Mental Health Support Teams HeadStart

Mental Health Support Teams

HeadStart is a £67.4 million funded programme from the National Lottery Community Fund, designed to test new ways to improve the mental health and wellbeing of young people aged 10 to 16, and prevent serious mental health problems from developing.

HeadStart understands that the mental health and wellbeing of children and young people is shaped by experiences in different aspects of their lives, including at school, at home, in relationships with family and peers, interactions with digital technology and within broader mental health systems. In collaboration with schools, families, universities, charities, voluntary and community organisations (VCOs), public and clinical services, and young people themselves, HeadStart aims to:

- Build young people's emotional resilience
- Respond to the early signs of common mental health problems
- Provide joined-up, cross-organisational support when and where it is needed.

The programme has implemented a range of universal, evidence-based interventions to meet its aims, and involves six local authority partnerships identified as having higher levels of social and economic deprivation than the national UK average: Blackpool, Cornwall, Hull, Kent, Newham and Wolverhampton. Mental Health Support Teams have been established across some of these local authority partnerships.

During November 2021, the National Children's Bureau interviewed programme leads and gathered key learning from 5 of the 6 HeadStart Partnership sites about the development and implementation of Mental Health Support Teams locally. We sought to explore:

- Similarities and differences between HeadStart programme and Mental Health Support Teams
- Interactions between MHSTs and local systems in HeadStart partnership areas
- Lessons learned from HeadStart that are applicable to the aims, core functions and sustainability of MHSTs.

There is a wealth of learning from HeadStart that may be relevant to areas looking to set up Mental Health Support Teams. This report sets out some of the thematic learning and principles from those conversations that may be relevant to areas looking to establish Mental Health Support Teams and areas where they are already operational.

1. Definitions

HeadStart: aims to explore and test new ways to improve the mental health and wellbeing of young people aged 10 to 16 and prevent serious mental health issues from developing.

HeadStart has trialled a broad range of initiatives in order to:

- improve emotional wellbeing
- improve engagement in school and academic attainment
- reduce the onset of diagnosable mental health disorders
- reduce engagement in 'risky' behaviours.

Mental Health Support Teams: a new service designed to help meet the mental health needs of children and young people in education settings. They will be based across education settings as an additional resource within a whole-system approach to promote resilience and wellbeing; increasing access to early evidence-based intervention for common, mild to moderate mental health problems such as anxiety and low mood.

There's similarities, but there's differences and they offer something different to a young person. So, it's about the right fit I guess.

At the moment, it's in a space where we're going to have the family hubs we're going to have... lots of really significant system change and that will be happening in a very short space of time... we need to think about Mental Health Support Teams in that space too.

2. What are Mental Health Support Teams?

Mental Health Support Teams are part of a package of support developed jointly by the Department for Education and Department of Health and Social Care, NHS England and Improvement, Health Education England and Public Health England to deliver the commitments set out in the Children and Young People's Mental Health Transformation Green paper and the NHS England Long-Term plan.

These commitments seek to expand access to mental health provision for children and young people, providing additional support through schools and colleges and reducing waiting times for treatment.

To deliver these commitments, the following were developed:

- Mental Health Support Teams established in education settings, including Educational Mental Health Practitioners who are trained in evidence-based interventions and supervised by NHS staff
- Pilot sites to trial the feasibility, sustainability, resource implications and impact of reducing waiting times for access to specialist NHS CYP mental health services
- Development and training of Senior Mental Health Leads in schools and colleges.

Mental Health Support Teams provide or signpost to existing local provision, such as counselling, educational psychology, school nurses, pastoral care, educational welfare officers, VCSEs, the local authority, including children's social care, and NHS CYPMH services. A key feature is the expectation that they will work with settings to understand the particular characteristics and needs of their students and ensure they become an embedded part of the overall mental health support system.

An early evaluation of the Mental Health Support Teams Trailblazer programme has been undertaken by the University of Birmingham.

