aims to build an 'open forum' where mental health is discussed regularly so that students feel free and able to inform staff when they are struggling. Talks from external organisations such as the Self Esteem Team and drug and alcohol charities have further helped to promote open discussion.

- Upholding the college as a **'safe space'** where students feel able to express themselves and discuss any difficulties they are experiencing without fear of discrimination. The college's Gender and Sexuality Alliance in particular provides an important opportunity for students questioning their gender identity and sexuality to be supported by one another and by staff.

- A **joined-up** approach. On their first day, students are told about the support available to them. The college does not present a difference between pastoral and academic provision; the same staff work across both areas and all staff are able to signpost students to support.

Equipping staff to deliver the whole college approach

Woking College put a great deal of thought into sourcing the most appropriate mental health training for staff. External training courses attended by the Senior Leads include the designated safeguarding lead training and Mental Health First Aid training, organised through the local 'S7' consortium of colleges in the Surrey and Suffolk areas.

The college have since developed an ongoing programme of internal mental health training in order to keep staff up to date with best practice. In line with Woking College's joined-up approach, *all* **staff are trained** to recognise the mental health issues that students might present with and how to work with them when they disclose that they are experiencing mental health issues or feeling sad or anxious.

Staff training and development is delivered through a peer-to-peer training structure. The college's Director of Support and Learning, Principal, Assistant Principal and Heads of Year attend formal training and then the Director of Support and Learning and Heads of Year cascade learning down to teaching staff.

All staff at Woking College are encouraged to share best practice with their colleagues, for example around communication and how best to work with pupils in one-to-one tutorials. Staff also attend half-termly meetings to discuss specific safeguarding and mental health issues. For instance, a recent session focused on how forced marriage might cause depression and anxiety in students. Newly recruited staff are also provided with rigorous all-encompassing training sessions on how to be a tutor at the college.

Developing this whole college approach

Woking College's whole college approach has developed over time and emerged in response to growing concern in the college and among the 'S7' consortium of colleges about young people's mental health. The Director of Support and Learning and Assistant Principal began to work with students to identify aspects of mental health to work in 2010. They now regularly seek feedback and consult students about how to develop the most relevant provision for them in focus group sessions. Staff were also consulted on the topics that they thought should be included in '**what every 18 year old should know**'.

Enablers and challenges

Strong leadership has been essential in facilitating Woking College's whole college approach to mental health. Drive from the top has helped to identify strategically key areas of need and enabled staff to work together across pastoral and academic support.

The peer-to-peer, cascaded training structure has been crucial in enabling staff at Woking College to develop the necessary skills and knowledge to deliver a whole college approach to supporting mental health in a cost-effective way. The college continue to strive to make the most of their limited resources to support students' mental health and preserve the student experience, including through enrichment activities such as peer support groups and physical activity. In order to continue delivering a whole college approach, the college aim to constantly reflect on their practice, including reflecting on what can be improved and developed within the constraints they are working in.

Whole School Approach 5: Hospital and Outreach Education

Hospital and Outreach Education is a pupil referral unit located in Northamptonshire. The unit provides education at two general hospitals and three child and adolescent mental health inpatient units in the local authority, and runs two educational outreach centres. Staff also provide teaching in homes and other community settings.

The key elements of the unit's whole school approach to mental health include:

1. **Providing specialist and adaptive academic education**: Staff strongly believe that education is instrumental in improving young people's mental health. As such, the primary aim of their provision is to keep children engaged in learning despite being out of mainstream education. Specialist teaching is delivered in the hospitals and inpatient units, whilst the outreach centres offer more traditional classroom teaching to pupils who have been unable to remain in mainstream education due to mental ill health.

2. **Personalised care**: Staff place an emphasis on the personal circumstances of pupils rather than simply looking at their mental health diagnosis. Given that many pupils referred to the unit's provision are already dealing with feelings of failure because they have had to drop out of school, a "bespoke, personalised approach" is needed to provide these young people with a "real opportunity to be successful". Developing positive and nurturing relationships with pupils is a key aspect underpinning all of the unit's provision, including teaching.

