WELLBEING AND MENTAL HEALTH IN SCHOOLS

NHS
East London
NHS Foundation Trust

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Homerton Healthcare
NHS Foundation Trust

ANNUAL REPORT

2022-2023

City & Hackney CAMHS Alliance

MHST

Hackney

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Contents

Acronyms List

CWIS	**CAMHS worker in school**
DMHL	**Designated mental health lead**
EBSA	**Emotionally based school avoidance**
EMHP	**Educational mental health practitioner**
MHST	**Mental health support in schools team**
SENCO	**Special educational needs coordinator**
WAMHS	**Wellbeing and mental health in schools**
WBFP	**Wellbeing framework partner**

1. Executive Summary

WAMHS and MHST are innovative services who have at their heart a wish to improve the mental health of young people in City and Hackney. Our focus on supporting the development of mentally healthy education environments, and improving working relationships between education and health, strives to get the right support at the right time for young people and their networks (including families and teachers).The offer of direct work for mild to moderate difficulties in school through MHST, are particularly crucial in considering the current balance of supply and demand of more traditional clinic based CAMHS.

Key successes of 2022-23 include:

- Over 80% increase in MHST referrals and increasing social media presence
- Increase of attendance at Universal Training Offers since return to face to face
- Increased collaboration with community partners
- Development of data collection and collation systems for both Direct and Indirect data, including refinement of data categorisation to look at demographics in more detail (including key stage grouping and age, gender and ethnicity interaction effects).
- Closer integration between WAMHS and MHST, including collaborative action planning and continuing professional development and operational spaces

Key areas of development going forward:

- Integration of WAMHS/MHST to address equity of access and appropriate clinical governance across organisations.
- Data collection and management across different recording systems and the complexity and variation of work recorded.
- The further enactment of our goals around increasing participation at all levels of the service, including consultation to Wellbeing in Schools Champions or 'influencers' at the strategic levels.

2. Introduction to WAMHS and MHST

Future in Mind (DFE, 2015) set out a clear agenda about the need for improvement of mental health services in schools including the expectation that "Professionals who work with children and young people are trained in child development and mental health, and understand what can be done to provide help and support for those who need it" (p.18). In Transforming children and young people's mental health provision: a green paper (DSHC/DFE, 2017) a series of expectations were set out, including a mental health lead in every school and college, and the development of Mental Health Support Teams (MHSTs) within schools and colleges. The Child and Adolescent Mental Health Service (CAMHS)

transformation plan in City & Hackney was driven by a local wish to address systemic misunderstandings and poor communication, impacting on access to care.

The Well-being and Mental Health in Schools service (WAMHS) was established in 2017 and has been ambitious and innovative in its approach because it prioritises resourcing whole school work and provides a unique bridging role between the health and education sectors. MHSTs joined WAMHS in 2019 and were able to build on the existing WAMHS infrastructure and relationships (see Appendix A for a breakdown of the budget for WAMHS and MHST).

WAMHS in some format is offered to all 83 state maintained schools in the borough, although not all have an allocated CWIS or MHST worker. Allocated CWIS are currently in 69 schools (83% of the borough) and MHST is working in 56 (67%) schools. A further 9 schools have joined a third wave of support that does not include an allocated CAMHS worker in school but does have an allocated Wellbeing Framework Partner.

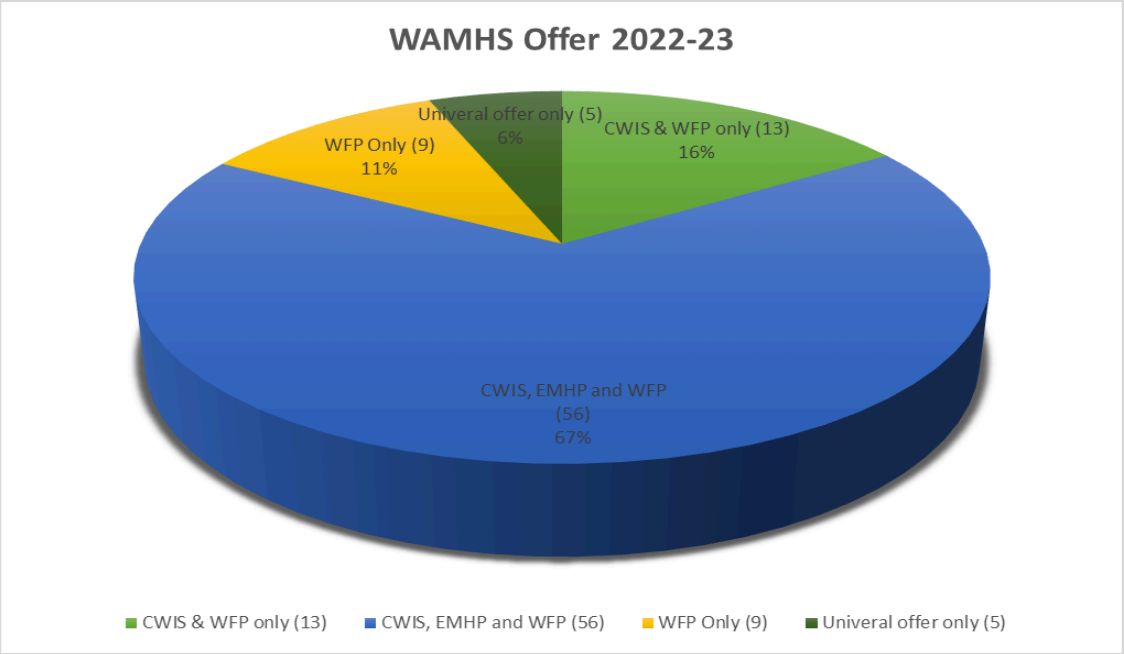

Figure 1: Pie chart displaying percentage of schools in City in Hackney receiving a WAMHS offer

3. Service outline

A. WAMHS

WAMHS consists of three connected and complementary components:

- **Whole school approaches**- WAMHS works with the schools, colleges and specialist provisions that are part of WAMHS to build up systems and structures that support

wellbeing and positive mental health across their organisations. Wellbeing Framework Partners, through Hackney Education, help schools to conduct Wellbeing Audits and Action Plans to provide a focus for change that is monitored, and provide signposting and evaluation of components of whole school approaches. See Appendix H for diagram of nine areas

● **CAMHS Workers in School (CWIS)** – A regular CAMHS worker in school is allocated to each school to help to develop and sustain closer working links between CAMHS and schools. As an agent of change, they provide a range of activities tied to the action plan, including providing training, consultation and support. Effective signposting and liaison works to ensure the right services are accessed at the right time. They support the school to make appropriate use of Specialist CAMHS services and other support services in the borough through signposting and liaison. They also support the school to make best use of the Mental Health in Schools Teams (MHST's, see below). [1]

● **Developing increased and enhanced partnership working across health, education and social care in City and Hackney.** Enhanced partnership working is sustained through the development of communities of learning, ongoing training and increased opportunities for partnership working.

'Wave three WAMHS': By way of addressing equity of access, in September 2022 DfE pandemic funding (Wellbeing for Education Return) was used to fund further WAMHS rollout. This offer was different in that schools are provided with a Wellbeing Framework Partner and Wellbeing Action Plan support, and Designated Mental Health Lead training, but not a dedicated CAMHS worker. Of the 14 schools invited to join WAMHS in Wave 3, 11 schools initially engaged. Nine schools remained engaged and have had regular WFP visits and developed action plans.

B. MHST

Mental Health in School Teams (MHST) is an arm of WAMHS. The MHST supports whole school and targeted mental health prevention work, and facilitates early identification and signposting to appropriate well-being and mental health resources in the wider community. A regular Education Mental Health Practitioner (EMHP) or another MHST Practitioner is allocated to a school. EMHPs are in training for the first year of their role. The MHST can start working with schools no earlier than a year after the school has embedded a WAMHS CWIS. This is to help the school prepare for the service, as part of its whole-school Wellbeing Framework Action Plan.

C. Universal offers to all schools in City and Hackney

i. WAMHS Network Forums

This year we continued our offer of one WAMHS Network Forum termly to the Primary and Secondary Schools. These forums are a (currently online) space for sharing good practice and networking. The format included sharing relevant research and theory and planning around implementation in attendees own settings. Topics this year included:

- Supporting LGBTQIA+ children and young people in schools,
- Student attendance in schools,
- Eating disorders and Developing a school wellbeing Policy.

In recognition that with smaller rolls, Primary Schools receive less WBP visits during a school year, the WBFPs continue to offer termly Primary Network Forums. These forums create opportunities for CWIS, MHST's and Mental Health Leads in schools to share best practice and their approaches in their whole school WAMHS focus.
Topics this year have included:

- Pupil voice, including Pupil Wellbeing Ambassadors
- Working with parents and carers
- Developing policies

Special schools received their own dedicated WAMHS forum which runs on a termly basis.

It continued to be a challenge for both teachers and CWIS/EMHP to attend the wider network forums which were scheduled in teaching/clinic hours. This is noticeably more the case for secondary school staff. We have now restructured our training offer. By moving to a Level 1-3 model outlined below.

ii. WAMHS Universal training

Five universal trainings for staff at City and Hackney Schools were offered during the course of the year. This academic year offers moved from online to face to face in a school setting. Topics were developed in consultation with school staff and CWIS. Please see Appendix I and 5.b.i. section for outcome data.

From 2023-24 a new training/forum offer that mirrors the boroughs cumulative safeguarding training offer, we aim to increase the reach of teaching staff participating. In brief:

- **Level one** is for ALL staff in a school. It will provide introduction to Mental Health in Schools, with a focus on child development, trauma, considerations of wider contexts around children and young people.
- **Level two** builds upon level one, and moves to trainings that hold a specific clinical focus and how it can be identified, understood and supported in education settings.

- **Level three** is aimed at those in schools with a particular remit and role around wellbeing in school (including, but not limited to the Designated Mental Health Lead) where the focus will be on effecting change through whole school approaches through a community of practice model.

iii. WAMHS/MHST Clinical Lead drop-in

This is a regular online space for school staff to drop in and meet with WAMHS/MHST clinical leads. It provides a regular clinical point of contact for those schools without an allocated CAMHS Worker in Schools. Discussions include consultations regarding individual students as well as whole school work on wellbeing. Initially offered to schools who had a gap in CWIS provision due to recruitment issues, in 22-23 we increased this offer to fortnightly 1.5 hour sessions and DMHLs in schools who had joined Wave 3 of WAMHS (WBFP only).

iv. MHST Universal workshops for parents and carers

Fifteen online universal workshops were offered during the course of the year via the WAMHS network mailing list, the WAMHS newsletter and posted on school websites. All offers were online and bookings made through Eventbrite. It was decided that workshops would focus on parents and carers due to low turnout of young people at online workshops. See Appendix B.

v. Communications

a. WAMHS Newsletter

A regular 'universal' newsletter is sent to all schools in City and Hackney (not just those who have input from clinicians). This newsletter is a roundup of the local universal offer through WAMHS, other local and online resources and training for understanding and supporting mental health in schools, and examples of good practice using whole school approaches.

b. Social Media Platforms

Social media platforms continue to be developed. The MHST Instagram (@city.hackneyMHST) has been running for some time but has had more frequent posting in the back half of the year. Postings include self-care tips, communications about offers and information about the team. We have encouraged all MHST staff to add the social media handles to the bottom of letters, emails and other correspondence with service-users.

The CAMHS website has had more of a push this year to increase WAMHS and MHST visibility. MHST offers are being publicised this way as well as through the Local Hackney offer website.

4. Collaboration and inter-agency working in the borough

Five key projects in partnership with local agencies were continued and built upon from 2021-22. One new project (peer mentoring) is planned to begin in September 2023.

A. Tree of Life for African and Caribbean Heritage Students

Tree of Life continues to be delivered in an innovative way in City and Hackney. This approach brought together schools, mental health services and community organisations through Hackney Community Voluntary Services to deliver a culturally sensitive and relevant intervention (Tree of Life) to children and young people from African, Caribbean and mixed heritage, aged 11 to 18, in secondary school settings. Tree of life sessions are facilitated by peer leaders. CWIS and EMHPs, where possible, offer support to determine that students are suitable for the intervention (no severe MH needs), ensure there are links with the school improvement plan, make links with further mental health support for students where needed, as well as supporting the delivery of the group on-site whenever possible and agreed with the school.

In the second year of delivery, 16 Tree of Life groups were delivered in 10 different schools. A total of 163 young people accessed this intervention (total number of pre intervention questionnaires completed).

Of those who completed the post questionnaire:

- 97% felt that the trainers did a good job.
- 90% would recommend Tree of Life to a friend
- 87.2% rated their satisfaction levels with 4 or 5 stars out of 5

It is also important to note that 91% felt that it helped that the trainers were young people from African and Caribbean backgrounds.

B. Advantage Project

MHST has continued to support the Advantage mentoring programme for young people aged 14-21 residing in City & Hackney. Advantage is an innovative partnership between Arsenal football club and East London NHS Foundation Trust. 24 young people were referred and 12 young people received mentoring from the project between July 2022-July 2023. Further details about the project can be found in Appendix E.

C. LGBTQI+ Strategy Development

We continue to have strong links with Family Action and the Local Authority on developing the LGBTQI+ offer across the borough. This year this has included strategic meetings with the dedicated practitioner in Family Action and the co-delivery of a WAMHS Forum. This forum focussed specifically on the understanding and implementation of Hackney's vision for the LGBTQI+ community.

D. WAMHS and MHST in the Charedi Context

WAMHS is working with 11 Charedi Schools, 7 of which are part of the Charedi Independent Schools Pilot. The four schools outside the pilot are state maintained and also have an allocated EMHP. See Appendix G for report.

E. Young Hackney

We have also continued to grow and strengthen links between WAMHS/MHST and Young Hackney on the ground, including promoting practitioner to practitioner contact in schools. We have now identified an MHST supervisor who has protected time to carry out liaison and relationship-building role.

MHST have continued to develop their relationship with Young Hackney over the summer term. During the summer holidays, MHST staff attended the three hubs (Forest Road, The Edge and Sports Hub), most days of the week. The overarching aim of the joint working was to continue developing relationships with the service, whilst supporting the identification of potential mental health needs. EMHPs and supervisors also ran ad-hoc workshops where appropriate (for example: running a year 6 transitions group to a group of year 6).

F. Supporting schools with students on CAMHS waiting lists

MHST and First Steps are in regular liaison regarding MHST capacity to support young people on the First Steps waiting list and to think about where the best and preferred place (school or community) would be for the intervention to be completed. Currently, it is agreed that any GP referrals will remain with First Steps but school referrals may be passed through to MHST if screening indicates it is appropriate to do so.

G. Place 2 Be Peer Mentoring Pilot

MHST are working with Place 2 Be School Counselling Service to pilot a Peer Mentoring Programme in Secondary Schools. The first pilot school hopes to carry out the peer mentoring programme in September and further roll out to other schools from October 2023.

5. Activity Data

The following data is inclusive of activity undertaken by WAMHS and MHST staff between 1st **September 2022 and 31st July 2023**.

a. Direct activity

i. WAMHS referral data

Discussions regarding named children are recorded on the NHS system Rio. Named consultations are considered a 'referral' and are when 1) the parent/carer/student gives consent or 2) the parent/carer/student is present in the consultation or 3) where there is a discussion of risk and/or safeguarding concerns, or 4) the result is a clear plan that CWIS will be a part of delivering. Figure 2 below shows an increase in total of named consultation from 275 in 21-22 to 299 in 22-23. . Whilst this number still appears relatively low, it is important to note that the key purpose of the WAMHS service is whole school approach work, and that many conversations occur about students in a non-named fashion and will be accounted for in the indirect data activity of a school.

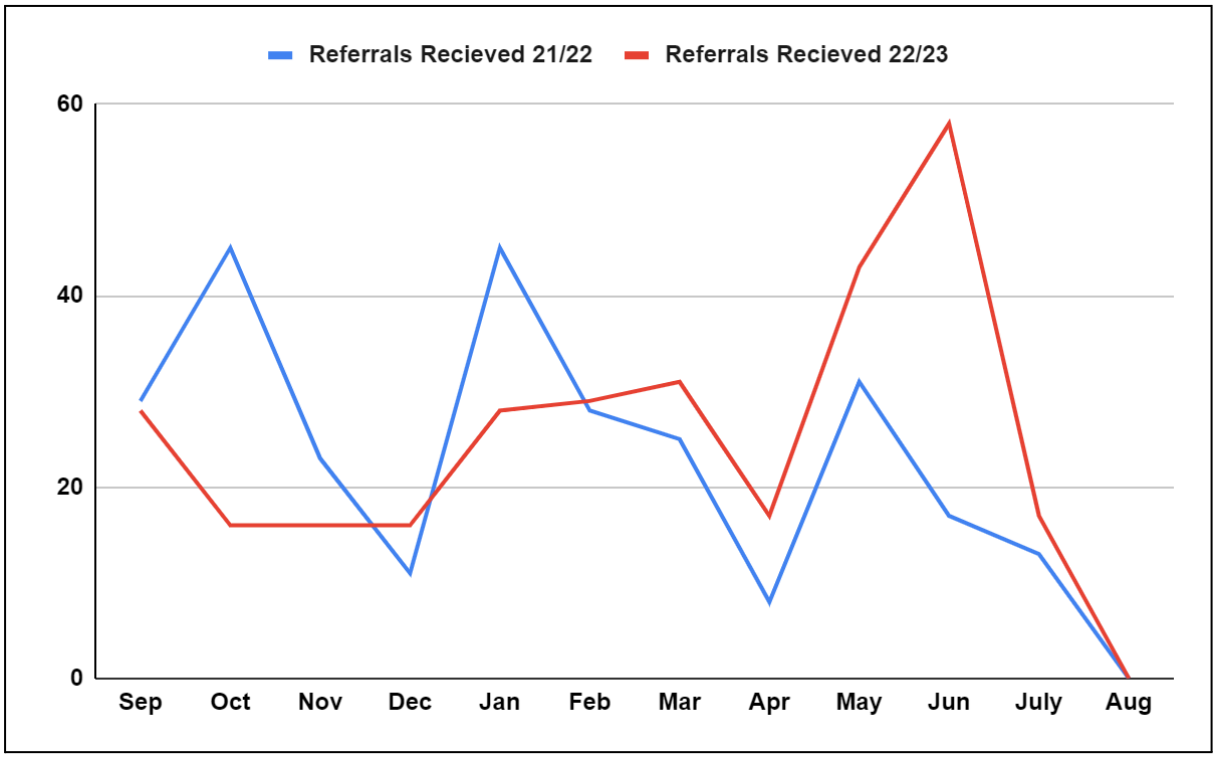

Figure 2: Line graph showing WAMHS referrals (named consultations) per month

Figures three to six show the demographics of those named consultations. Figure three shows slightly higher numbers of named consultations in primary schools (56%) compared

to secondary schools (44%) in 22-23. This year we recategorised our data to fit with key stage age ranges, so a direct comparison with last years data is not possible. However, when looking at data from 21-22 (Figure four) we can see the pattern of highest number of named consultations occurs around the transition to secondary school. We remain curious about the transition linked to KS5 not evoking similar increases in consultations.