2.1 Core Functions

Mental Health Support Teams have three core functions:

- to deliver evidence-based interventions for mild-to-moderate mental health issues
- support the senior mental health lead (where established) in each school or college to introduce or develop their whole school or college approach and
- give timely advise to school and college staff, and liaise with external specialist service to help children and young people to get the right support and stay in education.

2.2 Operating principles

This summary of operating principles from the Mental Health Support Teams manual are expected to be implemented by Mental Health Support Teams and were frequently referenced by the HeadStart sites as pivotal to integration of teams within the existing local context.

1. There should be clear and appropriate local governance involving health and education
2. MHSTs should be additional to and integrated with existing support
3. The approach to allocating MHST time and resources to education settings should be transparent and agreed by the local governance board
4. MHST support should be responsive to individual education settings' needs, not 'one size fits all'
5. Children and young people should be able to access appropriate support all year (not just during term time)
6. MHSTs should co-produce their approach and service offer with users
7. MHSTs should be delivered in a way to take account of disadvantage and seek to reduce health inequalities.

3. The HeadStart offer

In developing the HeadStart programme locally, areas embedded a range of models; developed relationships and infrastructure; connected with local strategic and commissioning priorities and local transformation plans; and strengthened voluntary and community sector provision to ensure a long-term and sustainable approach.

NHS England have commissioned and developed Mental Health Support Teams locally, and many HeadStart sites also described the importance of developing strong links to clinical commissioning, CAMHS, and public health. However consistently across the sites, more important than where the service 'sits', was an expectation of constant collaboration and a broad-system view as a key driver of success. Working across partners to develop a clear understanding of need, avoiding duplication across services and offers to build complementary and a comprehensive place-based offer was key; and this is reflected in the Mental Health Support Teams operating manual.

> The earlier we can intervene, the less likely there's going to be support needed at teenager and adolescent stages.

Working with a range of practitioners, such as participation practitioners, youth workers, welfare assistants, peer-mentors, trusted adults; and links with wider sources of support and services (be that primary care, social prescribing or community support) was seen as vital to developing this full complement of provision. In addition, HeadStart sites operated core teams, who provided essential system navigation and oversight functions, as well as focussed resource on strategic whole area development such policy, practice, coproduction and training.

For one area, moving away entirely from the concept of a "project to refer in to" was key to expanding perceptions of mental health support: moving away from a traditional model of service delivery to an understanding that there are lots of ways to support children and young people that are meaningful and impactful. Coproduction with children, young people, families and schools was integrated across all HeadStart sites and is discussed in more detail in subsequent sections.

Lastly, HeadStart partnerships used a range different evidence-based models such as a [Whole School approach](#), [Trauma-informed Schools](#) and the [Boingboing Resilience Framework](#). Each of these models use different guiding principles, but crucially recognise the impact of poor mental health in children and young people, and take a broad, integrative and systems-wide approach to changing culture and practices to supporting emotional wellbeing.

> Making sure that young people have early access to support around their mental health is to build the resources and the capacity in the systems around young people to enable them to do that and to understand that there are lots of everyday things that we can do that will help.

Working across the 5–19 age range is also advantageous as there is limited available provision for children under 9 years, with a number of the HeadStart partnerships keen to extend the age range they provide services to and acknowledging that MHSTs provided an opportunity to provide a full complement of provision within a local area. Indeed, one site had already influenced the MHSTs offer locally to address this gap in provision by focussing specifically in primary schools to address the gap in the lower age range.

> This didn't fit with the national directive for MHSTs so was initially challenging.

Many of the sites interviewed reflected a positive working relationship with the Mental Health Support Teams, and a willingness from the teams to engage across the system. A number of HeadStart programme leads, within wider local authority roles, have been able to shape, direct and influence the development of the teams and provision.