3. **Emphasising positive wellbeing**: Staff focus on turning the classroom into a respite or safe space for pupils by focusing on wellbeing, rather than engaging with mental ill health in the classroom which could be a negative trigger. Teachers provide value-based learning, which reinforces positive behaviours. Comments such as "I noticed you are being kind" help to build pupil's self-confidence and resilience without putting too much pressure on them. This strategy also helps staff to avoid using accusatory statements such as "you aren't getting enough sleep", which could negatively impact some pupils.

4. **Parental engagement**: Staff at the unit believe that engaging parents and family in a positive manner is vital to approaching mental health provision holistically. They involve families in their learning and engagement programmes, and have family liaison workers who spend time talking to parents, listening to their concerns, and providing advice around supporting children experiencing mental health difficulties.

Keys to Success

Senior leaders at the unit note that a **strong staffing strategy** is vital to achieving a successful whole school approach to supporting pupils' mental health. This has included:

- Employing proactive staff who are passionate about mental health and willing to learn.

- Providing continuous training and development opportunities to ensure that staff have the right skills needed to handle pupils' complex needs. For example, staff have been provided training in solution-focused approaches to mental health and the Solihull Approach, which emphasises containment, reciprocity and behaviour management.

- Including research and knowledge-sharing tasks in staff performance targets in order to build "pockets of expertise" within the unit. For example, one staff member researched the impact of bereavement on mental health and how best to support young people affected by bereavement. This included visiting the bereavement team in Northampton General Hospital and attending an online training on bereavement.

Another key to the success of the unit's approach lies in the leadership team's **willingness to learn and change**. The team are open to trial and error and learning from each experience, and believe that strategies that don't work are as important as strategies that do because of the learning that they provide. This means that the unit's provision is continually improving, and also reassures pupils that if a particular strategy does not work for them, it is not a failure on their part:

> "We have a menu of different strategies and things that we can use with young people and the way in which we phrase it is, 'All right, we're going to try this and we're going to work together and if it doesn't work, it might be that we've not managed to find the right thing for you'."

The unit also recognise the value of **working collaboratively** with local schools. Staff provide guidance and advice to schools around early intervention, the stigma associated with mental health, and handling difficult situations, so that children with mental health difficulties are able to return to or remain in mainstream education as far as possible.

Monitoring the impact of this whole school approach

Measuring progress has been the main challenge for the Hospital and Outreach Education unit. Progress is often apparent to staff and pupils' families, for instance when pupils transition from feeling suicidal and unable to attend mainstream education to going to college. Nevertheless, it can often be difficult to measure impact and progress through regular measurement tools such as pupil attainment. In order to address this challenge, staff at the unit have developed an in-house emotional wellbeing and readiness for learning scale called the "personal development scale", which measures things like peer relationships, attitudes to learning and hopes for the future. This scale demonstrates social and emotional progress at an individual level, and has provided encouragement to pupils by showing how far they have come.

Having a plan or policy for mental health

The case studies in this chapter provide examples of schools' and colleges' plans and policies for mental health, and explore how these policies serve to support and improve provision.

> **Findings from the Supporting Mental Health in Schools and Colleges Survey[14]**
>
> The survey found that the majority of schools and colleges in England had a plan or policy in place about supporting pupils with identified mental health needs (87%). Less common were plans and policies about promoting the mental health and wellbeing of all pupils, though more than half (58%) of institutions did have such a policy.
>
> Survey findings suggested that institutions with plans or policies around mental health typically offered a higher level of mental health provision than those without.

There are four pen portraits illustrating practice in this area:

> Mental Health Policy 1: Gordon's Children's Academy
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> Mental Health Policy 2: Hope Brook C of E Primary School
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> Mental Health Policy 3: East Leake Academy
>
> Mental Health Policy 4: West Suffolk College

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[14]Marshall, L., Wishart, R., Dunatchik, A. and Smith, N. (2017) Supporting Mental Health in Schools and Colleges: Quantitative Survey London: DfE.

Mental Health Policy 1: Gordon's Children's Academy

Gordon's Children's Academy is an Ofsted rated "Good" primary school in an academically low-achieving rural area of Kent. The Academy has a diverse cohort of around 500 pupils across the infants and juniors. The Academy has a higher than average number of pupils with special educational needs and disabilities (SEND) with a high rate of ADHD diagnoses, and a relatively large number of pupils with physical health problems.