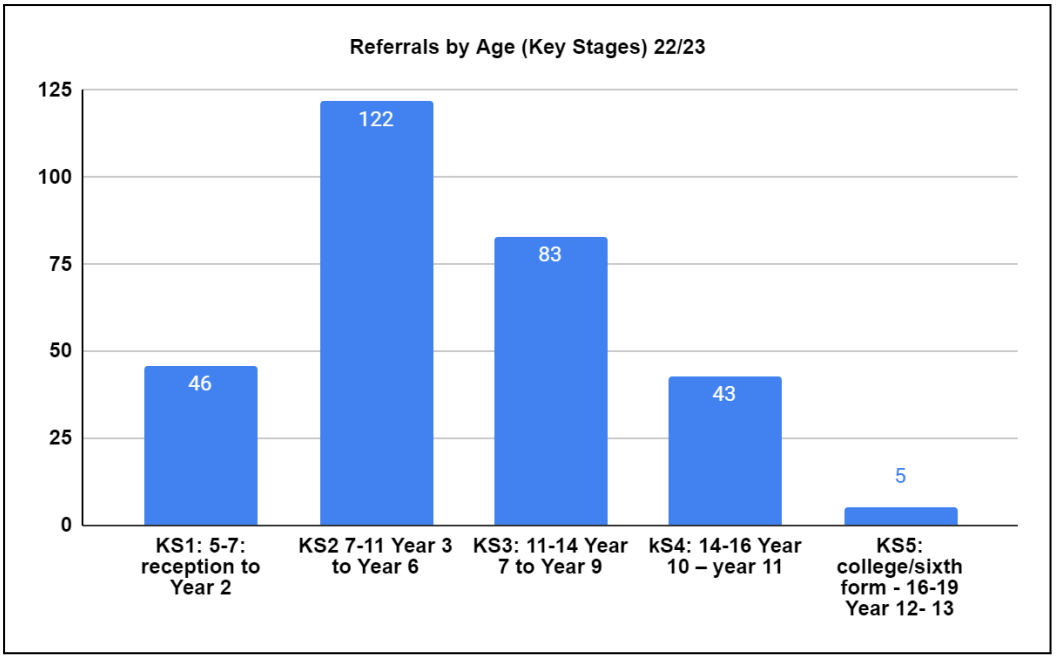

Figure 3. WAMHS referrals (named consultations) by Key Stage for 22/23

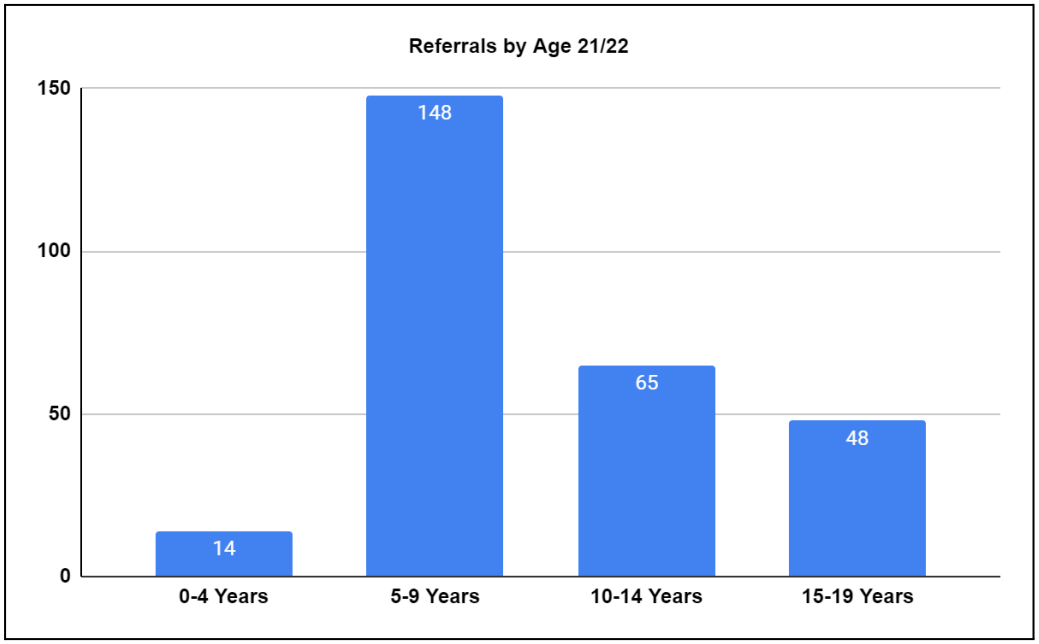

Figure 4. WAMHS referrals (named consultations) by age for 21/22

Figure five, below, shows a slightly larger number of named consultations were about male students. This is a change from last year's data and moves away from the difference in borough with there being slightly more females than males as shown in Appendix 3: School Census Data January 2022.

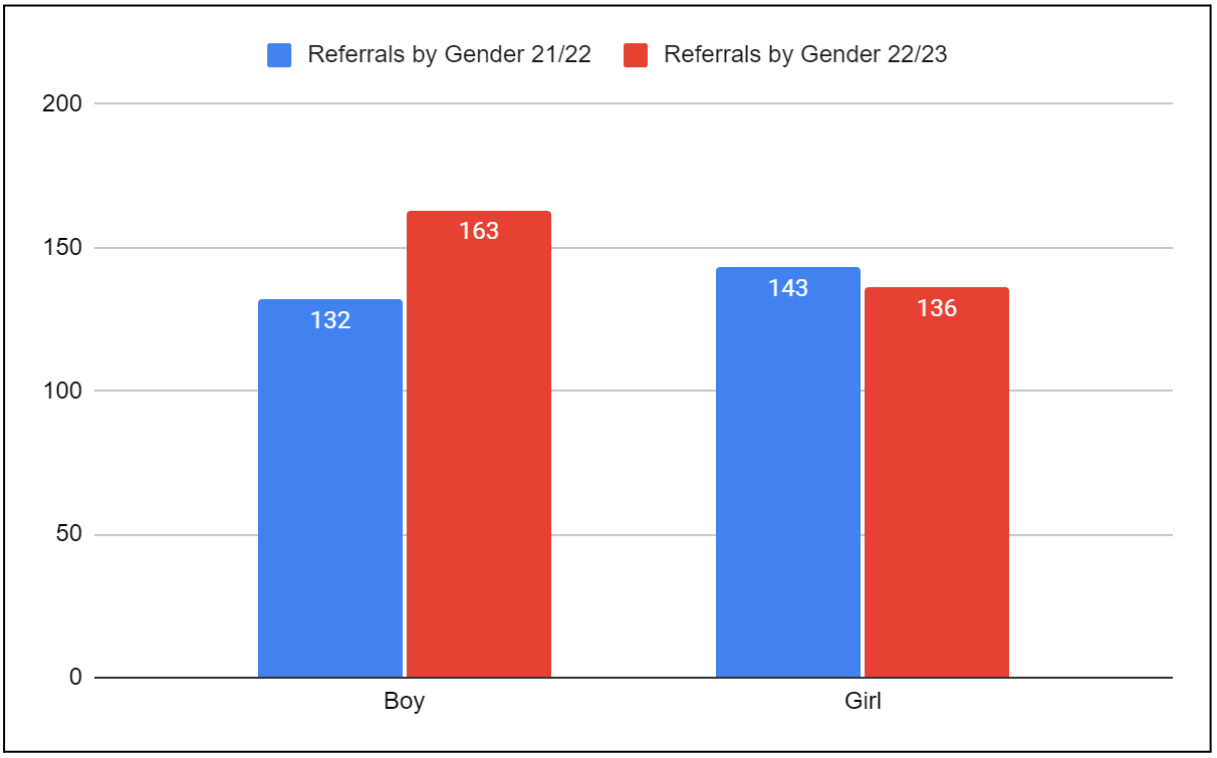

Figure 5. Bar graph showing WAMHS referrals (named consultations) by gender for 21/22 and 22-23

Below, Figure six shows the pattern of consultations in regards to ethnicity for 22-23 is similar to 21-22 (Figure seven). Most consultations were about white students (38.5% of named consultations - census data 35.2% of population), followed by Black and Black British students (22.7% of named consultations - census data 32.4% of population), mixed heritage students (11.4% of named consultations, census data 12.5% of population),and Asian heritage students (9.7% of named consultations, census data 12.3% of population). Similarly to last year's data, the most notable underrepresentation in consultation are Black and Black British students. We are pleased to find that there have been some improvements in recording ethnicity.

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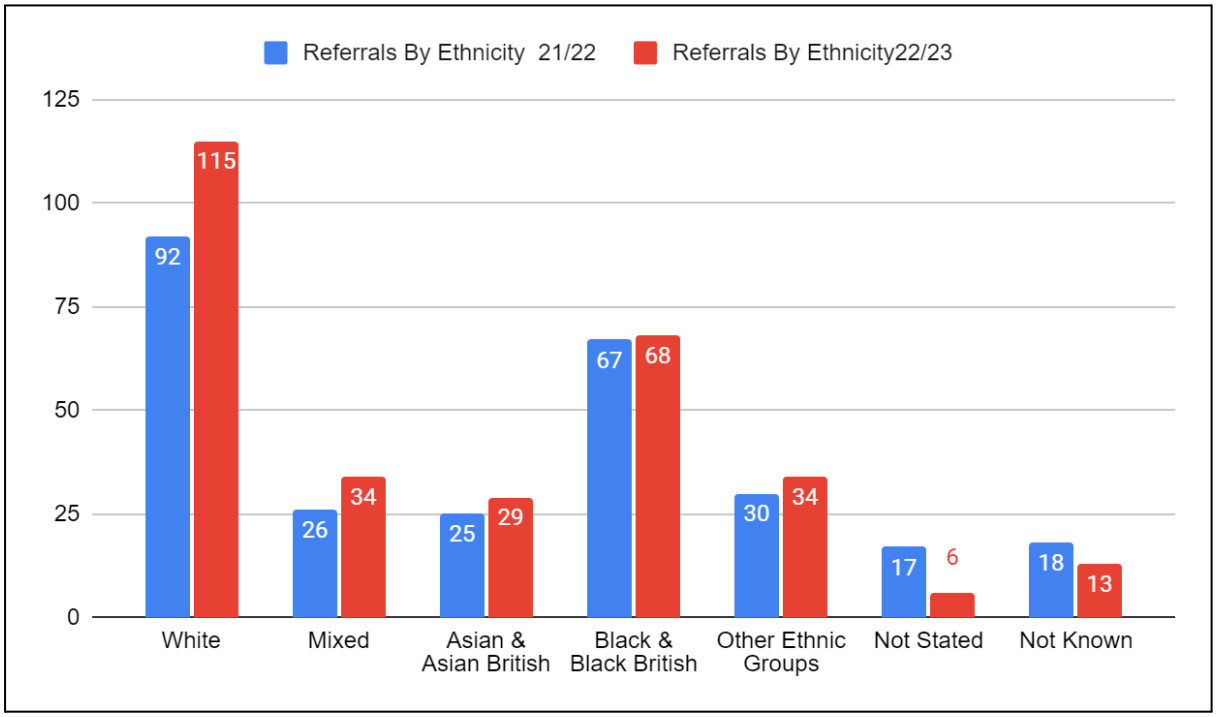


Figure 6: Bar graph chart showing WAMHS (named consultations by ethnicity) for 21/22 and 22-23

This year we have refined the analysis to allow a cross analysis between gender and ethnicity to explore interaction effects at play. The chi-square test was applied to test the interaction between age, gender and ethnicity categories. The chi-square test result for WAMHS referrals was insignificant for primary school-aged consultations, and significant for secondary school aged consultations. This indicates that there was only a significant difference in how boys and girls were referred across different ethnicities for secondary school-aged young people.

This suggests that for secondary school-aged young people, boys from Other ethnicities or mixed-ethinicity groups were referred more than expected compared to girls, whilst White, Asian, or Black boys were referred less than expected. This is open to interpretation and any inferences must be made cautiously. It could be that boys are, for whatever reason, more likely to be reported as other/mixed ethnicity on the clinical system by clinicians, rather than identified with an obvious ethnicity.

Figure 7-9 indicates the large range of named consultations by (anonymised) schools (range across settings = 0- 63). Most consultations occurred in primary schools (range = 0-63, mean=5.1) followed by secondary schools (range=0-30, mean=3.3) and special schools (range 0-3, mean .8)

Of note is zero named consultation in 27 schools (19 primaries, 8 secondaries). It will be of interest to better understand through linking to a schools action plan, why some schools are using their CAMHS worker in school frequently for named consultations and some are not using them at all for this activity. Also of note is that the data's accuracy is compromised due to 111 referrals that did not have the school name attached to it. We suspect this is due to trialling a new process of clinicians opening their own referrals vs through a dedicated administrator. With a goal of the CWIS and the DMHL completing a one page report for their school at the start of 23-24 academic year, we are hoping to understand and improve recording practices of the clinician to ensure that named consultations are in fact being recorded accurately when they happen.

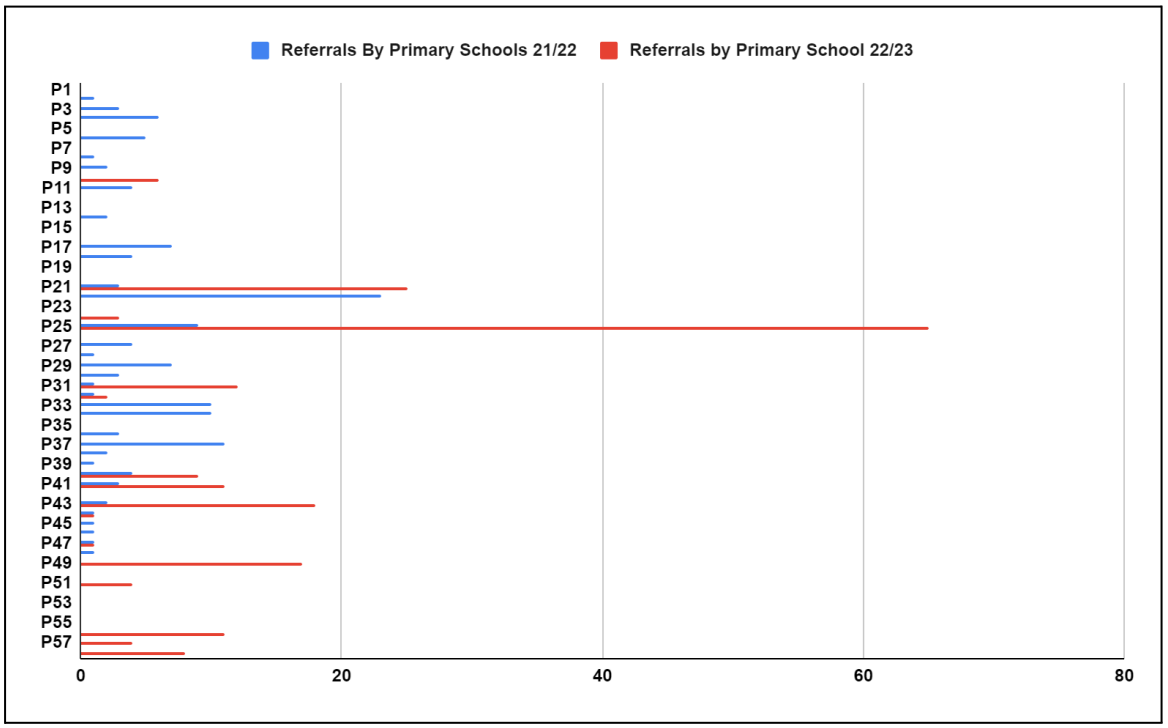


Figure 7: Bar graph displaying number of WAMHS named consultations for each primary school received September 2021-August 2022 contrasted with the WAMHS named consultations for each primary school received September 2022-July 2023.

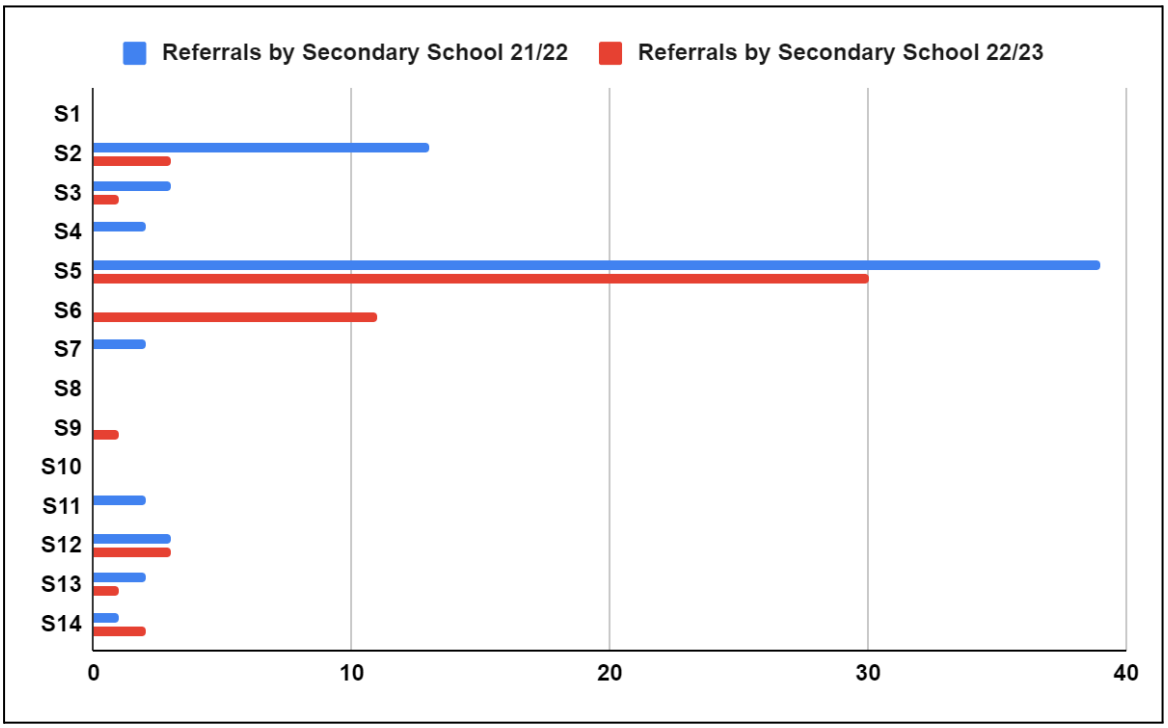


Figure 8: Bar graph displaying number of WAMHS named consultations for each secondary school received September 2021-August 2022 contrasted with the WAMHS named consultations for each secondary school received September 2022-July 2023.

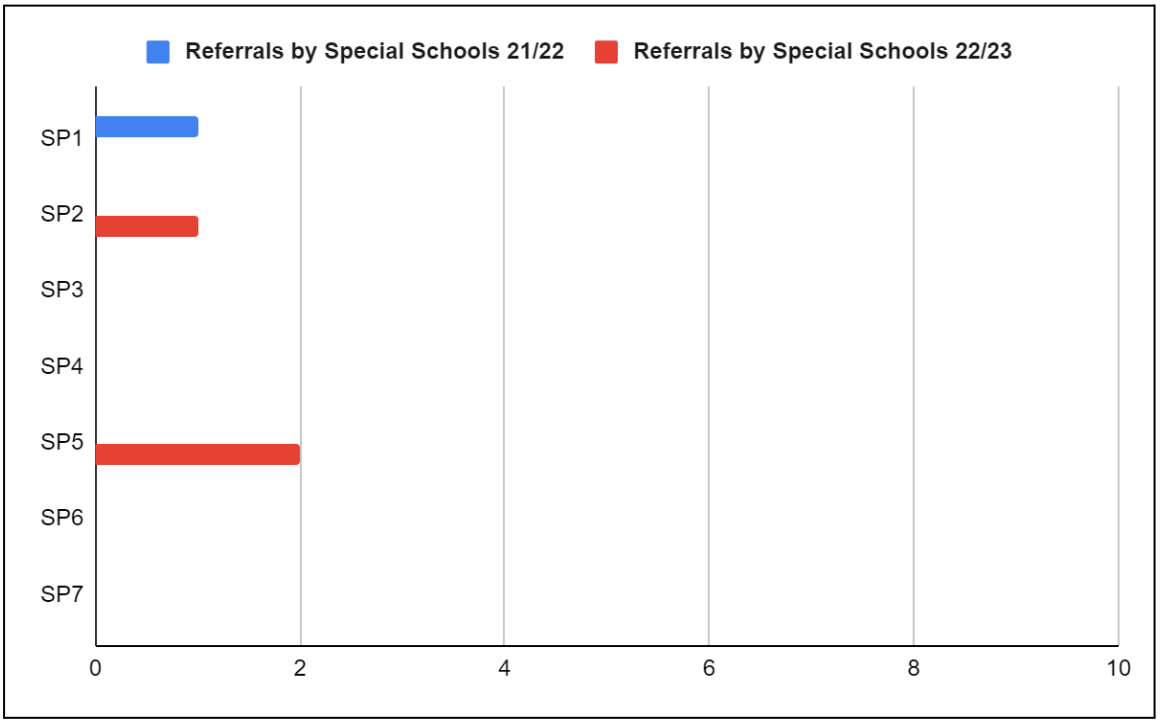


Figure 9: Bar graph displaying number of WAMHS named consultations for each special school received September 2021-August 2022 contrasted with the WAMHS named consultations for each special school received September 2022-July 2023.

ii. MHST Referral Data

410 MHST referrals were received during September 2022-July 2023 representing an 88% increase in referrals received compared to the previous year (217 referrals). 397 referrals were accepted for intervention. This is a similar acceptance rate for referrals from the previous year of 96% compared to 94% in 2021-2. Figure 8 below shows clear peaks and troughs in referral rates with January - March and May-June being the most popular time of year for referrals and November, April and July-August being the most quiet perhaps respectively mapping on to the beginning and end of school terms.