4. Benefits of Mental Health Support Teams

Providing additional mental health resource and capacity was cited by HeadStart sites as the biggest benefit of Mental Health Support Teams; complimenting existing services, primary mental health practitioners and helping to 'fix a gap' in provision. Being schools-based was considered hugely important, with schools, parents and practitioners viewing the resource as valuable and worthwhile accessing. Embedding the PHE principles of a Whole School approach, using evidence-based interventions and the focus on universal provision were particularly welcomed as these are features already well established and evaluated across the HeadStart sites.

> Schools are desperate for support for the children that they are worried about... they welcome this stuff with open arms.

> We wanted them to come in and provide interventions for primary age pupils... we have a really good comprehensive range of services under HeadStart, but it's 10 to 16.

> They've made a really concerted effort here to achieve all of their kind of aims of connectiveness. They're working really closely with CAMHS and are acutely aware of demand that's in the system. They've been really proactive in actually working together with the partnerships... they're very integrated in the system.

5. Challenges

Mental Health Support Teams are a nationally directed, prescribed programme and while many benefits were discussed, HeadStart sites had witnessed some challenges to local implementation.

> [it] has to fit in the context of what already exists and what Partnerships already offer.

A potential barrier to MHSTs embedding locally was a perceived narrow focus on interventions which may be incongruent with locally assessed need. While the MHSTs manual operating principles are clear that a one-sized fits all approach is undesirable, it remains a perceived risk locally. HeadStart sites interviewed for this report stressed the need for MHSTs to build on and complement existing provision as key to sustainability.

While some emerging good examples exist from Mental Health Support Teams, there is still a gap between this provision offered in schools and specialist CAMHS provision. Concerns have been raised about the lack of support for children whose needs are not mild or moderate, but also not serious enough to require specialist care. Interventions MHSTs are trained to deliver have also been found to be less suitable and effective for some groups of children such as children with SEND and [vulnerable and disadvantaged groups.](#)

The process of applying for Mental Health Support Teams funding has been experienced as challenging, with some areas describing it as taking too long, and others experiencing the process as time-pressured, which has impacted upon opportunities to join up the health and education offer at application stage.

> Give the money to the areas and let them develop need that compliments what's already there.

5.1 Operating models

In addition to capacity, variation within operating models and training may mean that schools (and ultimately pupils and families) within the same local area could receive a different type or level of support. Mental Health Support Teams in the same local areas may receive training from different training providers which each have a slightly different focus (e.g. working with children under 8 or types of interventions), and there was some difference of opinion of whether this local variation was positive or negative.

> Not all schools will be covered by Mental Health Support Teams. They're not in all schools. It's only 25% [of schools] covered, and those 25% schools we put them in schools one or two days a week. That's not really a lot.

> I don't know if being the same is the right model actually, I think it brings in difference and sometimes our system is not very good at tolerating difference. But actually, difference works because what works for children and young people is different. Actually, it may be ok, it just means not all schools are going to get exactly the same offer if teams are being trained in different ways.

There are some specific logistical challenges for rural localities that compound both the need and the risk of teams being able to provide equitability of service. Often only a small amount of resource is available for large geographical areas, and there is learning from the allocation of school nurses, education psychologists and health practitioners in rural settings that should be considered by MHSTs in ensuring schools receive the best support available.

5.2 Interventions

While it was recognised that Mental Health Support Teams have a potentially significant role in developing a 'team around the child or school' approach (and indeed that some already did work in this way), there was concern that teams may focus on interventions for the child, rather than a holistic family support model.

Interventions provided by Mental Health Support Teams were considered as having a strong focus on medicalised interventions such as Cognitive Behaviour Therapies (CBT) which may not lend itself to addressing the full range of issues identified in schools; which often need a more creative, holistic and person-centred approach. Subsequently this could lead to MHSTs becoming a "mini-CAMHS" which then creates a more systemic issue in terms of addressing the low-moderate need cohort.

HeadStart Partnership schools programme often supported schools to implement and monitor a Whole School Approach, and it was queried whether by being restricted to delivering interventions, Mental Health Support Teams will have the capacity to undertake a more strategic role in schools such as policy development, coproduction and whole school training.