Mental health is incorporated into the Academy's SEND and pastoral policies and the school improvement plan. The Senior Leadership Team (SLT) believe that learning and psychological wellbeing are highly intertwined. Just as the academic curriculum would never be taught without a strategy in place, they believe that every school needs a strategic plan for addressing mental health.

The Academy's current policies emphasise the mental health and emotional wellbeing of pupils. Particular issues of importance at the moment include emotional resilience, attachment disorders, anxiety resulting from family and home circumstances, and dealing with side effects of ADHD medication. Strategies set out in the policies include:

1. **Identifying key issues affecting pupils**. Specific emotional or behavioural issues that appear to be affecting a year group are raised at academy phase meetings and in-academy reviews.

2. **A systematic referrals process**, with Tier 1 and Tier 2 referrals to internal interventions such as first aid emotional therapy and drawing and talking, and Tier 3 referrals to NHS Child and Adolescent Mental Health Services (CAMHS).

3. **Providing support for family issues**. The Academy has an emotional plan in place for children experiencing mental health problems as a result of family or home circumstances, such as grieving the loss of a parent or parental break up.

4. **An open door policy for parents**, including a SENCO surgery where parents can share their concerns, and receive advice and reassurance.

The Academy find having a policy in place holds them to account by making it clear what needs to be achieved. Having holistic mental health policies has helped staff to focus on their responsibility to develop pupils into socially and emotionally resilient individuals, with benefits for the whole community:

> "A child is not an automaton that we just pour information into and hope they absorb it and regurgitate it at the end of each year. It's about transforming that young person into a social, emotional, resilient, hardworking, moral individual that can go out and change their direction, their goals and impact positively on other people."

Communicating mental health policies

The Academy communicates its policies to parents and pupils via its website which they are signposted to by the SENCO. The key message around mental health strategies is that the Academy wants to enable children to reach their full potential by helping them overcome their barriers to learning, including mental ill health, friendship difficulties, attendance or self-esteem.

Policy is communicated to staff in whole staff meetings and in phase meetings with year group teachers, or senior teachers within that year group. The SENCO and pastoral manager have encouraged delivery of mental health strategies by creating a database of practical tips for teachers around managing behaviour and emotional distress, including occupational therapy exercises to reduce stress in the classroom. Teaching staff are also exposed to the mental health messages taught to pupils in whole school assemblies, meaning that they can reinforce this learning elsewhere.

Developing these policies

Gordon's Children's Academy's SEND and pastoral policies and school improvement plan are drafted by the SLT. In formulating these policies, the SLT draw on recommendations from the safeguarding mental health manager, who is the pastoral lead for the Academy, and the SENCO, both of whom are involved in dealing with pupils' mental health on a day to day basis and so well placed to develop recommendations based on the needs of pupils.

The safeguarding mental health manager and SENCO are able to draw on the expertise of internal and external professionals, such as play therapists, counsellors and paediatricians to develop their recommendations for the SLT. They also draw on online resources to find out more about particular areas of mental health need and provision.

Looking forward

The SLT at Gordon's Children's Academy believe that in order to be successful, mental health policy must be inclusive, involving everyone and for everyone. In the future, they hope to further engage the entire school community in developing mental health policies. For example, they would like to run coffee mornings where staff, families and the local community can discuss mental health issues such as the effects of bullying, broken relationships, pressure from exams, and use these discussions to feed into the school's policy.

Mental Health Policy 2: Hope Brook C of E Primary School

Hope Brook is a small Local Authority maintained primary school in rural Gloucester attended by approximately 120 pupils aged 4 to 11. In the last three years, mental health has been embedded in Hope Brook's Citizenship and Personal Social and Health Education (CPSHE) policy.

The CPSHE policy is key to Hope Brook's mission to address social, emotional and mental health needs and informs many of the school's other policies including curriculum and additional needs strategies. Hope Brook's school development plan (SDP) is the main instrument by which the mental health elements of these policies are implemented.