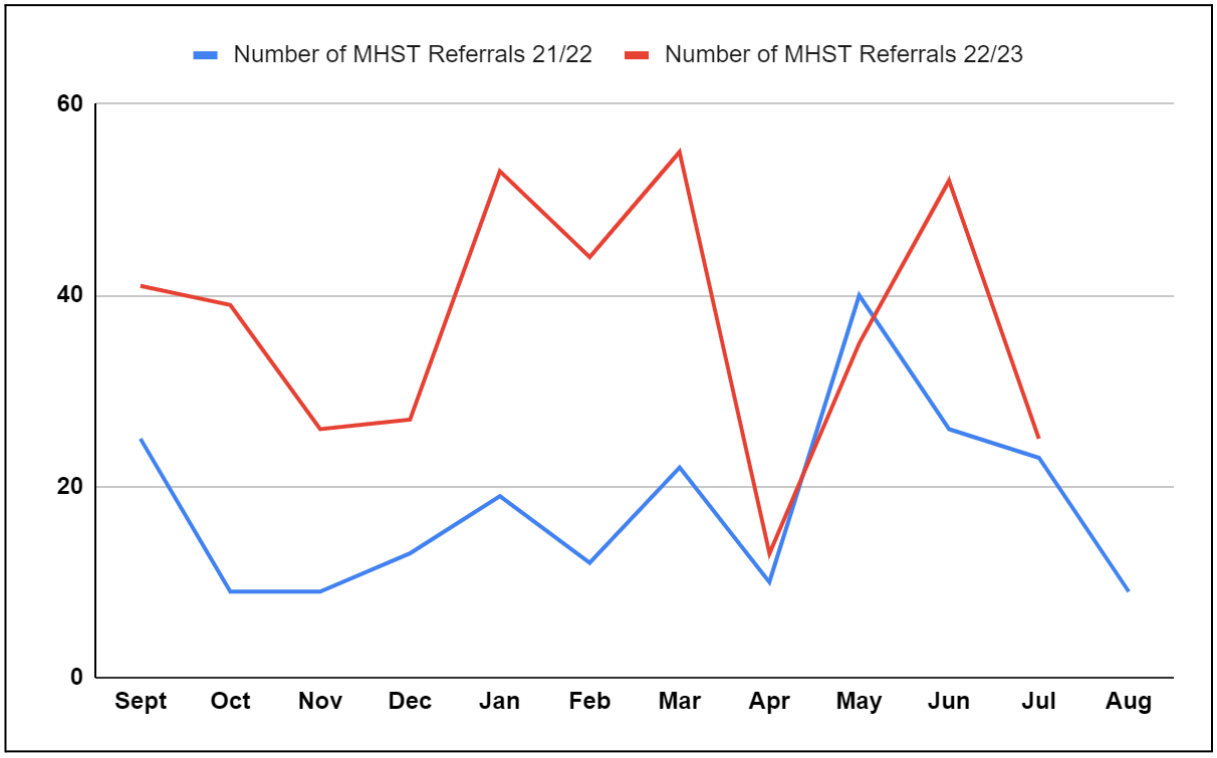


Figure 10: Line Graph displaying number of MHST referrals received September 2021-August 2022 and September 2022-July 2023.

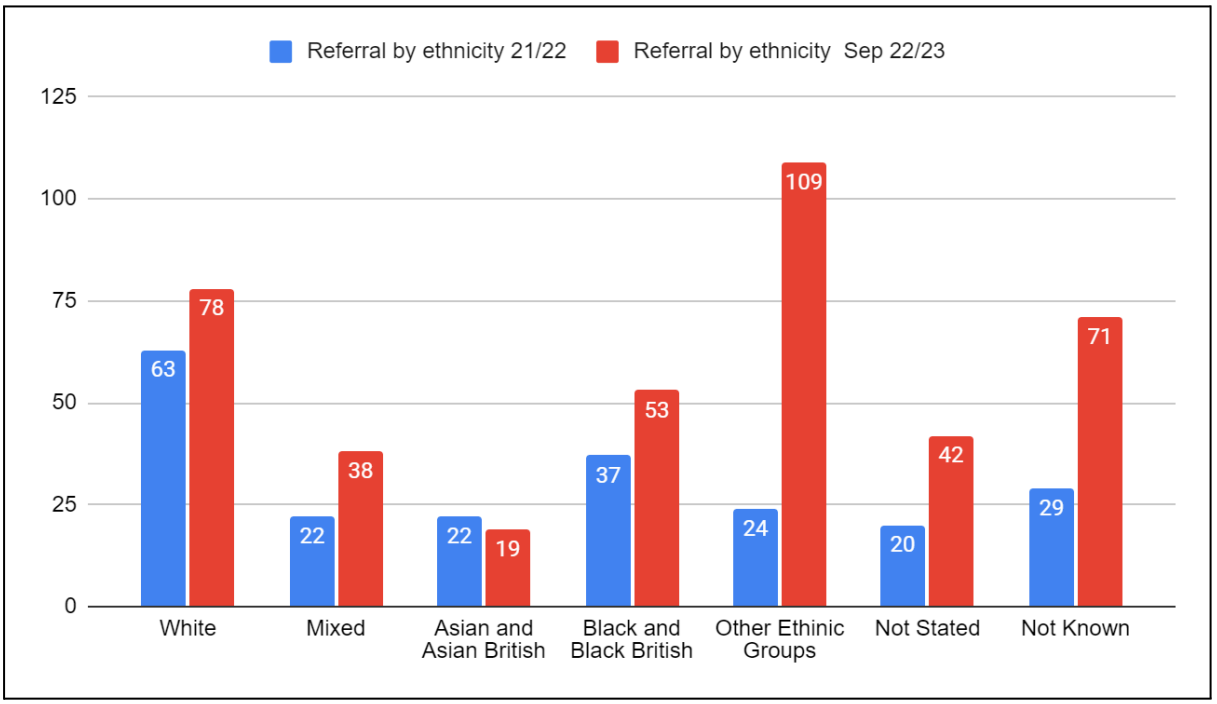


Figure 11: Bar graph displaying numbers of MHST referrals according to ethnicity for September 2021-August 2022 and September 2022-July 2023.

(2022-3 percentages White 19%, Mixed 9.3%, Asian and Asian British 4.6%, Black and Black British 12.9%, other Ethnic group 26.6%, not stated 10.2%, not known 17.3%)

In comparison with 2022, the most common MHST referral ethnicity was recorded as 'other ethnic group' (26.6%) and 'not stated' or 'not known' (27.5%) compared with 'white' (19% in 2022-3, 29% 2021-2) and 'black and black British' (12.9% in 2022-3, 17.1% in 2021-2) in 2021-2 . Given that the City & Hackney census records the percentage of 'white' young people as 35.2%, 'black and black British' as 32.4% and other ethnic group 6.4% this suggests a lack of clarity for the population the MHST are serving and underrepresentation in referrals or inaccuracies in recording. 27.5% is a large quantity of ethnicity information that is missing. This may be due to staff recording and/or how young people and their parents/carers are self-identifying. Therefore, there remains concern about the underrepresentation of referrals seen from the black and black British population. It is important for us to understand the reason for these findings and to improve this data set for future years.

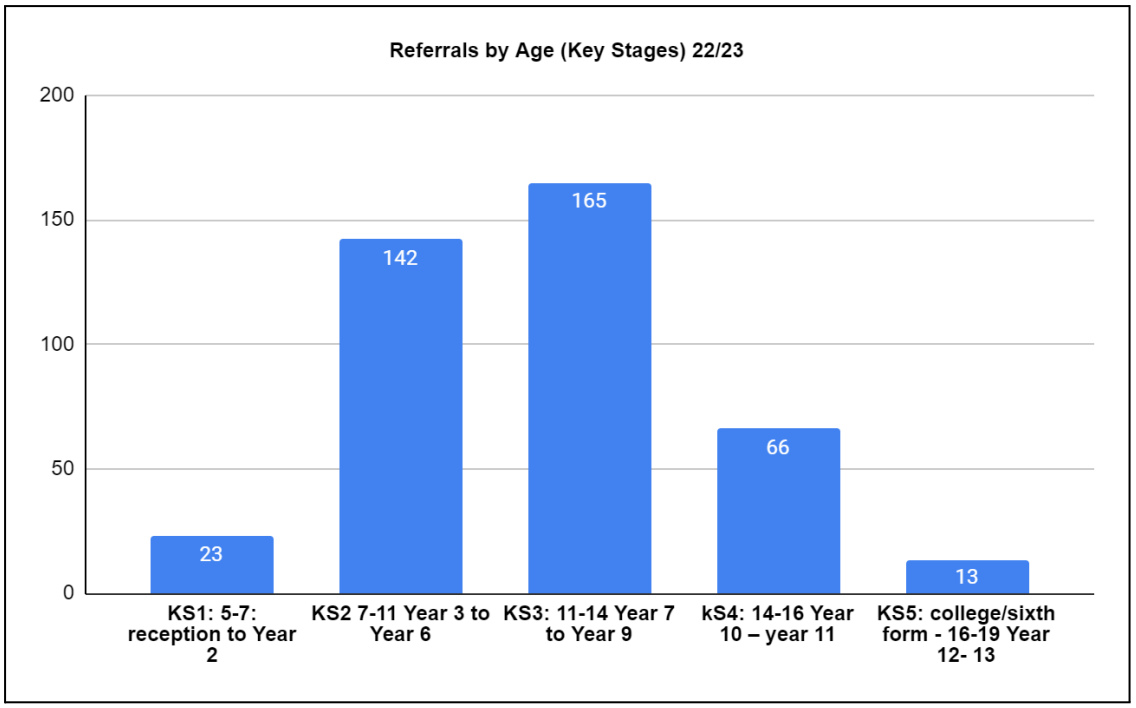


Figure 12: Bar chart displaying numbers of MHST referrals according to key stage September 2022-August 2023

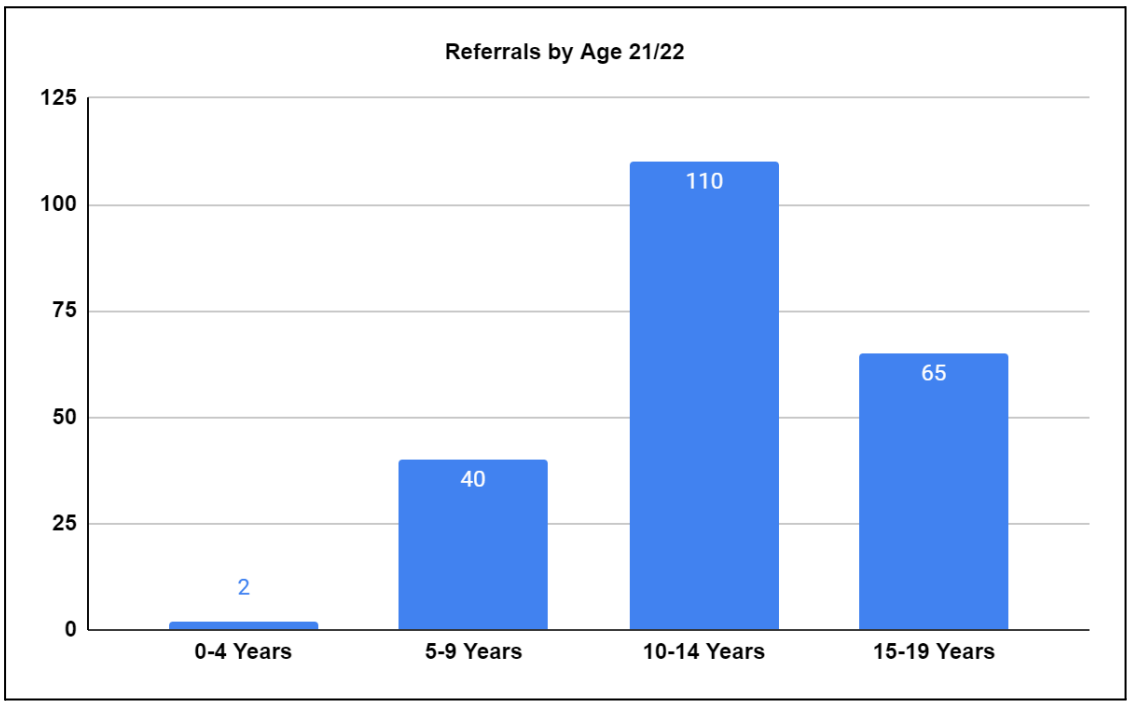


Figure 13: Bar chart displaying numbers of MHST referrals according to age range September 2021-August 2022

(2022-3 data 40% primary, 60 % secondary, 35% KS2, 40% KS3, 16% KS4)

As we have now recategorised the data, it is not possible to make direct comparisons between the data for 2021-22 or with the census data. However, similarly to the previous year displayed in Figure 10, Figure 9 indicates that secondary schools make a higher number of referrals for MHST targeted interventions (60% secondary, 40% primary) although there is a smaller disparity in referrals than in 2021-2 (80% secondary, primary 20%). The majority of referrals were received during KS2 (35%) and KS3 (40%) which are important periods when groups are often provided for year 6s and year 7s to support secondary transition. The previous data categorisation may have exaggerated this disparity as the category 10-14 years spans primary and secondary.

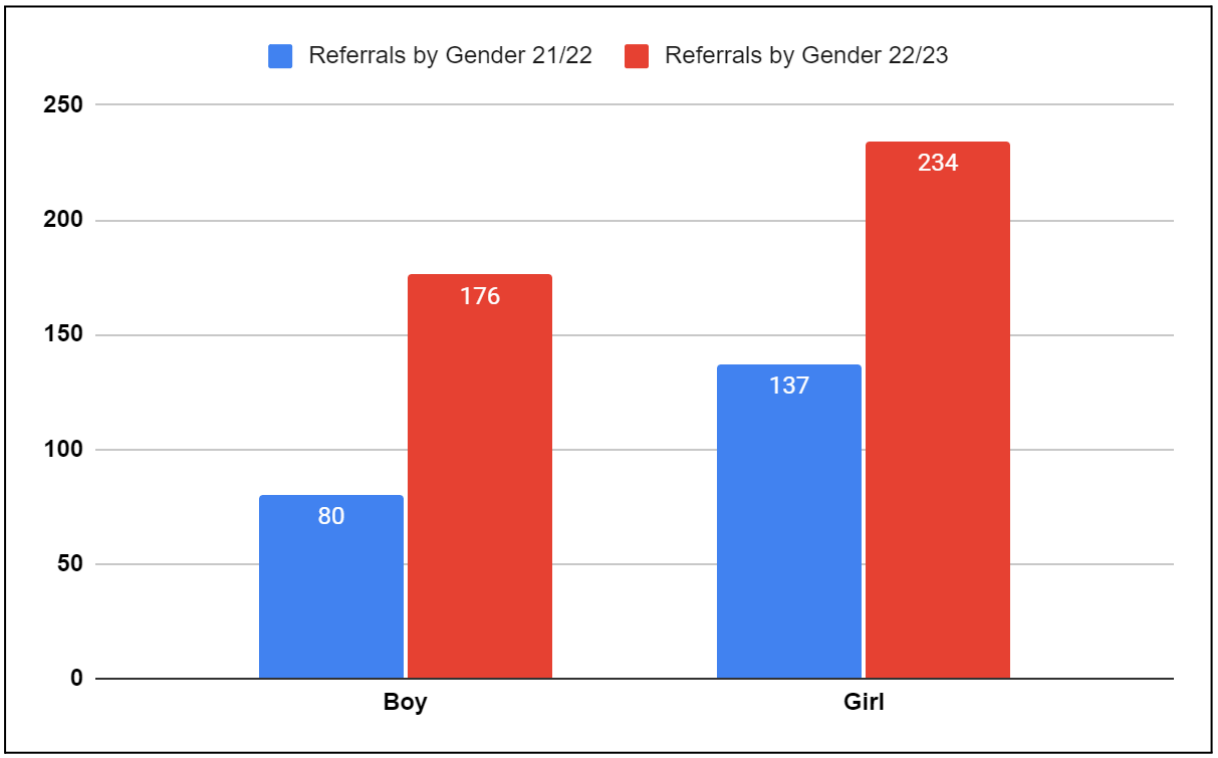


Figure 14: Bar graph displaying number of MHST referrals according to gender for September 2021-August 2022 and September 2022-August 2023

Figure 14 shows that while referrals for girls is still higher than for boys (57% girls and 43% boys in 2022-23), the discrepancy in referrals has nearly halved compared with referrals in 2021-2 (63.1% girls and 36.9% boys).

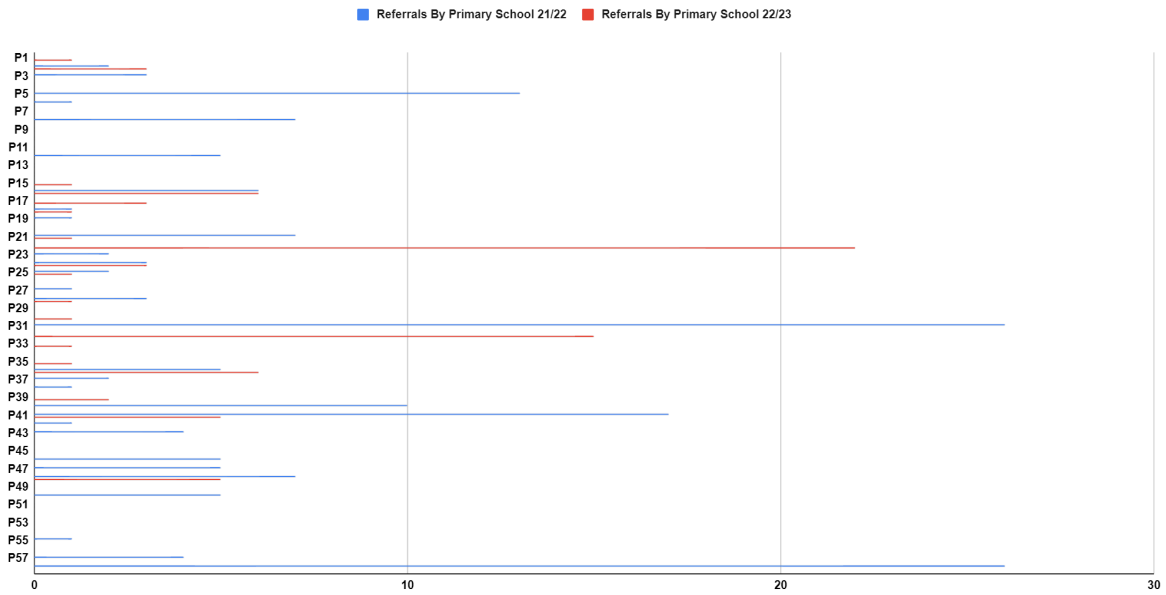


Figure 15: Bar graph chart showing MHST referrals from primary schools for 2021/22 and 2022-23

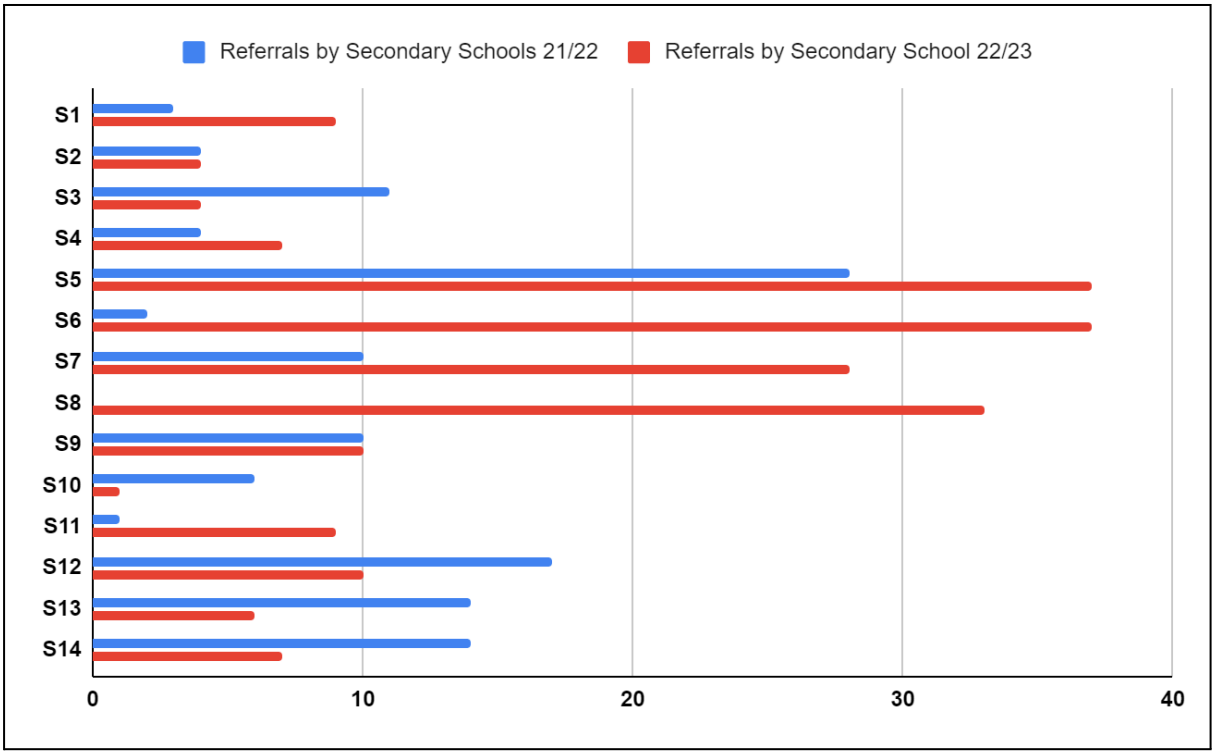


Figure 16: Bar graph chart showing MHST referrals from secondary schools for 2021/22 and 2022-23