5.3 Working with schools and wider services

Schools were valued by HeadStart as key and engaged partners, and buy-in from schools to the mental health resource will be a key factor in successful implementation. Many schools have existing expertise which will be important for MHSTs to recognise and appreciate how the 'offers' work together.

Some resistance could be met if schools are not engaged in decisions about models and interventions that will best work for them. Where schools are less familiar and 'ready', there is a risk that an external agency's involvement maybe potentially disempowering. Preventing schools from recognising their existing expertise and resources to identify the signs and symptoms of difficulties as they start to arise and being able to support those children and young people quickly and effectively.

> So I think there is something about having a core offer with schools... it needs to be designed to meet the local area and coproduced... it's about really understanding and also making sure there's capacity to meet the schools capacity.

> ...we know some of our more vulnerable young people aren't in school, or maybe home educated. So HeadStart services, some of them go into the home. Young people have options where they can choose to be seen in school or community, but also there's that wrap around parents support because for me, it's that whole family approach.

Links with community provision were seen as a significant gap, which is particularly relevant in supporting issues such as attendance. Concerns over attendance have increased significantly since the start of the pandemic with an increased prevalence of school anxiety-based avoidance and a rise in elective home education. Children and young people not attending school require access to provision outside of school quickly, so that issues do not become entrenched. Establishing better links between Mental Health Support Teams and early help and ensuring family support is part of the offer requires a greater emphasis.

6. Key Learning

"This was always a test and learn. It was never going to be something that was going to be there forever and actually it is about enabling the schools to... put mental health and wellbeing front and centre in everything.

The pandemic [has] actually forced that, so those schools that had already been on that journey, were able to respond. There was timely and effective response.

Those schools that were not necessarily putting that as an agenda that they needed to prioritize have struggled, because their starting point is very different because they haven't created that culture."

A number of key learning points emerged, separate to the guiding principles set out below, which schools and Mental Health Support Teams can consider when trying to establish this culture and new ways of working. These include:

- Joint working and integration: engaging a comprehensive range of services; making the best use of existing local structures to drive implementation; fitting the system around the child via mechanisms such as a 'single-front door'; and creating a learning culture
- Relational approach: prioritising the value of relationships across all stakeholders and taking a person-centred approach
- Workforce development: developing the whole area workforce and considering different training pathways and skills requires for mental health practitioners

6.1 Joint working and integration

6.1.1 Engaging a comprehensive range of services

A potential challenge for schools and Mental Health Support Teams is understanding the breadth of the local offer around mental health support and coordination of the range of different agencies and services. Having separate initiatives operating independently which are not understood as part of a wider system of support can be confusing and lead to schools experiencing disjointed or 'patchy' support. It also risks creating additional pressure on people's time, lack of efficiency and coherence.

Mental Health Support Teams are good, but they're part of the jigsaw. They're not the whole solution in themselves... there's a danger every time a new programme comes... that it's almost like the new solution to everything... This is about a jigsaw that we put together to make sure we can meet the range of needs of children and our area.

When you've got a single agency delivering something there's always that worry that they just think of themselves. They don't think of the system.

In terms of senior leads, we want them to understand... we're trying to have a joined-up approach. We're trying to make sure that one week the senior leads aren't having to meet with the mental health support team and in the next week meet with the school's policy and practice officers as it is a poor use of time.

Supporting a cultural shift towards understanding mental health as wider than a clinical issue and joining up the system around the child or family was considered by HeadStart sites as fundamental in moving joint and integrated working forward. Wider factors affecting children, young people and families such as family breakdown, domestic violence and poverty will be frequently picked up by schools and Mental Health Support Teams, yet it was often observed that the school took ownership of connecting with the local early help system. There is therefore a need for Mental Health Support Teams to embed within the whole local system (wider than health) and join up cohesively with early help and community health services in order to ensure pathways to early intervention and prevention support are clear. A cascade model of whole area cross-system training was identified as central to ensuring a cohesive and equitable offer.