The central elements of Hope Brook's mental health strategies entail:

- An **open door policy** where pupils have multiple opportunities to express their mental health needs and where there is no "wrong" way to access help:

    "We just try and keep it really open, as long as they can tell somebody that they've got a concern, it doesn't matter how they do it."

    This policy has been implemented by introducing a wide range of formal and informal ways for pupils to access emotional support. These include speaking to their teachers directly, posting their name in a "worry box", slipping a note under a teacher's door or sending an email to the school.

- Incorporating **wellbeing activities** into the life of the school. Each class has a period of time dedicated to mindfulness, reflection and relaxation. During these sessions pupils engage in exercises like colouring, yoga, and reflection time in a calming environment. Each class is provided with a reflection toolbox with the resources needed for these activities and staff also make the most of the school's rural location to offer outdoor learning opportunities to support wellbeing.

- **Family support**. The school recognise the importance of the family context for pupil's mental health, and have invested in providing early help for families in need of additional support. The school has two dedicated family support workers and also commissions additional services to help parents. An onsite pre-school also helps staff at Hope Brook to build relationships with parents and to identify needs early on in a child's life.

- Taking **staff wellbeing** seriously - ensuring that staff have access to counselling and an annual health MOT, as well as making the school a supportive environment for all.

Developing the mental health policy

Staff at Hope Brook were made aware of the need to develop a mental health policy by the results of a Local Authority-led survey of Year 4 and Year 6 pupils. This survey informs county-level policy, but the Local Authority also provides schools with a detailed report. The findings of the first survey indicated that a number of pupils at Hope Brook were experiencing social and emotional stress, particularly around friendship groups, and that many did not feel they had an outlet to express these concerns. These issues had not been visible through general pupil progress data, and there had not been any incidents to raise cause for concern in the school, so the results were both surprising and illuminating for staff. They helped staff to gain deeper insight into the various social, emotional and mental health concerns faced by pupils, and directly informed the development of the mental health policy.

The school council at Hope Brook have also developed and conducted a more child friendly questionnaire to gain further insight into pupil concerns. Keen to continue involving pupils, staff have encouraged the school council to share the findings of the survey and discuss steps to address the issues with the pupil body.

The senior leadership team at Hope Brook have also found resources including the PINK curriculum developed by the Gloucestershire Healthy Living and Learning team, the Coram Life Education material, and the Cambridge resources useful when developing their policies and provision.

Keys to success

Staff at Hope Brook are always looking for the next step needed to improve their policies and provision further. They view their mental health strategy as constantly evolving, and this has been key to their success. Staff are open to **trial and error** to understand which approaches are working well for pupils, and are happy to adapt techniques as needed. Flexibility, open mindedness and adaptability have been vital ingredients to this work.

Another key factor to the school's success has been the importance that they place on **pupil feedback**. Staff are committed to ensuring that pupils' voices are heard in the school's decision making, particularly with regard to mental health and wellbeing. The school council-led questionnaire is carried out every year, and is an important mechanism for pupils to inform the direction of mental health policy.

Staff at Hope Brook also feel that the success of their mental health strategies has depended on embedding a commitment to mental health and wellbeing throughout the **school's culture**. This has taken time, and has required consistent communication about the importance of mental health to all members of the school community, including staff, children and families.

Mental Health Policy 3: East Leake Academy

East Leake Academy is a secondary school and sixth form for pupils aged 11 to 18 in a semi-rural area of south Nottinghamshire. The academy has a growing population of around 1,000 pupils, and has a high level of focus on mental health.

Mental health features heavily in East Leake's **positive engagement for learning policy**. This behavioural policy aims to address barriers to learning, including school-refusing behaviours, and poor mental health, recognising that "*children and staff can't get the best out of each other if they're not mentally in the right place to do so*": The behavioural policy has the pupil "*at the heart*", and contains a detailed flow chart outlining the student welfare, guidance and support structures available to pupils at the academy. The policy also has a focus on equality and respect for diversity, particularly with regard to the academy's growing LGBTQA+ community.

East Leake's positive engagement for learning policy does not stand in isolation, but is part of a "*wrap around*" **approach** to mental health that reflects the academy's embracing of a growth mind-set and philosophy that relationships are at the heart of all that they do. Staff at the academy are keen that mental health is not seen as separate to academic life, or a one-off activity, but a central part of the service that they provide:

> "It's not just about a piece of paper, it's what we do, because otherwise it's just seen as ticking a box, whereas we truly believe that this is of such high value (…) we live and breathe it (…) as part of our every day."