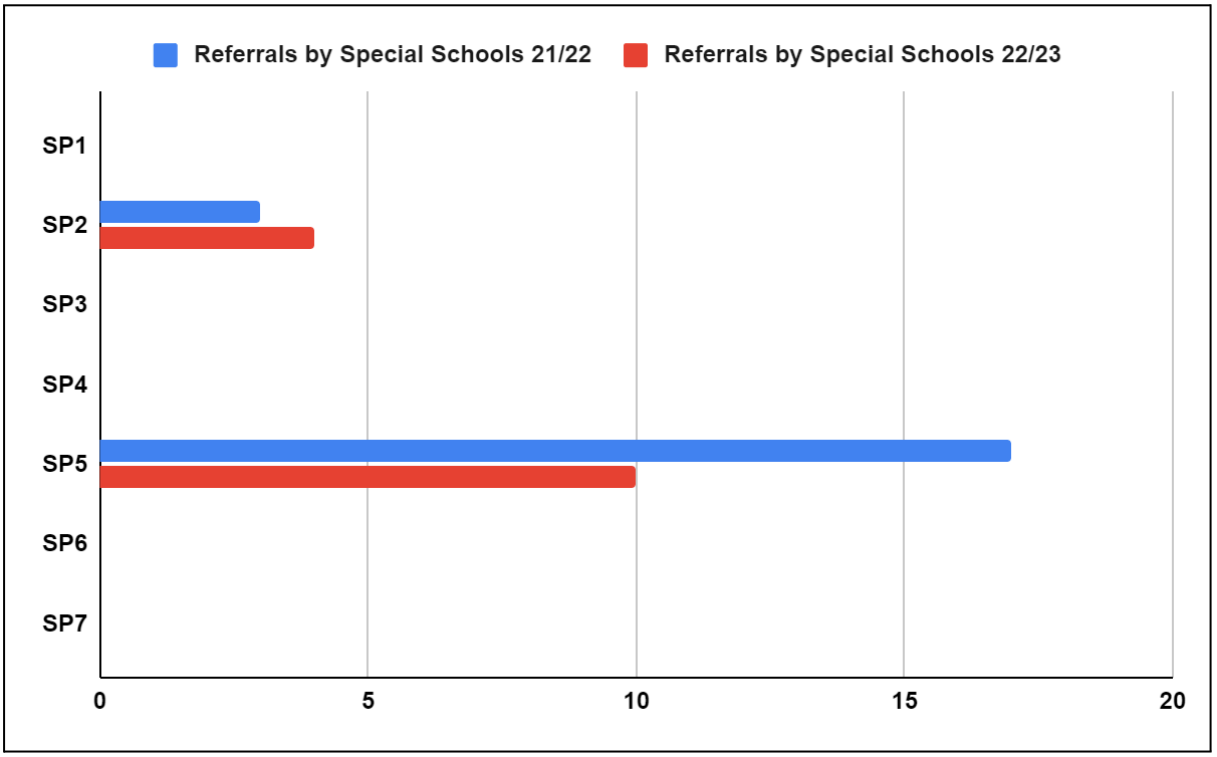


Figure 17: Bar graph chart showing MHST referrals from special schools for 2021/22 and 2022-23

It's apparent from figure 16 & 17 that schools are generally making more referrals to MHST although there is still quite a large range of 1-37. This may reflect the difference in the way schools make use of the MHST offer for example, some making more use of targeted groups and others universal offers that do not require referrals. Referrals for special schools have reduced since 2021-2 but this is due to there being a gap in MHST staffing for the special schools.

45 of 56 schools have a recorded referral for MHST during this period which is an increase in the overall percentage of schools making a referral (80% 2022-3 and 73% 2021-2)

38 of 52 schools have a recorded referral to MHST during this period. As can be seen in figure 10, there is a wide range of referrals with one school referring 28 and others 1. This could be partially accounted for due to some schools using more universal offers such as workshops and groups, rather than targeted individual or group interventions which require referrals.

b. Indirect activity data

Indirect activity includes activity that is not recorded using the NHS clinical recording system and includes whole school approach activities offered to staff, children, young people and

parents/carer and administrative and professional development time used to support this work.

This year saw a move from our own bespoke categories in a Googleforms doc to a MSForms doc standardised across 7 boroughs in the East London Foundation Trust that have MHSTs. Feedback from practitioners include that it is a lengthier process and less accurately captures the categories of activity we do. This has likely affected both the amount and the accuracy of the data we have captured this academic year.

i. WAMHS

Figure 18 below shows how CWIS time has been used for indirect activity in 2022-3 contrasted with Figure 19 which displays activity for 2021-2. We can see that consultations about pupils was the most frequent activity (27.4%) , followed by the category 'whole school approach' (23.5%). The new categorisation of supervision/reflective practice helped us see that this is an area schools are using their CWIS for. It is of interest that 1) the continued pattern of so little of the activity recorded is for bespoke staff training (22-23=3%, 21-22 2.7%), and 2) that resource creation as an activity has dropped from 11% in 21-22 to 1% in 22-23.

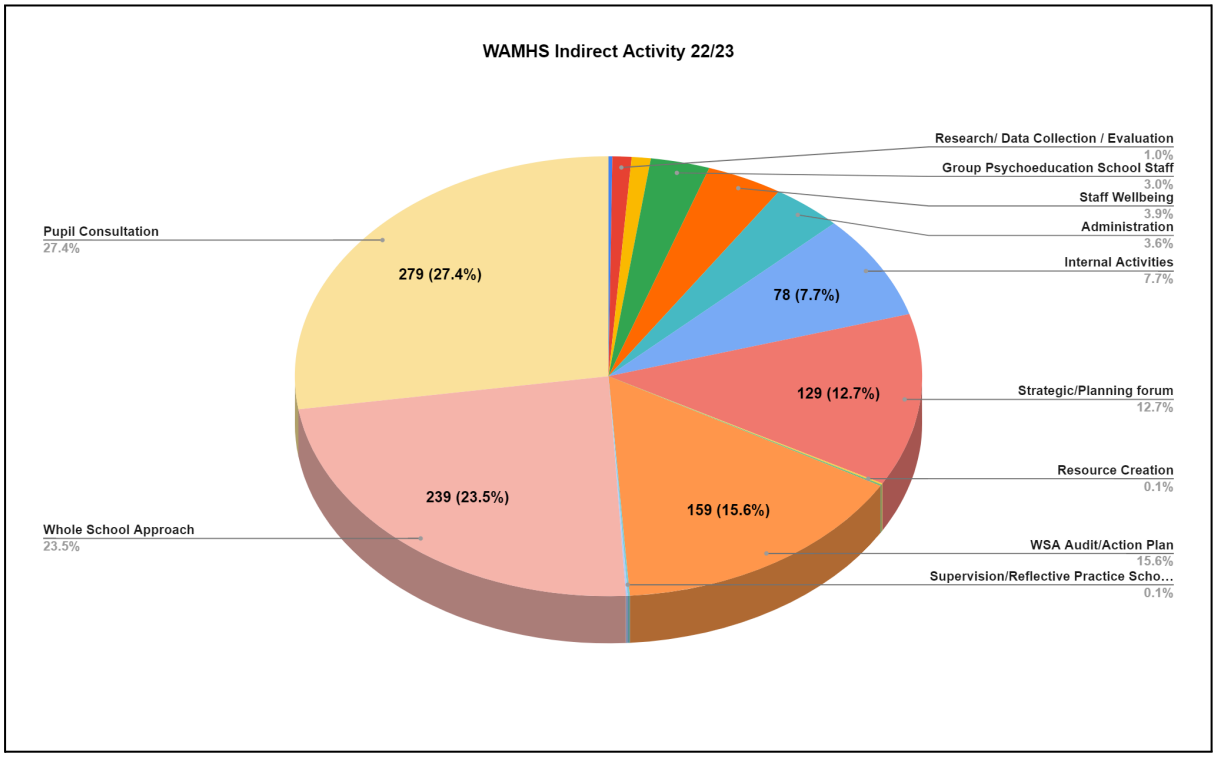


Figure 18: Pie chart displaying WAMHS indirect activity 2022-23

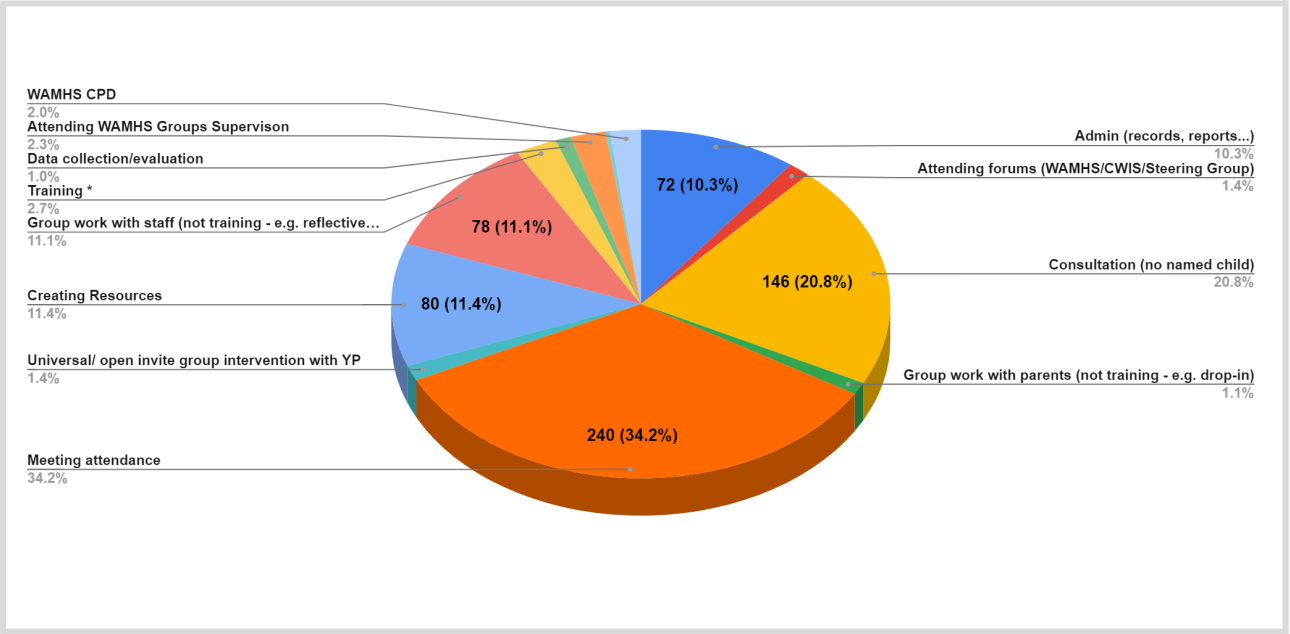


Figure 19: Pie chart displaying WAMHS indirect activity 2021-22

Data for universal training offer

The following 5 Universal Trainings were offered during the 2022/2023 academic year:

1. A consultation approach for understanding behaviour and managing emotions
2. Autism Spectrum Condition and Girls (those assigned female at birth)
3. Early identification and intervention for mental health difficulties
4. Managing Mental Health Risk in Schools
5. Understanding and Supporting Learning Difficulties in the Classroom

Further details about the training host and attendees can be found in Appendix I.

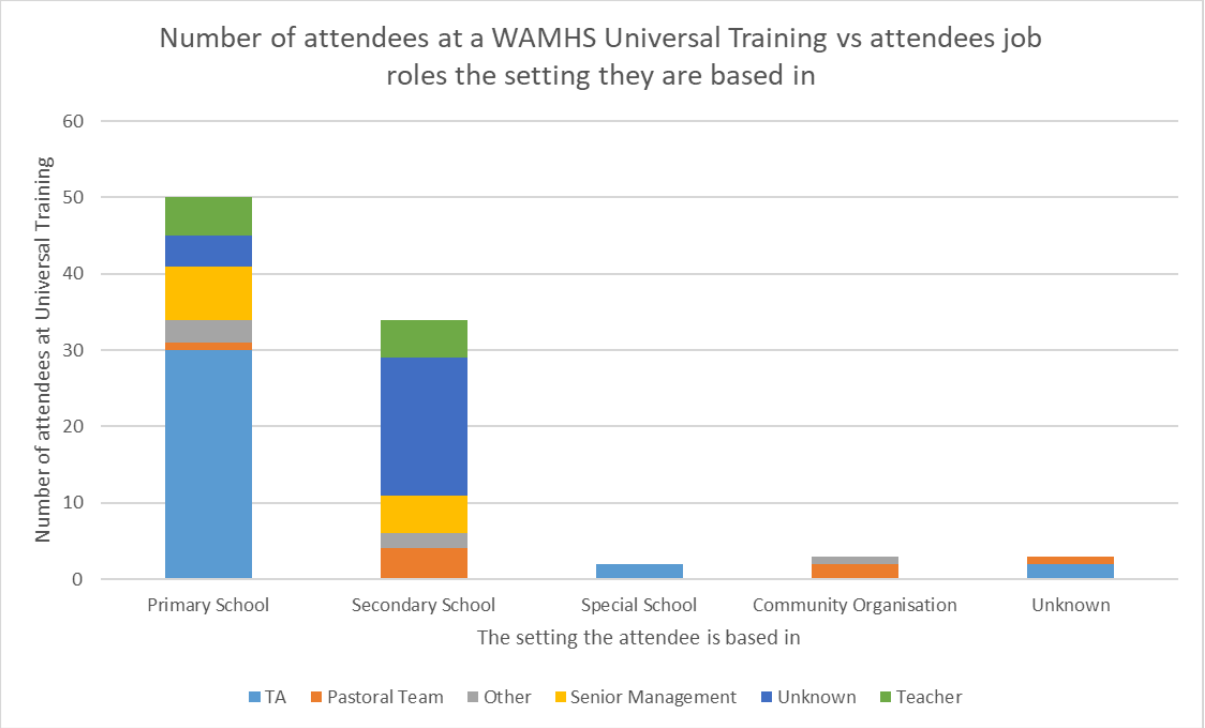


Figure 20: Number of attendees that attended a WAMHS Universal training vs based setting and job role

The role of those who attended included, Teaching Assistant, Deputy Headteacher, SENCO, Librarian and other School Teachers. Out of the 5 Universal Training sessions held in schools part of the WAMHS Programme, there was a mixed turnout of attendance compared to the initial number of sign ups. 3 out of the 5 training sessions saw a higher rate of 60% or more attendees complete the feedback form post attending a session.

Overall 54% of attendees were based in a Primary School, 36% were based in a Secondary School, 2% were based in a Special School.

Total number of attendees across the 5 training sessions offered was 92; the total number of people that signed up via Eventbrite was 175.

Clinical Team Leads have created 'cheat sheets' to address low rates of feedback, and measures such as requisition presenters leave enough time at the end of sessions (particularly twilight sessions), using administrative support to send reminders post presentations, and use of QR codes for ease of access have been put in place.

53 responses were received for the Universal WAMHS Training feedback survey. Figure 21 shows the 53 responses to how much the attendees think they have learnt during the training. The majority reported learning 'quite a lot'.

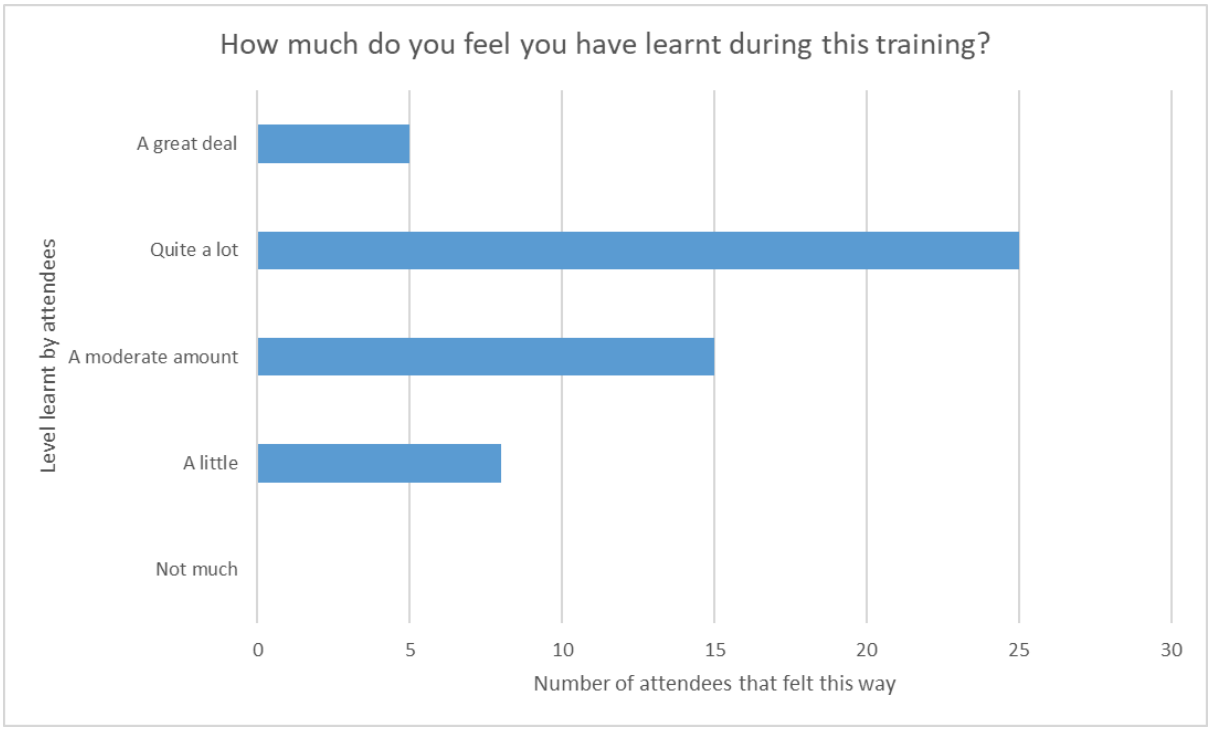


Figure 21: Graph showing responses to the question: How much do you think you have learned during this training?

The following graph shows the 53 responses to how much the attendees think their work will change as a result of this training. The majority reported learning 'A Moderate Amount'.

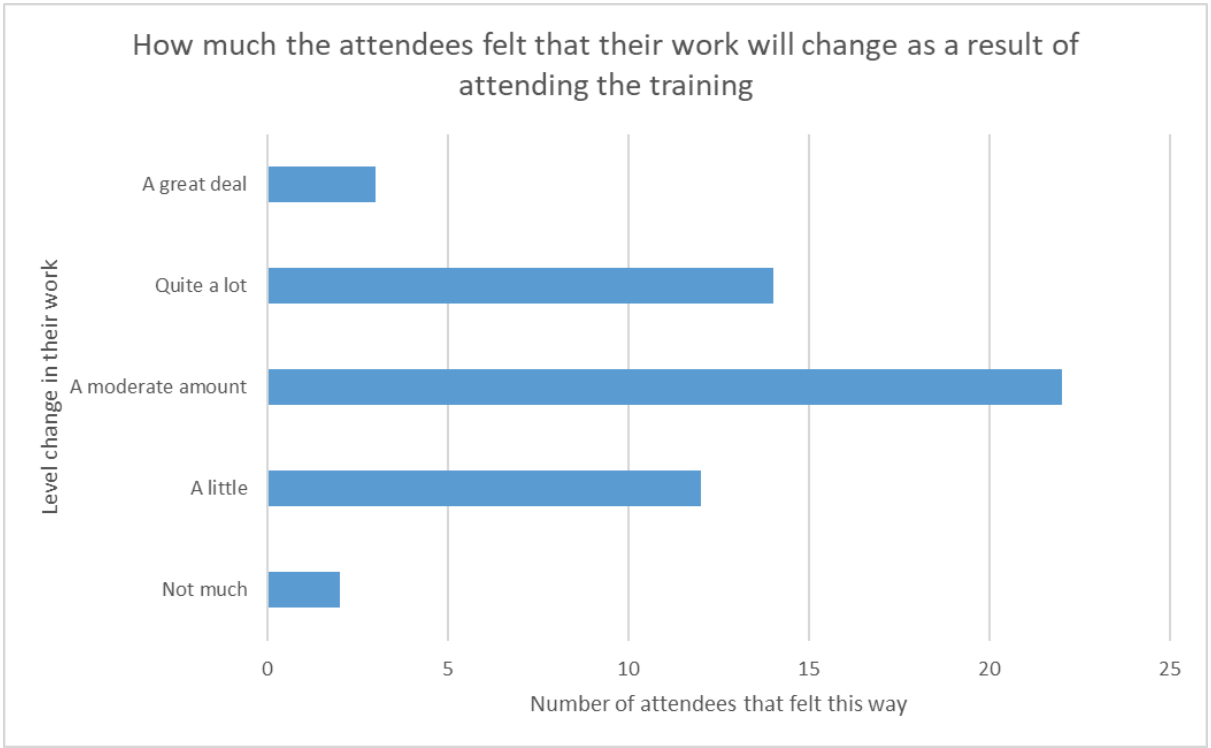


Figure 22: Graph showing responses to the question: How much do you think your work will change as a result of this training?