Further evidence and examples of how this schools-based service links with the holiday activities and food programme in order to provide consistency for children, young people and families during the summer (and times of transition such as school moves) would be welcomed.

6.1.2 Utilising local structures

> It's about creating that community dialogue between organisations and between multi-academy trusts (MATs), and building relationships outside of those school clusters.

> I'm not saying it's just that cluster that does it, but for the first time in about 10 years, we've got a citywide transfer transition plan for young people of which mental health is a big part.

HeadStart sites have had a wealth of experience in creating new or utilising existing local structures to encourage schools and other providers to share learning. Examples include school cluster meetings, resilience networks, and links with local Health and Wellbeing, and Transformation Boards.

Co-produced thematic half-termly events, a coordinated training offer and Communities of Practice were cited across many partnerships as advantageous to both individual schools, and opportunities for wider system join up by engaging different partners, such as wider children's services to address the needs of and develop appropriate support offers for specific cohorts of children.

These mechanisms will be a key source of support for Mental Health Support Teams in sharing good practice around, for example, Ordinarily Available Provision for children and young people's mental health. Local area priorities and offers should be clearly shared so that schools and colleges understand the specific capacity Mental Health Support Teams add locally.

6.1.3 Single front door

A number of the HeadStart sites have developed delivery models to better support children and young people who do not meet the threshold for CAMHS; namely [HeadStart Kernow Bloom](#), [HeadStart Newham Multi-agency Collective (MAC)](#) and [HeadStart Hull Multi-disciplinary Teams (MDT).](#) Key

features across these models were joint working and early interventions. The teams brought together a range of practitioners and expertise from across the local system (including clinicians, schools, early help, frontline workers and commissioners) to assess need, share information and recommend appropriate early and community-based support.

As part of our support and development role for the HeadStart programme, the National Children's Bureau have been commissioned to understand the impact of some of these services. While initially developed to meet an immediate demand, key learning has emerged that is relevant to strategic whole system transformation. Feedback from a range of stakeholders including service Directors, Operational Managers, Schools leads, CAMHS leads and Commissioners, highlighted the positive impact of these multi-agency working models; including cultivating collaboration and professional development, the potential to reduce waiting times for support, relieving pressure in the system, ensuring appropriate pathways of support and providing a 'single-front door' which helps to "work with the needs of the child, not the needs of the system".

There will be key opportunities and risks with the advent of Integrated Care Systems, the increasing priority and profile of children and young people's Social Prescribing and the development and roll-out of Family Hubs to creating integrated referrals systems locally. It will be imperative that these emerging initiatives integrate with the existing system, and contribute to improving local outcomes for children, young people and families.

6.1.4 Learning culture

Many of the HeadStart sites stressed the importance of creating a learning culture locally, in order that decisions about models and interventions are not experienced as top-down directive, but practitioners are encouraged to share experiences and review impact.

Each of the sites provided different examples of how this is operationalised locally; such as local Communities of Practice, thematic workshops for schools, cross-sector delivery of wellbeing roadshows, and in-year training. These forums create opportunities for schools and Mental Health Support Teams to build relationships with other services and providers. It was also important that these opportunities are offered regularly and continually across the academic year, providing a range of different ways to share practice and receive information.

> Is it resulting in less referrals to CAMHS, reducing mental health difficulties for children and young people and building capacity within schools to hold some risk?

> But you know, people forget things, so you have to constantly do it.

Making use of the existing learning from HeadStart and other local programmes will also be of value to Mental Health Support Teams. A large amount of evaluation data exists locally and nationally from these evidence-based programmes, including feedback from senior leaders, teachers and practitioners in schools. One HeadStart site has made this learning on approach and resourcing available to local partners to support a "shared endeavour to achieve the best outcomes for children and families". This has allowed Mental Health Support Teams to secure strategic buy-in, establish quickly and develop strategies around their engagement with schools.