> "We're trying very much to move away from having stand-alone hot topics, because, we've found before that you'll have bullying week, and you'll pick that up for a week, or you'll have young carers' week, or mental health week, and we pick them up, and we do lots of things about them, and you put it back down, and then, unless you do something all of the time, and repeat it, you do lose those skills and that knowledge (…) So we're trying very much to change the ethos and culture in school so that we do talk about these topics all of the time (…) We want to make it okay to talk about it, whether that's with each other, or with a member of staff, and, just keep embedding that, and the more we just keep going, the easier it becomes."

Other aspects of the academy's wrap around approach to supporting pupils' mental health include staff initiating open discussion about mental health as a normal aspect of everyday life in order to reduce stigma, assemblies about mental health topics, discussion groups for pupils experiencing particular issues, strategies to support staff members' mental health, and having a student support specialist available to families and pupils throughout school holidays.

Communicating mental health plans to the academy community

East Leake's mental health strategies, messages and activities are communicated to parents and pupils through newsletters, flyers, the academy website and social media. In

line with the academy's ethos, mental health provision is presented at intake days, assemblies and post-16 events as a core element of the support that pupils and their families can expect to receive if they join the academy. The academy has various forums to ensure that pupils' voices are heard in decision-making about this important mental health provision that will affect their wellbeing and futures.

Core messages around the wrap around approach and specific strategies and interventions are shared with staff at faculty meetings, inclusion meetings and house meetings. All members of teaching staff are also provided with a Teacher Toolkit, which includes guidance about the mental health provision available for pupils, and how they can refer into this support.

Keys to success

Leaders at East Leake feel strongly that for a mental health policy to be successful it needs to be **embedded in the mind-set and vision of the whole school**. This is both because a policy on its own will not guarantee action, and because imposing a strategy from the top down can result in resistance from a school community. The success of the academy's provision has depended on **proactive and committed staff** who have the attitude and expertise needed to ensure that the policy translates in to every day practice.

Staff at the academy also emphasise the importance of having a policy that is **driven by, and responsive to, the needs of pupils**. Pupil leadership at East Leake includes pupils having input in the mental health topics to be covered in discussion groups and assemblies, as well as the development of a Sixth Form blog where older pupils can share their experiences and lessons learnt with young peers. The academy has also developed day-to-day aspects of their mental health provision by listening to and learning from pupils. For instance, when pupils reported that coloured slips for counselling appointments were bringing attention to them, the academy adapted to align the slips with other notes routinely passed to pupils in order to avoid stigmatising individuals.

The academy team **continually review** their policies and provision to ensure that they are meeting the needs of pupils. They have drawn on tips and strategies from the Time to Change and YoungMinds websites to improve their provision, as well as consulting local universities about what they have found useful in supporting students' mental health.

Overcoming barriers to learning is part of East Leake's **Academy Improvement Plan** for this academic year (2017/18). The next step in the strategy includes using CPD and INSET days to continue to ensure that all staff, and not just the core pastoral team, are confident in responding to pupils disclosing particular mental health needs.

Mental Health Policy 4: West Suffolk College

West Suffolk College is a large further education college in a relatively deprived urban area with over 10,000 students. Mental health support is central to West Suffolk College's **student welfare strategy**. This strategy is based upon the principle of understanding students in a holistic way in order to be able to support their mental health needs appropriately and ultimately address barriers to learning:

> "You do need to be holistic, because if you just educate young people and don't look at anything else about them, you're not really fully supporting them (…) you need to know who your adult carers are. You need to know who your children in care are. You need to know those who are in social deprivation so that you can support them adequately with their other needs, because they can't learn if those basics are not taken care of."