Data for bespoke training

Based on the data collected via the Mental Health in Schools Activity Microsoft Form & WAMHS Indirect Activity Record for 2022 (September only) , 38 bespoke training sessions were offered by the WAMHS team. Information about these offers are displayed in Appendix B. Following a thematic analysis of the name of the training as entered on Microsoft Forms, bespoke trainings were grouped into six categories of training, and Figure 14 gives an overview this.

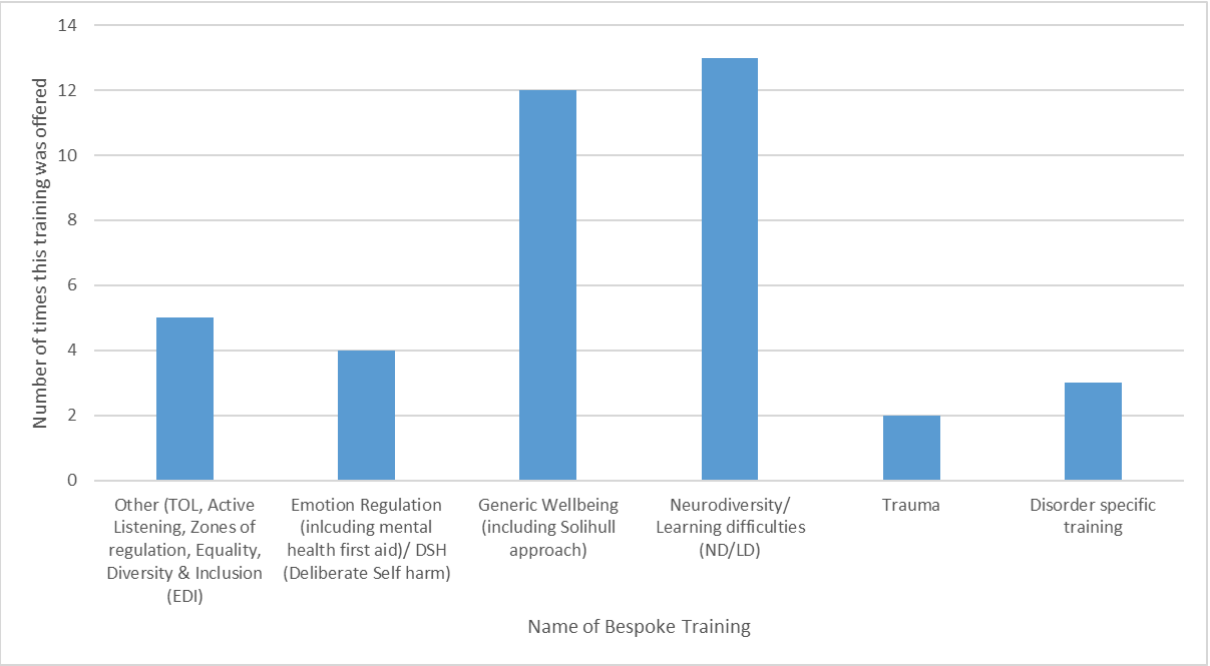


Figure 23: Bespoke trainings bar graph with training topics grouped together

Unfortunately feedback forms were not completed consistently using the generic form so it is not possible to provide overall feedback for the bespoke training offers.

ii. MHST Indirect Activity

Figure 24 below shows how MHST Practitioners time has been used for indirect activity. Similarly to the previous year's data (see Figure 25), Figure 24 shows that providing workshops or universal group interventions for children or young people accounted for the majority of activities recorded. After this attending meetings to discuss the Well-being Action Plan and audit and administrative activities were the most time consuming. Most recorded group offers were managing emotions groups and Tree of Life groups in primary schools.

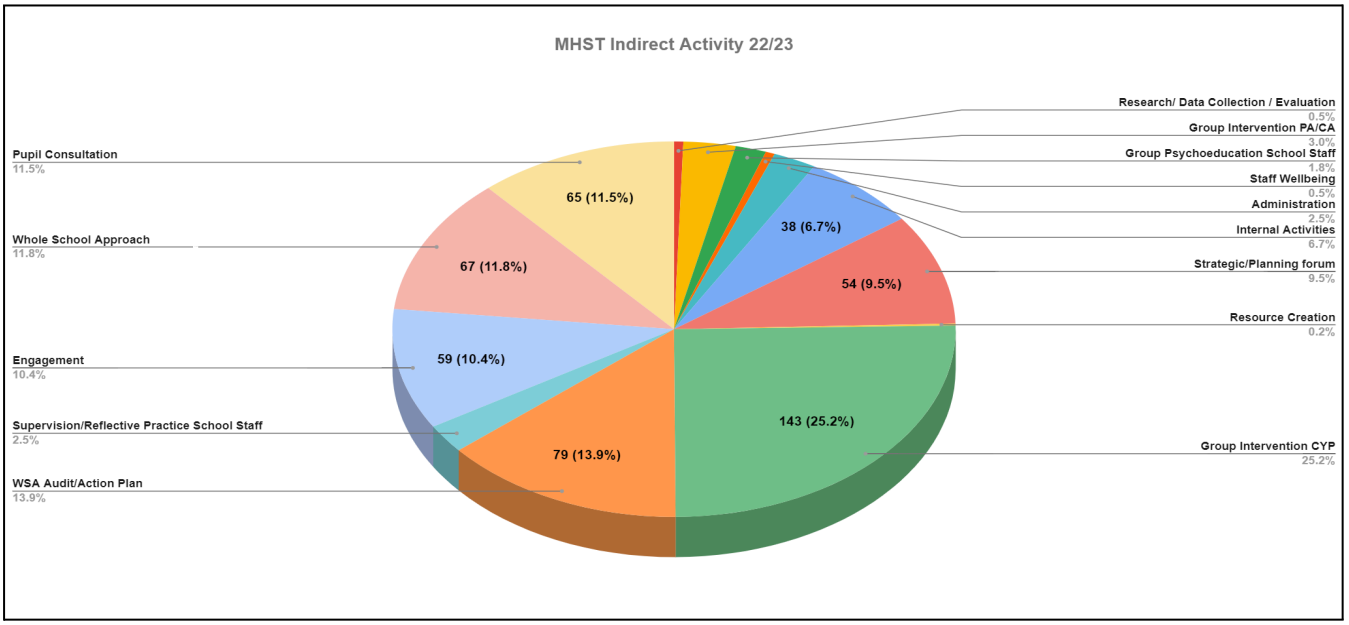


Figure 24: MHST Indirect Activity Breakdown September 2022-August 2023

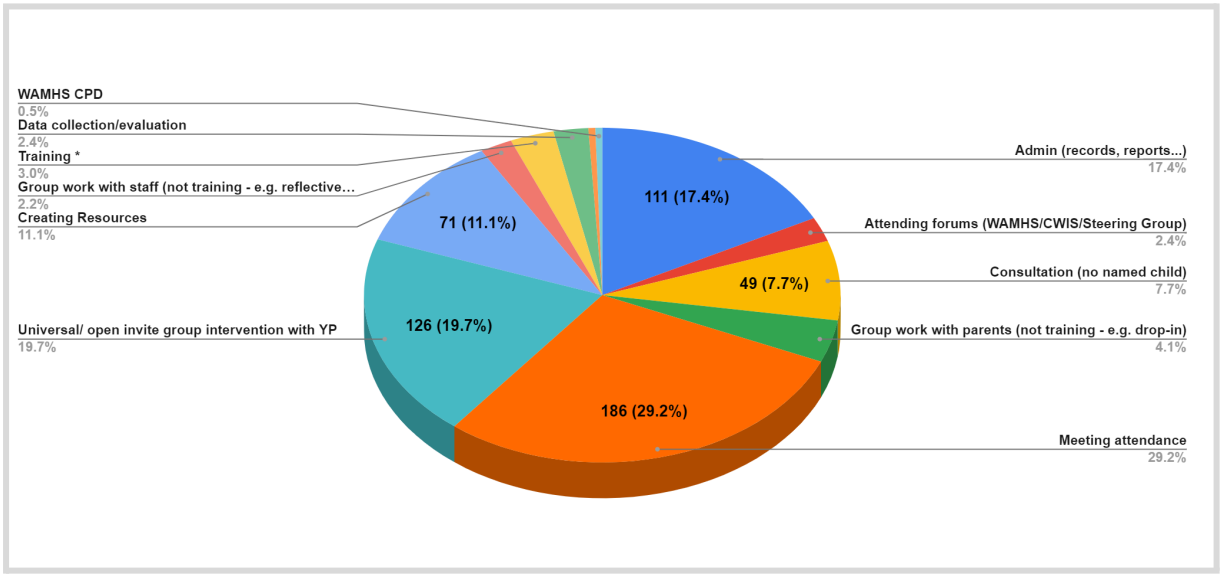


Figure 25: MHST Indirect Activity Breakdown September 2021-August 2022

MHST Workshops and groups (Bespoke and Universal)

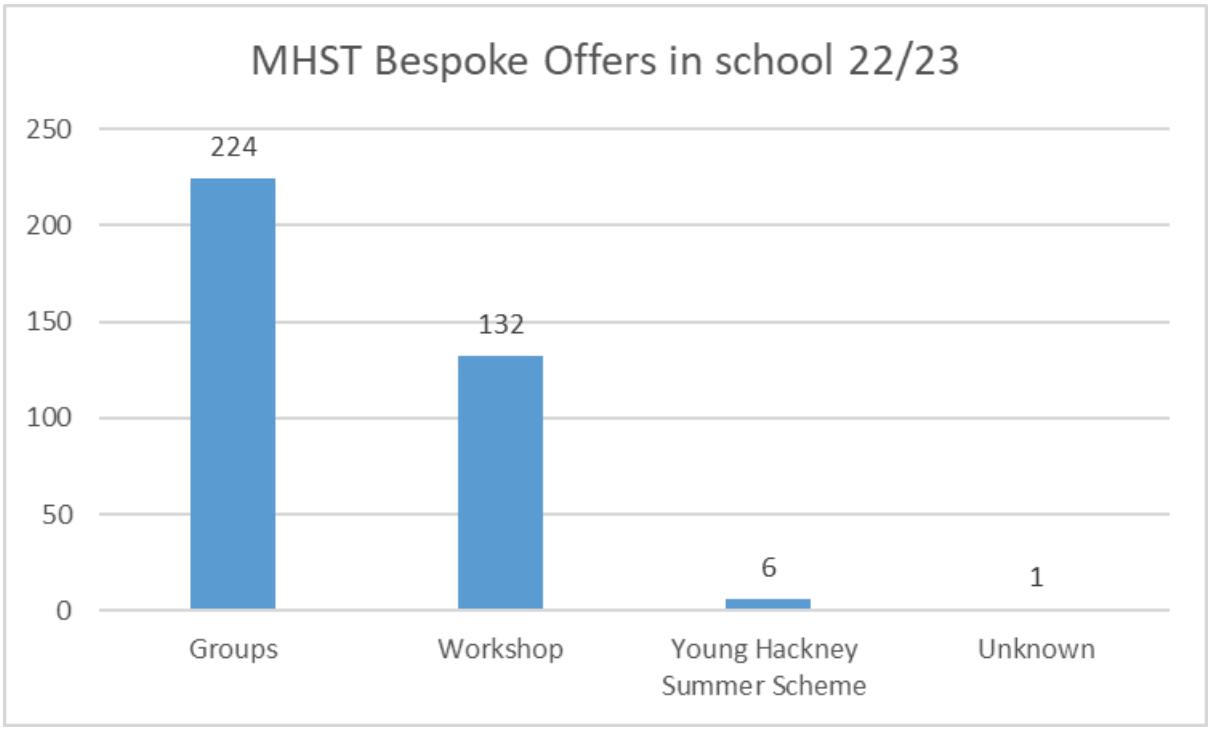
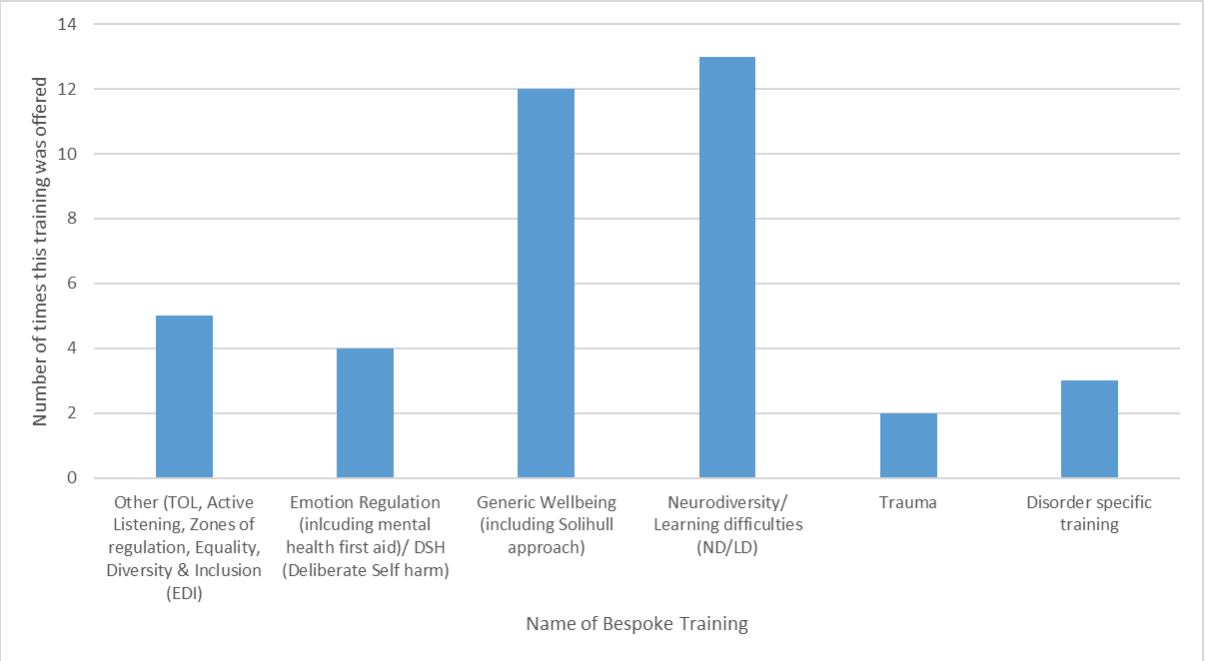


Figure 26: Number of MHST Bespoke group/workshop offers from August 2022 - August 2023

During August 2022 - August 2023, MHST offered 132 bespoke workshops and 224 bespoke groups, 6 Young Hackney Summer Scheme and 18 universal workshops.

15 out of the 18 universal workshops were offered to parents/carers and 3 for young people. Sign-ups and attendance rates at parent/carer workshops were higher than workshops for young people. The highest number of sign-ups for parent/carer workshops was 23 and attendance 13. In comparison there was a much smaller number of sign ups and attendees at online workshops for young people, with the highest number of sign-ups being 11 and attendees 3. See Appendix C for a table displaying the universal workshop offer including the number of people that signed up and the number that attended and completed a feedback questionnaire where recorded.

Feedback on Universal workshops



150 people filled in the MHST Workshop Feedback survey after attending a workshop. 54 people that filled in the survey were parents/ carers, 96 people were young people (see Figure 16).

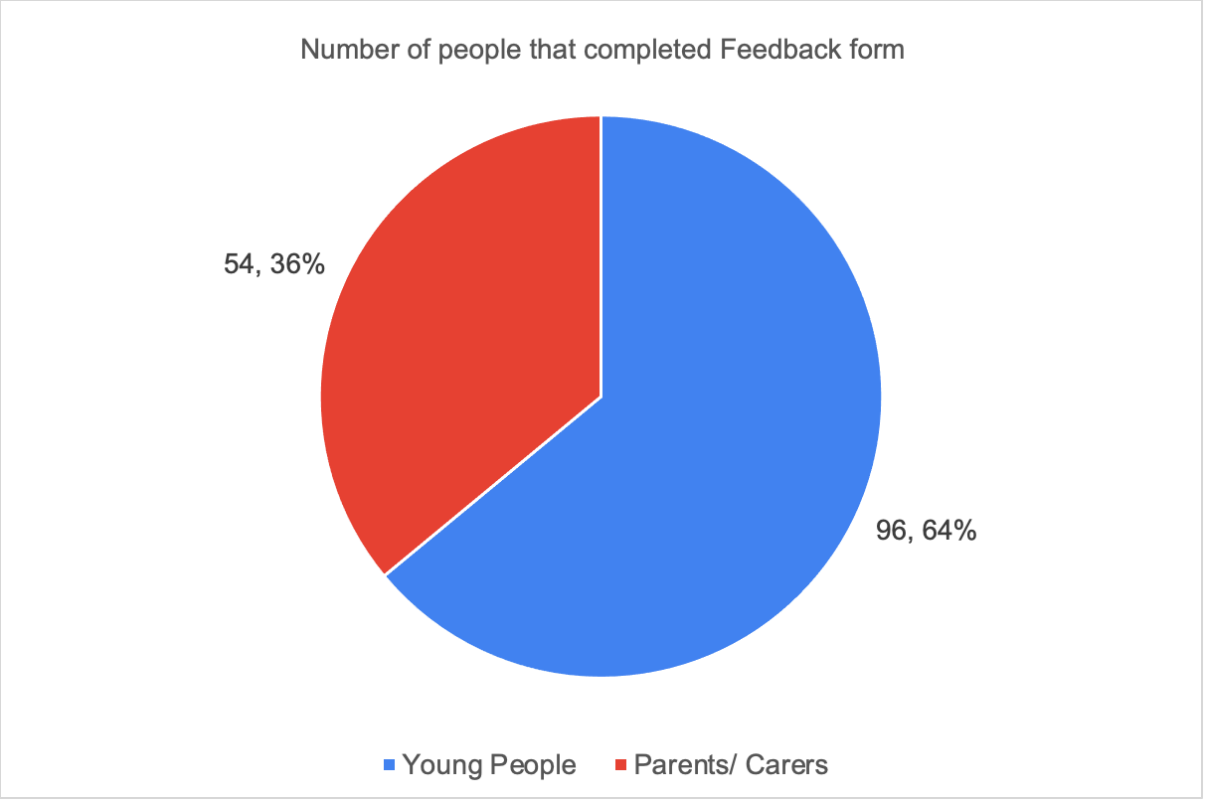


Figure 16: Pie chart displaying the number of parent/carers and young people that completed a feedback questionnaire after attending an MHST Universal workshop.