6.2 Relationships

High priority has been given to a strong relational approach across all of the HeadStart partnerships. From relationships with young people, parents and carers, stakeholders, and key staff in schools; 'trust', 'adaptability' 'recognising variety of expertise' and 'integrating into a school culture' have been essential components of successfully embedding the HeadStart programme in schools. Additionally, a considered approach to developing and building relationships and ensuring engagement from the strategic managers and senior leaders, right through to practitioners and teaching staff is crucial.

> We've been able to... give examples of where that relational approach has enabled other things to happen, because you're working alongside them and you're bringing them with you.

> If you're making relationships with young people you need to understand what's going on at home. And if it is possible to make relationships with their parents and carers then make that a priority as well.

> We went from 50% inappropriate referrals where they didn't need a service... to reducing that to 10%. And what we're trying to do is mirror that [in] Mental Health Support Teams where we make sure that we have an open-door policy.

> ...that staff are visible in the schools, [children] know they can come and talk to them and it's not too formal... very much about having that consultation...

6.2.1 Person-centred approach

HeadStart sites impressed the importance of a holistic, child-centred approach. Creating a consultative dialogue and taking a team around the family approach was key. Schools were supported to continue a role in the care package around a child to ensure consistency and cultivate a sense of collective responsibility around wellbeing needs, even where they were not providing the support or intervention.

In HeadStart Hull, this 'consultation' model and a single point of referral into HeadStart services was seen as both vital to ensuring a joined-up system, but also in ensuring that the needs of children and families were prioritised; avoiding multiple assessments or referrals and ensuring children get timely and appropriate support.

Furthermore, a core part of HeadStart Blackpool's Resilience model has been to highlight and validate the significance of the Trusted Adult Relationship, providing training to schools and community organisations on this approach. Having a meaningful and consistent relationship is considered a key factor in supporting children and young people's resilience, particularly where young people do not have family or a strong support network.

> Having a six-week course of CBT, for example, it's not gonna be helpful for them. What they want is to be able to either go to a youth club or brownies or always see the art teacher in school and spend time over lunch doing some extra art or music. That is the thing that's keeping them well.

> We don't consistently ask a young person, who've you got your best relationships with whom means something to you. Who do you go to if you've got a problem? And we don't know that then on lots of occasions what we do is we disrupt that relationship.

As part of a wider community development approach, the training provided contextualised this as a wider systems issue. In addition to providing direct support to young people, Trusted Adults often have a coordinating role; connecting young people to services and "ensuring everybody knew what was going on and decisions could be made coproductively alongside that young person..." This was cited as a 'change to the usual way of working', vital to the resilience approach, and will be continued to be funded by schools, demonstrating the value and impact.

In HeadStart Kent, young people in secondary schools experiencing social isolation were able to access HeadStart services in schools, who were then able to respond by cultivating friendships through group work.

> It is amazing how many young people in school find themselves without friends. And then we could cultivate that in the groups, and when we left, they had friends. So, we're doing mental health and emotional wellbeing, but actually what we were doing was creating friendship groups with adolescents... when we talk to young people about their mental health and emotional wellbeing... if you haven't got friends you've got really low mood.

6.3 Workforce development

6.3.1 Whole School Workforce

For many children and young people, particularly those with additional vulnerabilities and support needs, relationships in school are key. Often it may not be obvious who the person is at school that is helping a young person to stay well; a PE teacher, welfare assistant, or lunch-time supervisor. Upskilling the whole school workforce to understand and respond to early signs and symptoms of mental health difficulties is key to ensure that young people's needs are met regardless of which part of the school system they come into contact with. There is a potential role for MHSTs to play in working with schools to establish whole school training and ensure pastoral and other school support staff are equipped with knowledge, skills and confidence to support children and young people and to know how and when to make further referrals.

> What could I as the geography teacher do today but also what is systemic and longer term that we could do as a school?