All students are asked to indicate if they have a mental health condition when they start at the college. Other students presenting with particular mental health needs are identified by staff. These students are then invited for a welfare assessment, which was developed with an NHS Child and Adolescent Mental Health Services (CAMHS) primary mental health worker around ten years ago. The welfare assessment asks questions about the student's mental health history and determines whether their mental health needs are low, medium or high risk. Findings from the assessment are used to liaise with external services, such as GPs and drug counselling services, as well as being used to decide what internal support students need. Students who are low risk are monitored and looked after by Personal Support Tutors and those who are medium or high risk are referred to the Student Welfare team. The support offered by the Student Welfare team includes supporting students to get the clinical support that they need in order to be able to manage their mental health now and in the future. The team also talk openly with young people about the barriers they might face in the future, and support them to make positive choices regarding their mental health, education and careers.

Mental health provision is also factored into West Suffolk College's **staff training and professional development** strategies. Mental health first aid training has been delivered to personal support tutors, the welfare team and teaching staff who deliver courses with particularly high number of pupils experiencing mental health problems. The college also use regular internal training to communicate the college's welfare strategies to staff.

Developing these mental health policies

West Suffolk College began to develop their mental health policies ten years ago. Key triggers included:

- A perceived lack of mental health support in the local area;

- An observed increase in students presenting with poor mental health;

- A number of attempted suicides among students;

- A desire to ensure that students felt supported and developed resilience and strategies to look after their own mental health.

The welfare and staffing strategies have primarily been developed by the college's Student Welfare Manager, and signed off by the senior management team. They have been informed by the Student Welfare Team's collective experience and expertise, as well as information and training offered by charities such as Samaritans, Papyrus and Mind.

Keys to success

West Suffolk College's student welfare strategy and other policies have enabled them to successfully identify and respond to students' mental health needs, and staff believe this success is evident in the positive outcomes achieved by students from vulnerable backgrounds. For instance, nine in ten students in care, and a similar proportion of young adult carers, pass their courses at the college. This increases to 94 per cent among young people in contact with Student Welfare staff, and 99 per cent among students attending counselling services.

Particular facilitators ensuring that the policies are successful in practice have included:

- **Harnessing the expertise of staff.** Student Welfare staff include individuals who have previously worked as social workers and police officers, bringing a wealth of knowledge to the team. Social work students and apprentices are able to support the core team in conducting welfare assessments.

- **Making use of external training.** The college have benefited from a range of quality training available in the local area, and have reduced costs by asking external organisations to come into the school to deliver training instead of sending staff to external courses.

- **Building and maintaining strong links with external agencies.** This has facilitated collaborative working, increasing staff members' understanding of students' needs and improving the support available for students.

- **Ensuring that the policies are flexible and evolve over time.** The team have adapted their welfare strategy in light of emerging student needs, as well as on the basis of new information and training.

Annex 1: Resources

Below is a list of resources and organisations mentioned by the schools and colleges interviewed for this research.

Association of Colleges and Sixth Form Colleges (SFCA)

British Association for Counselling and Psychotherapy (BACP)

Boxall Profile

Charlie Waller Memorial Trust

Children's Emotional Wellbeing Service (ChEWS)

CLEAR

Coram Life Education

CPOMS

DfE counselling in schools guidance

DfE wellbeing resources

DfE SEND code of practice

Early Help Hub: Location specific – search for Early Help Hub in your area

Future Learn

Gloucestershire Healthy Living and Learning

Healthwatch Lewisham

Jenny Mosley's Golden Rules

Kids Inspire

Kooth

Listening Ear

London Grid for Learning

Mental Health First Aid

Mental Health Foundation

Mind

MindEd

Learning to Ride Elephants Book: Morris, I. (2015) Teaching Happiness and Well-being in Schools: Learning to Ride Elephants. London: Bloomsbury.

NHS Mental Health guidance

NSPCC

Operation Encompass

Outlook South West

Papyrus

PHSE Association

PINK curriculum

Place2Be

Relate

Response Counselling Service (Wirral)

Samaritans

Self Harm Awareness & Resource Project (SHARP)

Social and Emotional Aspects of Learning (SEAL)

Solihull Approach

The Key for School Leaders

The Open Door Centre

Thrive

Time to Change

Times Education Supplement

Walsall Pregnancy Help

Young Minds

YP-CORE Outcome Measure

Revised Children's Anxiety and Depression Scale (R-CADS)

Strengths and Difficulties Questionnaire (SDQ)

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