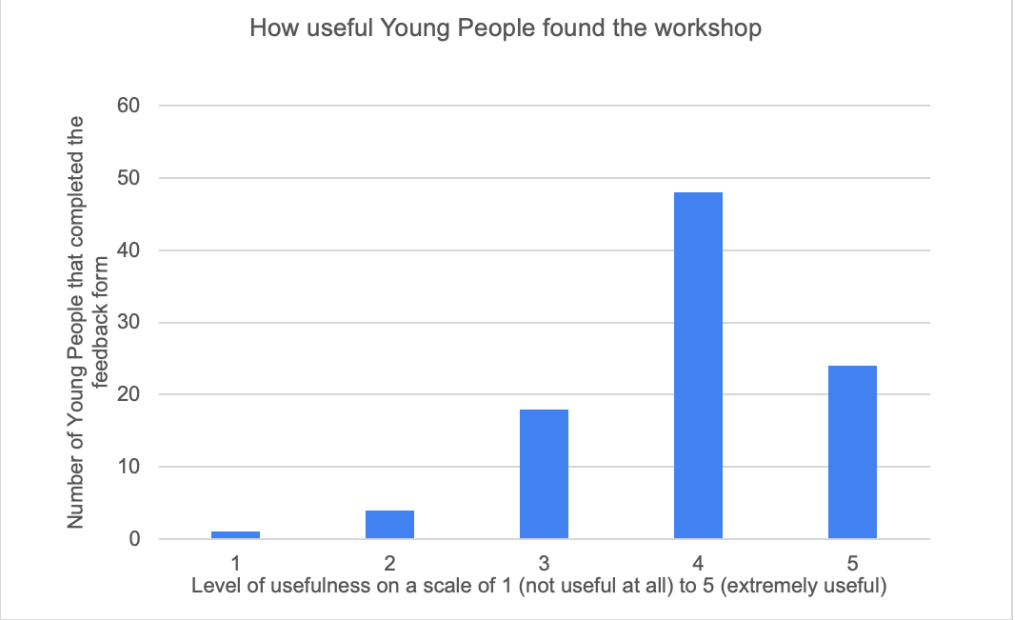


Figure 17: Bar chart displaying how Young People rated the usefulness of the workshop they attended

Out of the 96 Young People that completed the feedback survey, 75% of them rated the workshop they attended very/ extremely useful (between 4 and 5 on the rating scale).

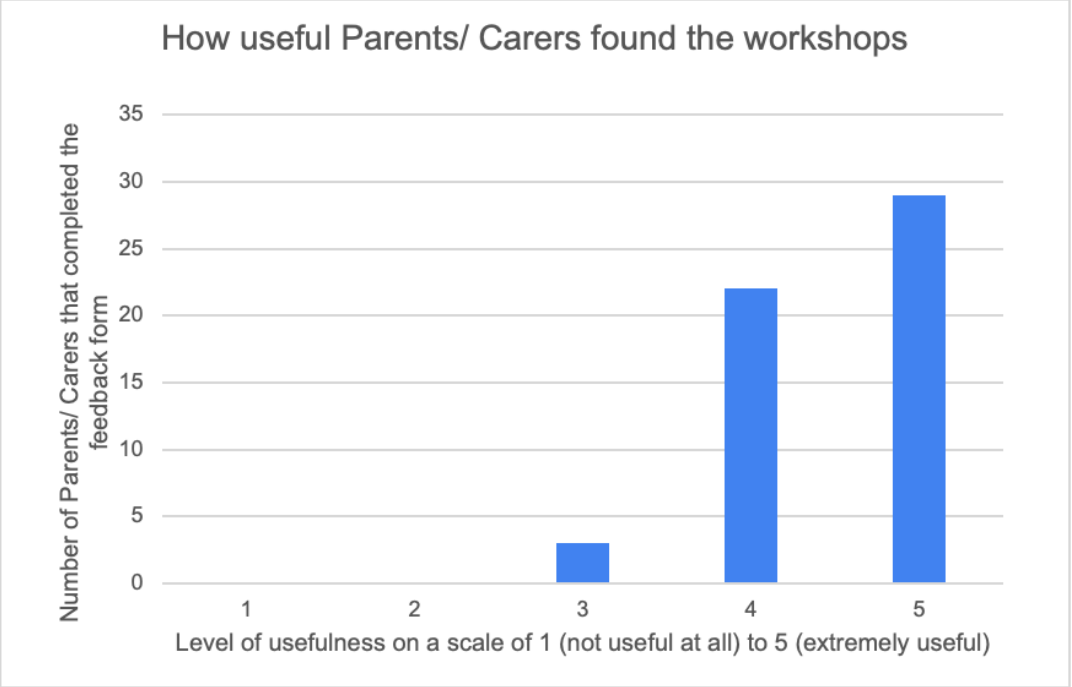


Figure 18: Bar chart displaying how Parents/ Carers rated the usefulness of the workshop they attended

Out of the 54 Parents/ Carers that completed the feedback survey, 94% of them rated the workshop they attended very/ extremely useful (between 4 and 5 on the rating scale).

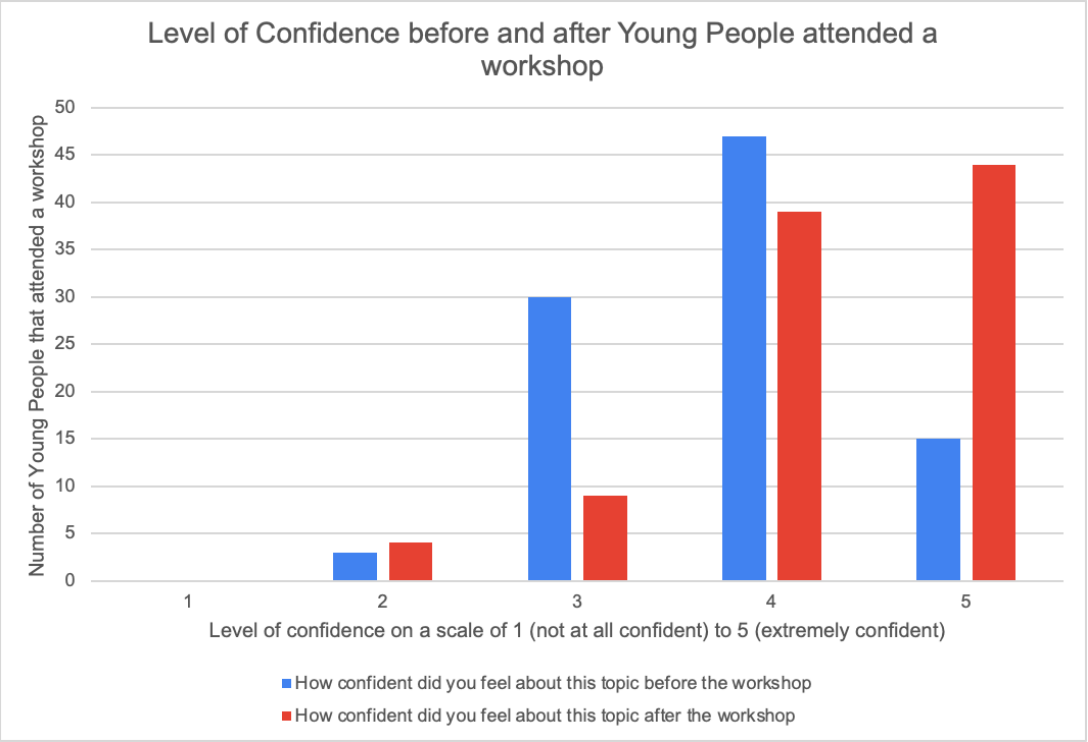


Figure 19: Young People's level of confidence of workshop topic before and after attending the workshop

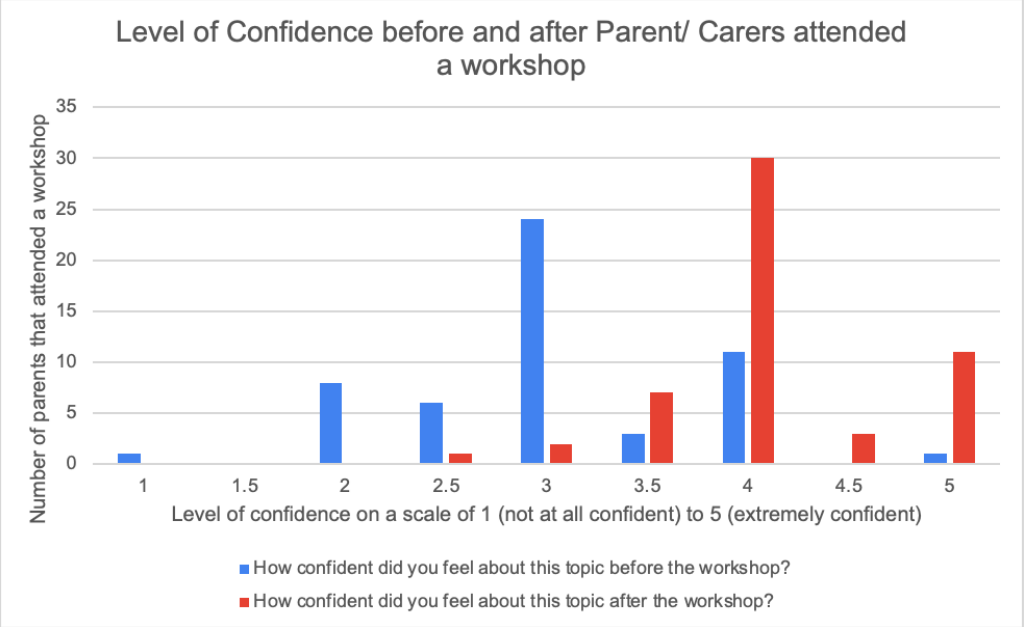


Figure 20: Parent/ Carer's level of confidence of workshop topic before and after attending the workshop

Young People, Parents and Carers were asked to rate the level of confidence they had in understanding the topic of the workshop before and after attending the workshop. Figure 19

and 20 display the responses which show a general trend that after attending a workshop young people, parents and carer felt more confident in understanding the topic.

6. Service Development and improvement

a) Reflective Practice in schools

Following on from training provided on reflective practice in 2022, we were able to provide bi-monthly focused consultation spaces for all CWIS facilitated by an external consultant. This space was used to support CWIS with the delivery of reflective practice in their schools. This offer has ranged from regular group reflective practice through to offering reflective consultation spaces on an individual basis. Feedback from practitioners has been consistently positive and we have secured funding for a further year.

b) Anti-racism in schools - Reflective practice spaces WAMHS and MHST staff

Arising out of discussions in team meetings, the death of George Floyd, the Black Lives Matter movement and the experiences of Child Q, it was decided to pilot a series of reflective practice sessions for WAMHS and MHST staff focusing on exploring the experience of racism and how it affects relationships in schools. It was decided to offer separate reflective practice spaces - for practitioners racialised as black or brown; for practitioners that identified as racialised white; and for practitioners that identified as racialised multi-racial. It was hoped that it would be beneficial for practitioners to unpack their experiences with those who identified in the same way. Two in-person spaces were facilitated for each group using an art therapy approach. We are in the process of reviewing the pilot to decide next steps.

c) One-page report

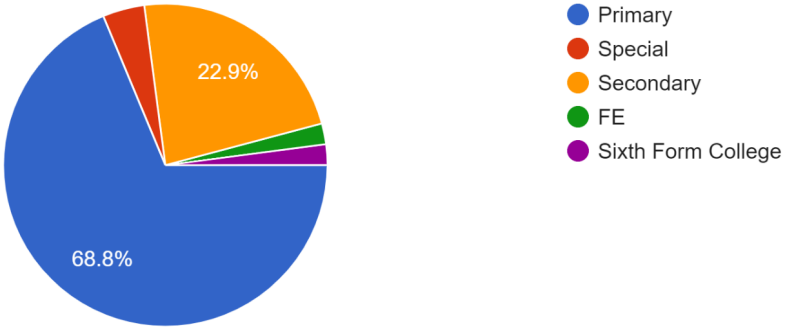
We have created a one-page report template for WAMHS and MHST clinicians to use to support reflective discussion with DMHLs about the use of WAMHS and MHST in schools and any disportionality of access based on recorded data evidence. We hope that providing demographic referral data and an overview of recorded whole school approach activities for each individual school can support action planning to address any disproportionality in access. This will be piloted in November.

d) Whole School Approach Audit

In response to discussions around capturing impact of Whole School Approach, the WAMHS Strategy Meeting developed a questionnaire to audit outcomes of Wellbeing Action Plans in discussion with Well-being Framework Partners. This questionnaire asks about key elements of practice/action within each of the 9 areas of the plan (see Appendix H). With the support of WBFPs, forty-eight schools completed this questionnaire

Is this school a primary, secondary and special school?

48 responses



The key findings from the survey included that:

1. 95.8% of respondents have a **Designated Mental Health Lead in post** and are engaged with WAMHS and team around the school.
2. 58.3% have **a school website that demonstrates the importance of well-being**, and 39.6% are working on this. 66.7% of schools have easily available information to help parents to access support for their child's mental health (e.g. on school's website). 25% are working on this.
3. 43.8% have delivered **trauma training to their whole staff team** and 31.3% are working on this. 60.4% of staff attend training about mental health and well-being in schools. 20.8% are working on this and 18.8% are yet to focus on this.
4. 58.3% have a **Well-being Policy** in place and 39.6% are working on theirs. 54.2% have **reviewed their Behaviour Policy** whilst considering the promotion and understanding of well-being and self-regulation and 33.3% are working on this.
5. 75% have reviewed the content of their **curriculum** in line with whole school approaches to mental health and well-being.
6. 87.5% report a robust system in place for responding to children who are at risk of exclusion and 93.8% have a pupil reward system in place.
7. 66.7% of schools report that the Designated Mental Health Lead **work together with their allocated CAMHS worker to facilitate referrals to services**. 20.8% of schools didn't have a CAMHS worker.
8. 81.3% **hold regular Multi Agency Planning Meetings** in their school. 16.7% are setting these up.
9. 54.2% report that there is **little or no unexplained disproportionality** in referrals to mental health services. 25% report that they are in the process of reviewing this and 20.8% have not undertaken a review.

10. 52.1% collate the views of parents/carers on well-being and mental health and 33.3% are working on this.
11. 68.8% complete staff well-being surveys, whilst 22.9% are working on this. 64.6% have undertaken pupil well-being/safety surveys. 27.1% are working on this.

e) MHST Onward Trajectory Audit

An audit was conducted to follow up on cases that have been closed to MHST for over 12 months. The audit assessed whether they had been in contact with services again through screening ELFT and Homerton clinical records. 222 cases were screened, who had more than 2 contacts between March 2021 and March 2022. Findings showed that 77 young people had contact again with services (34.68), this included services such as Speech and Language Therapy and Autism Assessments. When these were removed, the number of those having further specific mental health input (for anxiety, low mood etc) was 19.82%.

The findings of the audit tentatively indicate that MHST interventions are preventative. It is important to hold in mind that there may have been contact with other services that are not documented on NHS systems. Further audit should include follow up after another 2 years. It would also be of interest to examine the effect of demographic information on follow up contact.

The full report can be found in Appendix E.

7. Participation and co-production

i. Parents and young people

We are still developing the role of Well-being in Schools Champion. This is a paid position for parents or young people with an interest in developing and improving the delivery of WAMHS. We are currently recruiting from parents and young people who have received an MHST intervention. We are also keen to include the voices of young people and parents who have not received a direct CAMHS intervention, either through MHST or other CAMH Service. We have prepared and delivered assembly presentations to promote and recruit to the role.

For the coming academic year we aim to build a group of Well-being in Schools Champions who can be consulted to and whose ideas can be brought to the WAMHS Strategic Group. These champions will also be invited to participate in working groups where they can help to develop service communications (e.g. brochures and social media).

Rose Kachere (City and Hackney CAMHS People Participation Worker) has been assisting with some of the participation work for WAMHS and MHST. As part of her work she drew up a proposal for a participation programme within the service which included:

- Wellbeing Champions attending meeting every 6 weeks ran by participation workers, which operates on the same agenda as the WAMHS strategy meeting
- Discussion outcomes will be presented at WAMHS strategy meeting by participation workers
- Wellbeing champions recruited via MHST outreach
- Wellbeing champions receive learning about MHST/WAMHS and have opportunity for training on co-facilitation
- Wellbeing champions with have opportunity to co-faciliate MHST workshops, and be paid for their work

MHST continues to review their universal workshop offer and regularly consults parents about the timings and topics and seeks feedback on this.

MHST have sought the involvement of young people in the co-production of workshops and are supporting the provision of peer facilitation training.

MHST Artwork Competition

The Mental Health Support in Schools Team ran an artwork competition open to Year 5-6 in Primary Schools and all year groups in Secondary school, to encourage students' imagination and art skills to feature in the MHST Information brochure for primary and secondary schools.

The Artwork competition asked for eye-catching artwork that showed students' understanding of what positive mental health looks like in schools. Young people were asked to create artwork surrounding the following ideas and themes: Empathy, Self-care, Talking, Sharing, Listening, Speaking up, Difference, Time out, Reflection, Identity, Emotions, Resilience and Hope.

21 artwork entries were submitted from Primary Schools within the WAMHS Programme. 4 winners were chosen and their artwork will be featured in the MHST Information brochure.

See Appendix J for the winning artwork of the competition.

MHST Photoshoot project

The Mental Health Support Team wanted to create a series of photos which showed the work they do and ran a collaborative project calling for young people who were willing to be photographed as if taking part in an MHST school-based session.

Young people were encouraged to be as involved as they wished, whether in the staging process or photography. Through creative work with young people a series of photos were produced which will be used in the MHST Information brochure and other promotional materials and presentations that showcase the work MHST does.

d) Service Feedback and outcome measures

CAMHS Workers in School seek feedback on training delivered, including the universal offer and bespoke offers to schools. Feedback is built into action planning discussions between DMHL and CWIS. For their direct interventions, EMHPs complete outcome measures pre and post intervention in order to gain information about any changes in well-being and symptoms. Paired outcome data was available from either the parents or young people for 53% of MHST referrals which is similar to the previous year (55%). This means that a pre and post outcome measure questionnaire was used to gather information about the young person's symptoms before and after an intervention was delivered and was used as a tool within the therapeutic relationship to help evaluate progress. The difference in symptoms pre and post intervention was also reported in closure letters to the young person, parent (if appropriate), school and GP.

It is important to bear in mind that not all referrals go on to receive an intervention so this affects the percentage of paired data recorded.

Schools are expressing an interest in getting a snapshot of well-being (students and staff) in their schools so that change can be measured. CWIS' can join schools in this endeavour by thinking about the intentions of measurement, which tools they use to measure well-being, how the tools are administered and to whom and how they understand and respond to the data. See WSA approach audit below which indicates that 64.6% of schools have undertaken pupil well-being/safety surveys.

e) WAMHS Staff Snapshot feedback surveys

This academic year we expanded our annual snapshot survey of WAMHS staff members to include DMHLS, CWIS, EMHP and WFP, the full overview of responses can be seen in the appendices.

In total, 103 snapshot feedback surveys were completed by relevant professionals, as demonstrated above.

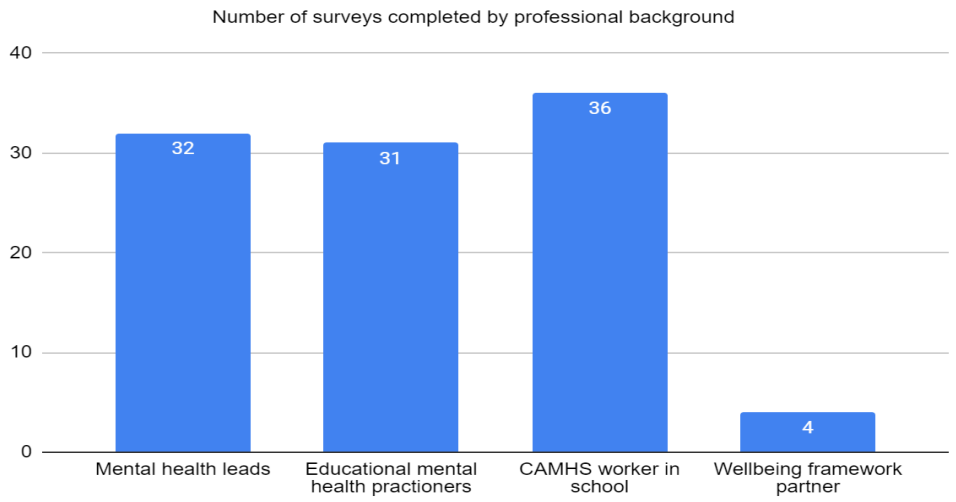


Figure x: Graph demonstrating number of surveys completed by professional background (n=103)

i. Mental Health Lead Surveys

Overall, 81% of DMHLs reported being satisfied with working with WAMHS and MHST.

There were some obstacles reported by DMHLS for CWIS integration such as unplanned sick leave and strike days in the schools. For EMHP integration, there was a more varied response, with answers ranging from 1/10 to 10/10 for how well they have been integrated. The reported barriers for EMHP integrations were also believed to be around time constraints and lack of space in the school.

There was positive feedback around the most successful pieces of work, which showcased the wide variety of work WAMHS and MHST are doing in the schools. Some examples included, parent and young people workshops, EBSA workshops and parent coffee mornings.