> Sometimes it's about reassuring [staff] that actually they've done everything they can, and they've done everything that's needed and [done] enough to meet that child's needs.

Different age ranges also require different skill sets, particularly when delivering therapeutic interventions; or considering some of the more vulnerable groups of children and young people and those with differing support needs, who may not respond to traditional interventions. Mental Health Support Teams will also have to consider the skills required to work in partnership with parents.

6.3.2 Different training pathways for mental health practitioners

Many HeadStart practitioners received training in trauma informed practice, motivational interviewing and resilience coaching. Many have come from youth work backgrounds and having already worked in mental health may not want to pursue a formal or University qualification. Having a good foundation in working with young people, knowledge of schools, local systems and, being based in the community were essential skills that existing practitioners have and were considered 'harder to teach' than interventions and clinical techniques.

A number of points were raised in relation to new qualifications offered via the Mental Health Support Teams training. While a University qualification was perceived as a good thing and provides quality assurance, some concerns were raised about whether this restricted a wider demographic of practitioners entering the workforce and an unintended consequence reported of creating competition within a local workforce population. Perceptions of a 'clinical model' may create an additional barrier.

> Nationally, there isn't enough being done to get people from an early age wanting to work in mental health.

> What I don't think we've done well nationally or regionally or locally is think about career paths and career progressions.

Furthermore, concerns were raised of skilled practitioners, including CAMHS professionals, moving to Mental Health Support Teams from the existing workforce, creating vacancies and pressure at a different part of the system; the impact of which ultimately being not enough capacity to meet an increasing demand for services.

> We don't have a full complement of staff across thrive and we don't have enough capacity to meet need, so that's real pressure.

> We've got a real shortage... because the lack of these practitioners and [if] someone leaves it's really difficult to replace them.

7. Key principles

In addition to the key learning above, there were a number of key 'principles' that HeadStart sites viewed as critical to the operationalising and sustainability of Mental Health Support Teams.

Co-production

Establish meaningful co-production across all stakeholders including schools, parents, children and young people, and service providers.

Proactively engage in an ongoing dialogue on the service model and interventions, using this to adapt your offer to address the emerging needs of schools and ensure that pupils benefit most from the available resource.

Provide opportunities for stakeholders, including children and young people, to offer solutions and be part in decisions about how issues for individual schools or the wider system are addressed.

How are young people going to influence your service if you've already decided how you're delivering it?

So this is about our school. This is about our young people and this is what we've said. And then being part of any change that needs to happen within the school.

Collaboration

Build a partnership approach across a range of services, providers and stakeholders. Ensure a range of expertise is represented, establish a common purpose and prioritise communication and transparency. Having a range of partners and a truly collaborative approach ensures a more needs-led and child-centred focus; maximising the use of resources and reducing internal competition.

If you haven't got a strong partnership and a plan, you could quite easily be taken off track just because of new people coming in and thinking, this is their 'light bulb moment'.

I think the mental health support teams leaders need to be included... and not for them just to think of their own commissioned services, but think more strategically. They have to have a strategic relationship through the contract they have with us... it's just about making sure in the system that you have strategic people that are looking broader.

Consistency vs flexibility

Flexibility and consistency: having a flexible offer that works to meet the needs of the child requires a mixed model of delivery, offering different options that can be delivered in different ways, and that addresses the needs of a wide range of children and young people. Clarity on what is available from different providers including CAMHS and work with schools to understand how that offer meets the specific needs of their pupils.

Counselling is wonderful but doesn't work for everybody. CBT [is] very evidence-based and doesn't work for everybody.

Communication and information sharing

Provide regular, clear, consistent communication of the mental health offer across a whole local area to all stakeholders in a range of different ways. Consider what is needed for others (particularly children, young people and families and schools) to navigate their way through the system and whether a single point of access is useful.

It's not just about sending emails, it's about engagement all the time... it's a constant.