In terms of future improvements, DMHLs suggested there needed to be a clearer explanation of the role shared between school and mental health staff as well as the EMHP and CWIS being in school on the same day.

ii. Wellbeing Framework Partners Surveys

WBFPs identified that quick communication is effective when working with WAMHS, including a clear timeline to training and events that are being organised. In terms of how this could be improved they suggested that school staff should be given time to map their CPD in line with the WAMHS/MHST offer, and EMHP and CWIS being in on the same time.

There was positive feedback around what the most valuable pieces of work have been, these included parent and pupil group interventions, and CWIS having sufficient trust with DMHL to be open about challenges.

iii. Educational Mental Health Practitioners Surveys

There was a range of responses for how well EMHPs felt integrated into the school's environment, these ranged from 1 (not integrated at all) to 10 (being completely integrated). EMHPs identified that obstacles to integration were not being known by the school community and also not having access to rooms in the school to do therapy.

EMHPs identified that where they did not feel well supported, this was precipitated by not being able to work with the wider pastoral team and in some cases being overwhelmed with referrals but in others, not getting enough. It was also reported that EMHPs did not feel well supported where there were no clear boundaries and/or a lack of understanding of the role and limitations of the EMHP role.

EMHPs were asked what they would change to improve things within the school and across the wider MHST/WAMHS system. It was suggested there should be more awareness of WAMHS/MHST and more joint up working between EMHP and CWIS. It was also suggested that all staff should have an introduction to the service on inset days.

EMHPs were finally asked if there is anything else MHST/WAMHS could be doing as a local area system. Suggestions were as follows: branding, co-delivering workshops with other organisations, share information between other MHSTs and more awareness and target focus on mental health in BAME groups.

iv. Snapshot feedback surveys - CAMHS worker in school

Most CWIS's felt well integrated into the school environment (67%). When asked about the barriers to integration, it was reported that lack of communication and attitudes towards WAMHS were barriers. Most CWIS also felt that the DMHL had been supportive of their role development in school (75%). CWIS reported that, in the case their role hasn't been developed in the school, this was due to: DMHL being overstretched, schools being under pressure & under resourced and poor communication.

There was a wide range of successful pieces of work reported, these included reflective practice, tree of life and training.

In terms of what could be done to improve things within schools and MHST/WAMHS, CWIS reported that there needs to be a physical place for them to be based within the school and

also CWIS and EMHP to be in on the same day. Some CWIS also reported it would be helpful to have fewer mandatory team meetings/supervision spaces to allow them to spend more time in the school.

CWIS felt that there needed to be more promotion and explanation of WAMHS/MHST alongside wider working on trauma-informed practice.

7. Successes and Challenges this year

a) Successes

Increase in WAMHS and MHST offer:

One of our most significant successes is the increase in access to both WAMHS and MHST evidenced by the increased number of referrals. We are proud of the coverage of service to schools in the borough and the launch of Wave Three WAMHS with Wellbeing Framework Partners supporting whole school approach work and Clinical Team leads providing regular drop ins. In terms of ongoing equity of access, we recognise there are still schools who, whilst able to access our universal offers, do not have a direct CAMHS worker in the school or EMHP.

There has been a significant increase in attendance in our universal training offer to school staff. We are pleased schools have been enthusiastic about hosting these events, and we believe face to face training not only improves attendance, but also allows more embedded learning through activities and personal and professional connection across schools. However we remain concerned that secondary school staff are not accessing them.

Further established interagency partner working:

We have continued to increase the number of endeavours that are collaborative with partner organisations. We believe this interagency working helps address other equity of access, efficiency of provision, and shared learning and expertise. Key partners this year are Hackney Community Voluntary Services/Growing Minds, Place 2 Be and Young Hackney.

Improvements in communications:

We continue to get positive feedback about the professional and informative nature of our newsletter. MHST has led on developing a presence on social media.

Closer integration

We have created a regular shared forum for WAMHS and MHST to come together on a termly basis at the CAMHS in Schools forum. We have organised in such a way that

acknowledges the pressures of time constraints but recognises the importance of opportunities to share CPD opportunities and good practice. We have developed a shared CAMHS in Schools Handbook with hope of providing schools and staff a centrally organised process map. Furthermore, we have an MS Teams channel which enables the sharing of resources, to help save time and reduce duplication.

Increased evaluation of WAMHS strategy across City & Hackney Schools
The Whole School Approach Audit provides us with a helpful overview of self-reported progress across schools in terms of meeting WAMHS whole school approach objectives.

b) Challenges

Recruitment and retention
Since last year's annual report there continues to be nation-wide challenges with both retention and recruitment in NHS CAMHS Services. However, this has slightly ameliorated over the last year. The clinicians recruited are often early in their career and will naturally flux. We also continue to see high referral rates for CAMHS which places high pressures on staff in the clinic.

Within MHST there are concerns nationally about career progression and attrition rates. The impact on sustainability of the model is being considered at a national level.

Adapting the service post-pandemic
Both services were required to be exceptionally agile in their service provision during the pandemic, with much work moving online. Schools have shown their appreciation for the significant proportion of the service moving back to face to face. However, this has increased pressures on the service in terms of the practicalities of organising and co-ordinating the offers.

Working on integration
The WAMHS Strategic group has been continuing efforts to develop the integration of WAMHS and MHST into a single schools workstream. The challenges that we are working to address include:

- ☐ The clinical elements of WAMHS and MHST operating under different management structures (ELFT, HUHT and HEd EPS).
- ☐ The addition of the MHST after WAMHS started, has led to confusion regarding the different roles and remits.
- ☐ CWIS, MHST staff and Wellbeing Framework Partners can find it difficult to negotiate arrangements

- ☐ Not all schools have an equal share of resources resulting in an inequity of offer. Our hope was additional funding that would allow MHST to roll out into remaining WAMHS schools. This has not been received.
- ☐ Place-based working is a wider system priority within CAMHS, with a focus on a neighbourhoods model. This would need to be considered as part of any service redesign

Following a survey it was reported that only 27% of EMHPs are working on the same day in their school with CWIS which indicates ongoing challenges for regular opportunities for joined up working between WAMHS and MHST.

Antiracism and disproportionality Post Child Q

This academic year, the follow up report on the strip search of a black female student in a Hackney School by police (Child Q) was released. This report included the voices of young people and parents, and notes crucial areas of development, particularly around working on meaningful change in antiracist practice, racialised disproportionality, and behaviour policies and their implementation in educational settings. This has encouraged us to reflect on our our practices in WAMHS, such as updating the template of our Wellbeing and Action Plans and audits and providing reflective spaces for CAMHS practitioners in schools (see section 6.b above). CWIS are encouraged and supported to explore disproportionality, policy, and its implementation in their schools in a variety of ways, including reflective practice.

Challenges with data

In September 2023 a new indirect recording form was developed for all ELFT MHST with the aim of improving the consistency of data recording. We decided to trial using this form particularly given NHS restrictions through information governance with using Google data storage. This has proven challenging as the team has needed to adjust to a new form, with new categorisation of tasks made to fit MHST services North East London group vs our local bespoke categorisations. We have provided crib sheets to aid this transition. It has meant we have not been able to compare and contrast indirect activity with previous year due to the labelling differences.

We are also aware of the impact of missing school and ethnicity data and how this impacts our ability to provide an accurate representation of the community being served. By reviewing the WAMHS and MHST data with staff and encouraging conversations with DMHLs regarding referral demographics, we are hoping to increase awareness about the importance of this issue. It will also be helpful to review staff training needs when it comes to gathering ethnicity information during consultation and triage so the data is collected from the earliest possible stage in the service user journey.

8. Appendices

Appendix A Finance/Budget

WAMHS

CAMHS Workers in School (CWIS) have been provided by ELFT (Specialist CAMHS), Homerton Hospital Trust (First Steps and CAMHS Disability. From September 2022, 3 days per week (0.6 WTE) was provided by the London Borough of Hackney (Educational Psychology Service). The below costings represent the data in 2020, so should be treated as indicative for the 2022-23 period.

WAMHS UNIVERSAL ROLL-OUT			(April 2020)			
Type of School		**Number**	**Size**		**Plan 1**	**Days/w**
Primary	**59**	0	-		0.25	0
		59	-		0.5	29.5
Secondary	**18**	2	> 350		0.25	0.5
		3	350-750		0.5	1.5
		13	50 - 158		1	13
Special	**6**	1			1	0.5
		5			1	5
						50
Total	**83**					
				WTE		**10**
				Cost		**£ 700,000**
				WFP		**£ 93,713**
				Lead Liaison		**£ 11,900**
				TOTAL		**£ 805,613**

The Wellbeing Framework Partner role is provided by the School Improvement Team in Hackney Education, London Borough of Hackney.

Three half day visits to each of the 59 primaries (one x term)
Two half day workshop with 3 cohorts of primaries (run by 2 WFP)
Six half day visits to each of the 18 secondary schools
Six half day visits to each of the 3 special schools
Six half day visits to the PRU

WFP MODEL PHASE 3 (UNIVERSAL ROLL OUT)

Primaries					
Days	Times	People	Schools		**TOTAL Days**
0.5	3	1	59		88.5
0.5	6	2	1		6
					94.5

Secondary and Special					
Days	Times	People	Schools		**TOTAL Days**
0.5	6	1	18		54
0.5	6	1	3		9
0.5	6	1	3		9
					63

Primaries + Secondary/Special				Lead Liaison		
Days	£ x day	Cost		Days	£ x day	Cost
157.5	595	**£ 93,713**		20	595	**£ 11,900**

TOTAL	
£ 93,713	£ 11,900
	£ 105,613

From September 2022, we were able to use the DfE fund for Wellbeing Return to Education to fund a further roll out of Wellbeing Framework Partners to the remaining schools in the borough who had not previously joined WAMHS. This was a Wellbeing Framework Partner offer only as there is currently no further funding to allocate clinicians, nor workforce available. The intention is to redesign the service to provide link CWIS to all settings over the next two years.

	Schools/settings	Total days p/a	Cost per day	Total days	Total cost
Wellbeing Framework Partner 0.2	14	42	£625	42	£26,250
Total					**£26,250**

MHST

Below is the overall funding for the MHST Programme for the financial year 2022/3. This includes the funding of 3 MHSTs which includes 12 Education Mental Health Practitioners (4 per MHST), supervisor, leadership and administrative roles.

	2022/23
	Amount
TOTAL	£1,139,248

Appendix B: Bespoke WAMHS trainings

School	Date	Title	Number of Attendees
P2	25/01/2022	Emotion regulation	15
OJPr1	31/01/2022	Introduction to Emotional Wellbeing in Primary aged Children	20
OJPr1	21/03/2022	Thinking about Classroom Dynamics	missing data
OJSec1	30/05/2022	Emotional Well-being in Schools	9
OJPr2	23/05/2022	Introduction to Mental Health for Year 11	20
S2	28/01/2022	Managing a traumatic incident: reflecting, responding and healing	100
S2	05/07/2022	Creating Support Plans Using Zones of Regulation	10
S3l	19/05/2022	Inset whole day training on Psychological First Aid/delivered presentation on WAMHS role	20
S3	14/06/2022	Take a Moment	6
School	**Date**	**Title**	**Number of Attendees**

S5	10/06/2022	Well Being Evening - Recognising and Supporting Self Harm	5
S5	01/07/2022	Planning meeting with Andreanna and Geethu	3
S5	23/05/2022	Training about mental health first aid to learning support assistants and engagement support assistants 1hr	20
S5	10/11/2021	Parent wellbeing evening	15
P6	15/03/2022	Transitions	4
P7	18/01/2022	Attachment	9
P8	05/05/2022	Trauma informed care	10
S7	21/03/2022	Supporting Mental Health within Schools	26
P12	23/02/2022	Trauma informed schools	9
P12	21/01/2022	Trauma informed schools part 1	11
P12	19/01/2022	Trauma informed schools part 1	9
School	**Date**	**Title**	**Number of Attendees**
P12	26/05/2022	Secondary transition workshop part 2 for Yr. 6	30

P15	11/01/2022	Attachment in the Classroom	16
SP1	24/02/2022	Understanding puberty and development	6
JS3	25/04/2022	Supporting Young People in School	15
P23	01/02/2022	Attachment and Anxiety in the classroom	25
P23	01/02/2022	parent training managing anxiety	8
S11	06/05/2022	Parent Forum presentation - MH and wellbeing	1
P30	16/06/2022	Children's mental health and well-being	30
P33	14/03/2022	Parent training on anxiety	4
Side by Side school (OJ Pilot)	18/05/2022	Development and disability (LSA training)	5
Side by Side school (OJ Pilot)	01/06/2022	Development and disability (LSA training)	5
School	**Date**	**Title**	**Number of Attendees**
P40	12/07/2022	Supporting Transition to Secondary School	15
P43	28/04/2022	Emotional Regulation	15

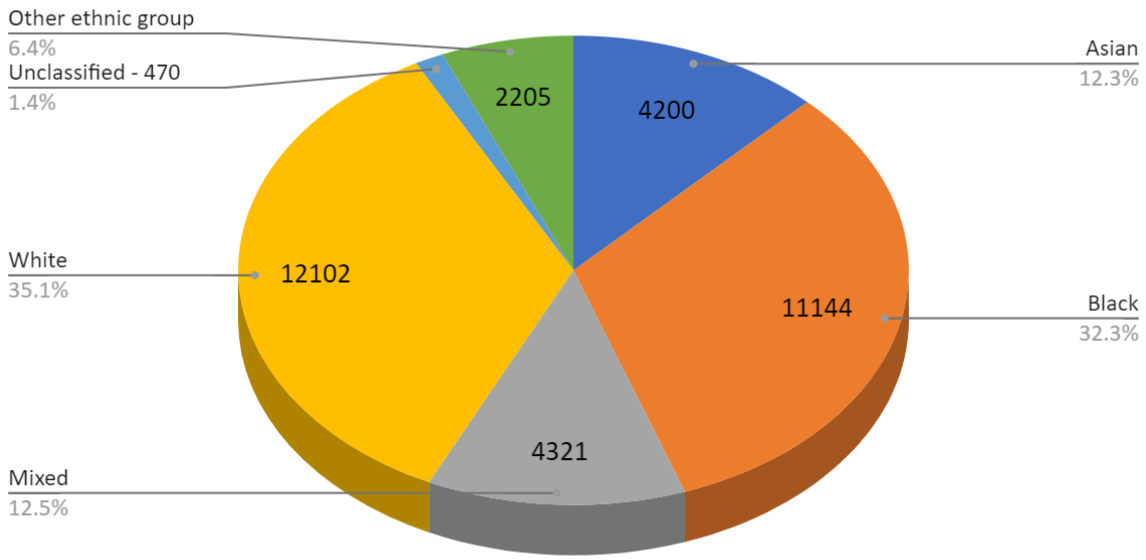
P45	10/05/2022	Autism and emotion regulation in the classroom	9
S13	31/01/2022	Tree of Life	14
Talmud Torah London Boys (OJ Pilot)	26/05/2022	Implicit biases	15
P46	08/03/2022	Anxiety- how to talk to your child about anxiety	4
P47	20/09/2022	Pupil Wellbeing role development training	9

Appendix C: MHST Universal Workshop Offer

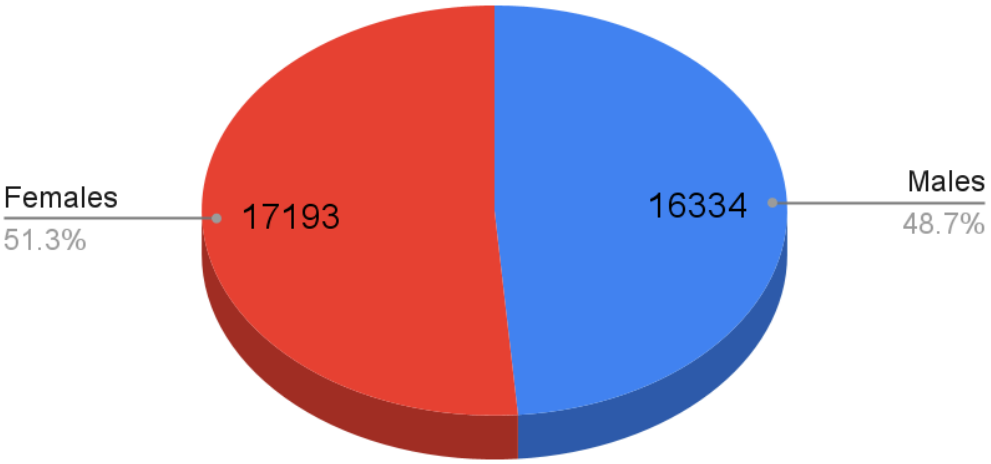
Workshop	Date	Signed Up	Attended
Supporting Your Child's Transition To Secondary School - Parent Workshop	24/08/22	20	9
Managing behaviours that challenge - Parent workshop	31/08/22	9	3
Transition to Primary school for parents of children with autism	31/08/22	3	2
Transition to secondary school for parents of children with autism	01/09/22	5	4
Transition to secondary for young people with autism – Teen workshop	01/09/22	3	1
Dads matter too: A Workshop for fathers on child anxiety	22/09/22	6	3
Managing child anxiety and supporting child's school attendance	07/10/22	3	3
Managing teen anxiety and supporting their school attendance	03/11/22	2	0
Supporting child with autism school attendance	24/11/22	15	7
Managing Behaviours that Challenge Primary Years	12/01/23	8	3
Managing Child anxiety	26/01/23	22	13
Managing Teen Anxiety	27/01/23	12	4
Intro to Mindfulness	23/02/23	7	0
Drifting off to sleep	09/03/23	11	3
Supporting child's transition to secondary with autism	04/05/23	8	3
Support child's transition to secondary	04/05/23	18	13

Appendix C: School census data January 2022

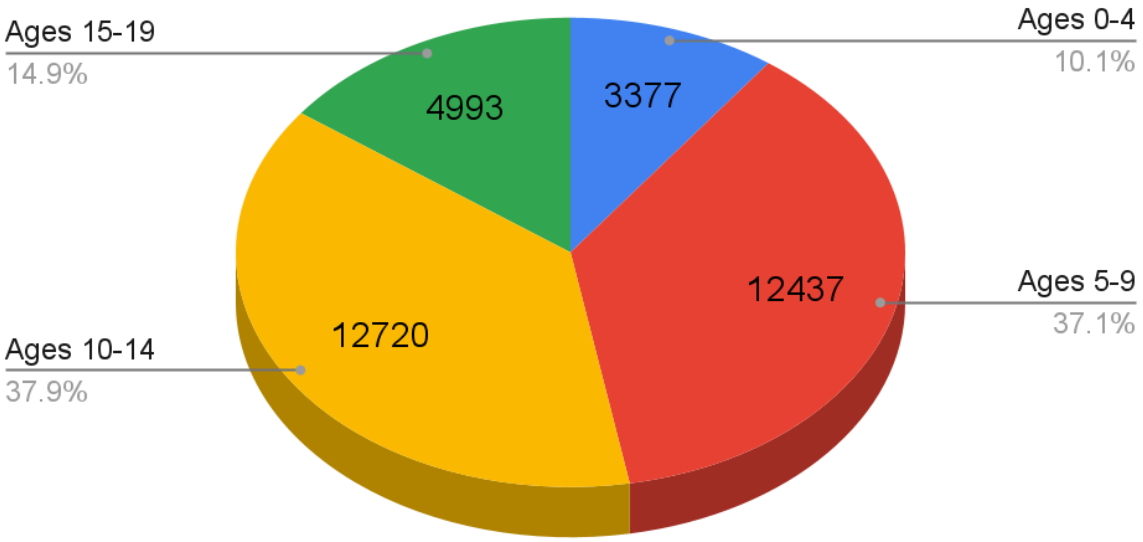
2021/22 school census data from the January 2022 Census - Ethnicity percentages and total values.



2021/22 school census, data from the January 2022 Census - Gender percentages and total values



2021/22 school census, data from the January 2022 Census - Age percentages and total values



Appendix D: Snapshot feedback surveys

i. Mental Health Leads

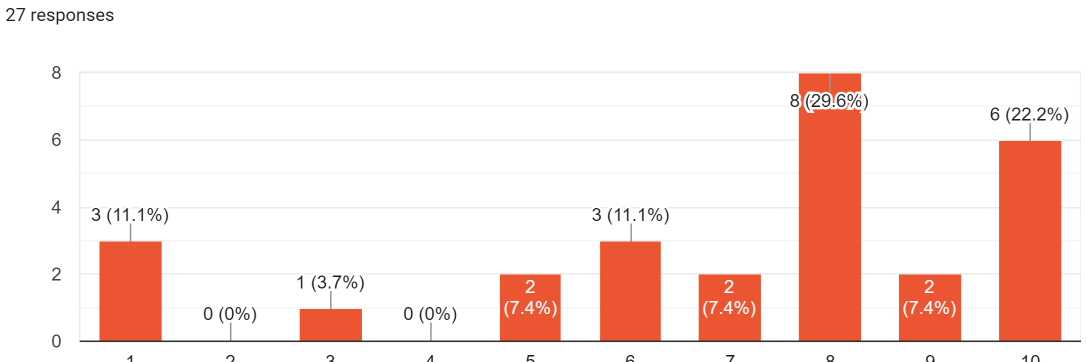
32 Mental Health Leads completed the WAMHS feedback surveys. This is down from the 37 that completed the survey last year. The full data set can be seen in the appendices (Appendix D).