What data will Mental Health Support Teams acquire through engagement with schools in regards to particular local challenges and trends? How can and should Mental Health Support Teams share information across the system to best support a collective response to population need?

> It shouldn't be done in isolation. It's not one organization... they are employing people to work with the same population of children as other services are and the other thing is about not detaching it from... public health.

> What does the information sharing policy around this look like? It's not about breaching confidentiality of, you know, individual children.

Culture

Consider the range of social factors that influence mental health rather than simply a treatment and interventionist approach. Develop a clear understanding of need, what mechanisms are available to input into the development of local prioritisation and strategic planning. Identify those within senior leadership who can ensure Mental Health Support Teams remain part of the whole system and that key partners understand the value of Mental Health Support Teams and how best to support integration.

Develop knowledge of local landscape and systems; strategic priorities, community services, referral pathways, opportunities for whole system working; an understanding existing expertise and where Mental Health Support Teams sit in the local landscape.

8. Considerations for sustainability

Connecting with the national strategic picture
The policies that underpin the systems that support children and young people's education and mental health needs do not exist in isolation. In addition to the mental health transformation agenda, a large number of policies and programmes are being implemented concurrently (SEND review, Social Care Review, Health and Social Care Bill, Behaviour Hubs programme, Family Hubs programme, Levelling Up), with existing and new government programmes considering how to address the needs of some of the most vulnerable children in society. It will be important for Mental Health Support teams to consider how they link with these national programmes at a local level to integrate their offer.

> We can't have people waiting a long time, so it's how we manage the demand and make sure we reach some of our more vulnerable young people.

Broad view of children and young people's mental health
Mental health is wider than a clinical issue. Consider how your offer contributes to the promotion of emotional resilience of children and young people. As well as delivering interventions, cultivation of fundamental skills and attributes such as self-belief, self-worth and identity are key to preventing need and risk escalating. Promote the development of protective factors so that every child is supported to build their emotional resilience and be secure in their identity.

Strategic commissioning
Data and evidence of impact collated from Mental Health Support Teams and the Senior Mental Health Leads training and roll out provide a key opportunity to influence place-based commissioning of schools-based services, based on identified need. Areas should consider what mechanisms exist and are needed to collate this information. Consideration should also be given to what information is captured through the mental health data set to build a comprehensive picture of capacity and demand.

Invest in relationships
Bring people together from the start; everyone has to be around the table from inception stage and provision should be codesigned. Invest in relationships with children and young people and parents.

Strategise about who you need to have good relationships with and prioritise building trust and respect to get the best outcomes for young people and connect regularly with professionals across the local system. Get to know key people within schools and understand the cultures of the schools you are working with. Consider partnership agreements across mental health support teams and schools.

Whole system offer
Seek to develop networks or mechanisms which support the sharing of learning across schools and Mental Health Support Teams. Be proactive in engagement with wider services, such as local authority children's services, early help and VCS partners, including services that meet the needs of specific groups of children and young people. Seek to integrate your offer with the wider local area offer and communicate a holistic, whole area offer to schools, children and young people, and families. Create a community dialogue between organisations and invest in your own understanding of the impact of different types of community activities and models on young people's mental health.

Addressing inequalities
Hold the most disadvantaged young people at the front of your mind when developing support for schools; young people in care who may only be able to engage at set times; those who do not have access to transport or money; children and young people with Special Educational Needs or Disabilities.

> It is our responsibility to be able to make our support as accessible as possible, to hold those [young people] absolutely at the front of your mind.

Workforce
Ensure that a broad range of skills and experiences are represented within Mental Health Support Teams and consider what skills are available across the workforce from social care, early help, community support groups, and those with lived experience that could complement your offer. Link with a wider system around development of a training offer in order to embed cultural change and ensure sustainability across the system.

United for a better childhood

The National Children's Bureau brings people and organisations together to drive change in society and deliver a better childhood for the UK. We interrogate policy, uncover evidence and develop better ways of supporting children and families.

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