The majority of those completing the survey reported being satisfied with working with WAMHS/MHST (26/32 rated 8 and above). There were also positive reports of the CWIS being integrated into the schools environment (24/32 rated 8 and above).

In terms of obstacles for integration, it was reported that sick days and maternity leave made it difficult for CWIS's to integrate within the school. Another reported factor was strike days in conjunction with lack of flexibility to make up for time last. It was also reported that space issues on site and schools' reluctance to the CWIS made integration challenging.

The findings for EMHP integration were more widely spread (see Figure 1)

Figure 1: (If applicable) How successfully has the EMHP integrated in your school's environment?



There were 16 responses with obstacles for EMHPs integration. These included; time constraints, school space, alignment of working times with DMHL, limits to training, attendance/sickness and flexibility.

The majority of answerers reported the WBFP was very much supporting the development of the CWIS in the school.

In terms of most successful pieces of work from the action plans, there was a wide range of answers. This included: parent and young people workshops, EBSA work, coffee mornings, tree of life, reflective practice for staff and monthly newsletters.

In terms of what could be changed in order to improve things in the school / across the wider WAMHS/MHST system, there were a wide range of answers. These included; clear brief of the role shared between school and mental health staff, sharing case studies of WAMHS support in other schools, clearer understanding of MHST time and EMHP and CWIS being in on the same day.

Finally, DMHLs were asked if there was anything else WAMHS/MHST could or should be doing. There were some suggestions: more 1-1 and group work, borough wide parent workshops and more presence in the local area.

ii. Snapshot feedback surveys - Wellbeing Framework Partners

4 wellbeing framework partners (WBFPs) completed the snapshot feedback survey. The full range of feedback can be seen in the appendices.

All WBFPs felt it was easy to resolve current issues.

In terms of what works well in communication lines in structure, the following was reported: quick replies and communication, clear timeline to training and events and calls between review meetings. In terms of what could make this easier and clearer for school staff, the following was suggested: reminder email to school staff, time given to map their CPD in line with WAMHS/MHST offer, clarity around start/end time and CWIS and EMHP being in on the same day.

In terms of organising the workload for a CWIS/EMHP, most WBFPs reported this was easy but there were suggestions for improvement. These included: having EMHP and CWIS in on the same day and improving the relationship between CWIS, DMHL and EMHP.

WBFPs reported that for EMHPs, the most valuable pieces of work have been: workshops with parents and pupils and small group interventions. They reported that for CWIS, the most valuable part was for DMHL and CWIS to have sufficient trust to speak openly about

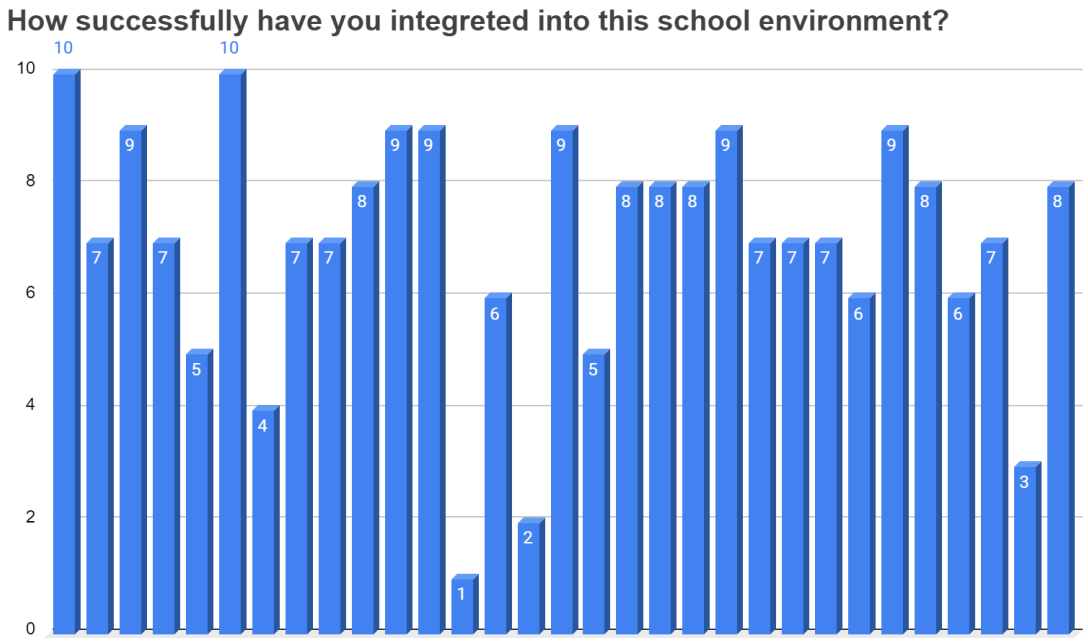
challenges. They also reported it was challenging to get traction due to high turnover of CWIS staff.

iii. Snapshot feedback surveys - Educational Mental Health Practitioners

There were 31 responses to the snapshot feedback surveys for EMHPs.

EMHPs were asked: how successfully have you integrated into this schools environment. Findings can be seen in Figure 1. There were a wide variety of scores, ranging all the way from 1-10 (1 being not integrated at all, 10 being completely integrated).

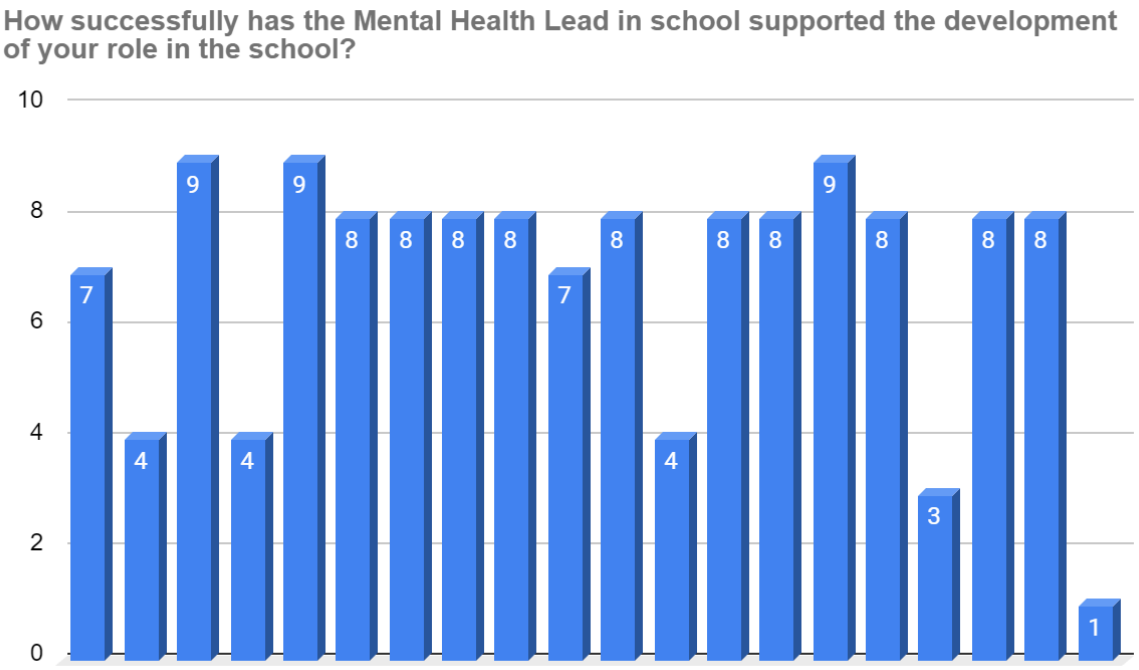
Figure 1:



In terms of obstacles for integration, EMHPs identified a few suggestions. These included: not feeling known by school community (staff and parents), having access to room, staff perception of CAMHS and DMHL sickness.

Most EMHPs felt that the DMHL supported the development of their role in the school, but there were some who did not feel this was well supported. See figure 2.

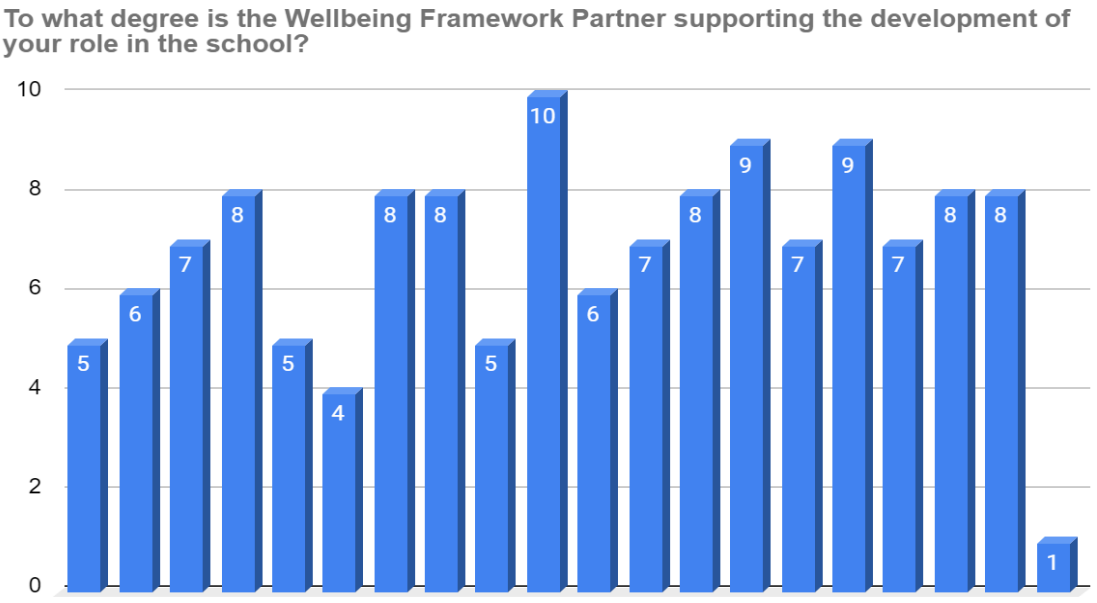
Figure 2:



EMHPs were asked what the obstacles were if they didn't feel well supported. Responses included: not being able to meet with the wider pastoral team, being overwhelmed with 1-1 referrals or not getting enough referrals, no clear boundaries and lack of understanding of the role and limitations of an EMHP.

EMHPs were also asked how supportive the WBFP was in the development of their role in the school. Most rated above 5 but there were 2 that rated below. See figure 3.

Figure 3:



EMHPs were asked what had been the most successful piece of work they delivered in the school this year. The answers were as follows: exam stress workshops, successful 1-1 interventions, Tree of Life, big uptake in parent workshops and 5 to thrive CPD.

EMHPs were asked what would they change to improve things within the school and across the wider MHST/WAMHS system. The answers were as follows: making more awareness of WAMHS/MHST, more joined up working between EMHP and CWIS, integration of Homerton and ELFT RIO systems, regular check ins with DMHL and making an introduction presentation for all staff on inset days.

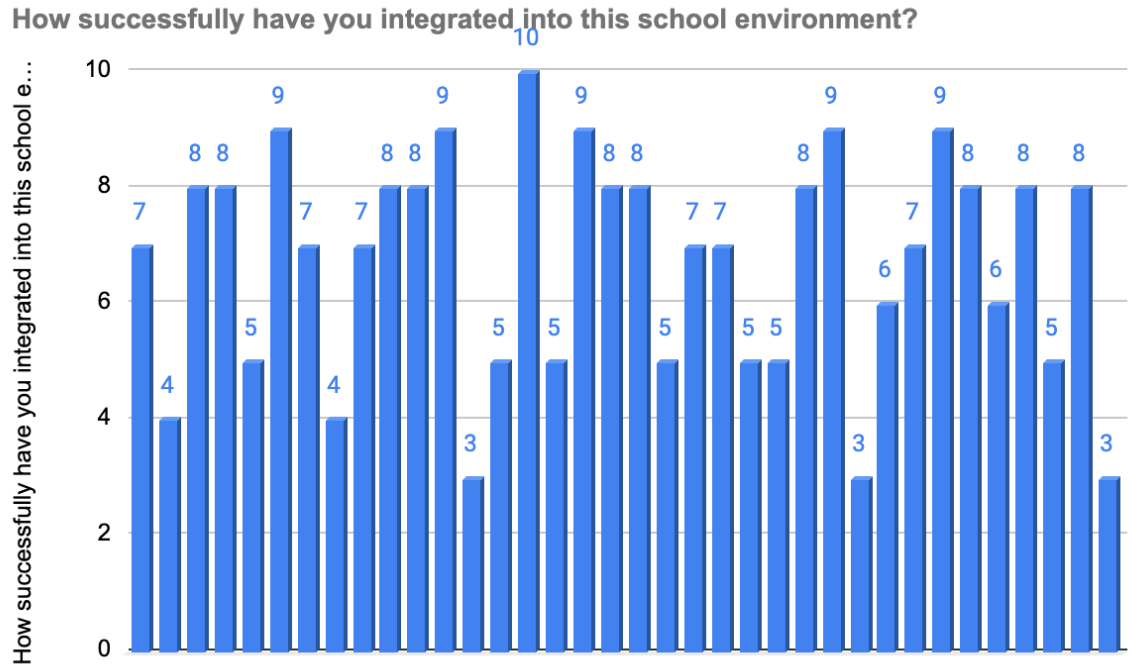
EMHPs were finally asked if there is anything else MHST/WAMHS could be doing as a local area system. Suggestions were as follows: branding, co-delivering workshops with other organisations, share information between other MHSTs and more awareness and target focus on mental health in BAME groups.

iv. Snapshot feedback surveys - CAMHS worker in school

The survey for CAMHS workers in schools (CWIS) was completed 36 times.

CWIS' rated how successfully they felt integrated into the school environment. There was a range of responses (from 10 to 3), but most rated 5 and above. Please see Figure 1 for more information.

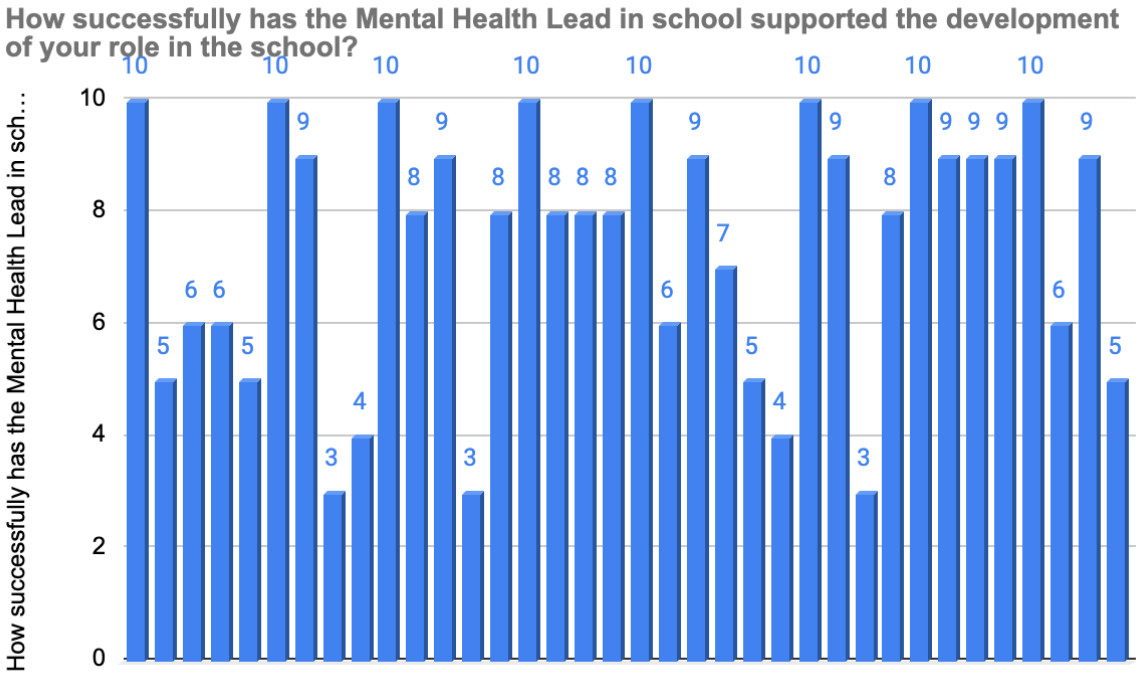
Figure 1:



CWIS' were asked what the barriers to integration were. Popular responses were: lack of communication, feelings WAMHS is unwanted in the school, feeling isolated, DMHL not having enough time and feeling unsupported by the WBFP.

CWIS were asked how successfully the DMHL has supported the development of their role in the school. Most CWIS's felt supported, but there was variation as seen below in figure 2.

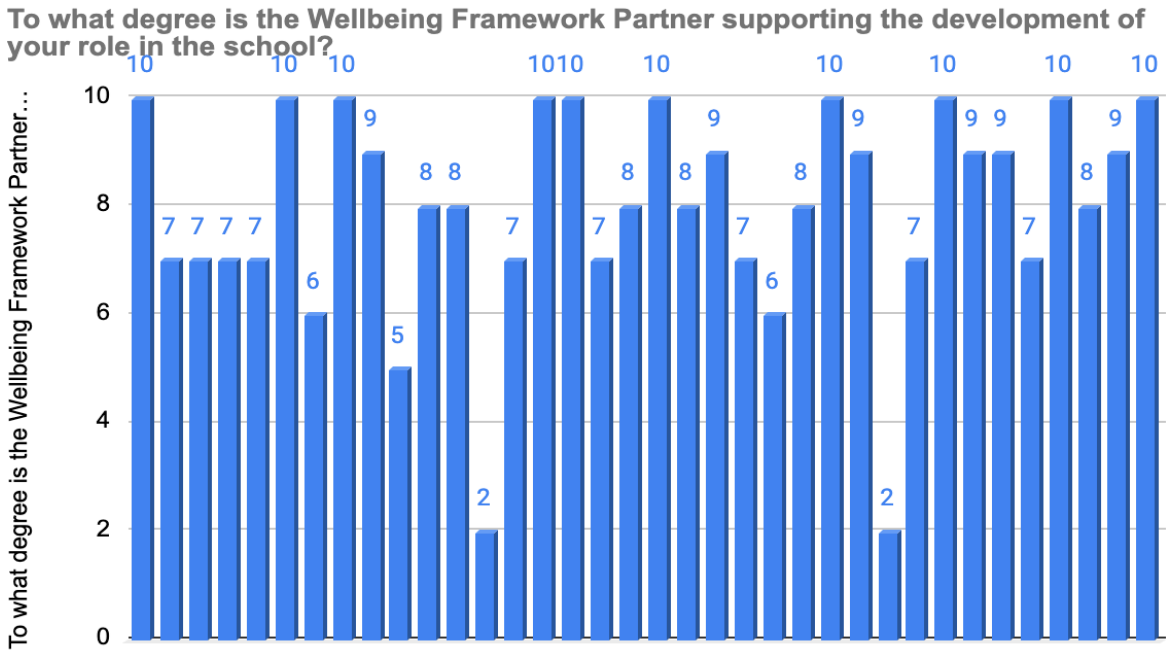
Figure 2:



CWIS' also provided feedback on why they believe their role hasn't developed in the school successfully. Popular answers included: DMHL being overstretched, schools are under too much pressure and under-resourced to manage to it and poor communication with headteacher/DMHL.

Almost all CWIS's found the WBFP supportive in the development of their role in the school. See Figure 3.

Figure 3:



CWIS were asked what the most successful piece of work delivered this year was and there was a wide range of responses including:

- Reflective practice (TA's, LSAs, teachers)
- Parent coffee mornings
- Tree of life
- Wellbeing garden project
- Attachment training
- Training for staff and parents

CWIS were asked what they would change to improve things within their school and across the wider WAMHS/MHST system. There were a wide range of responses including:

- More crossworking across schools
- Having a physical place to work in the school
- CWIS and EMHP in the school on the same day
- Arranged check-in with DMHL at each visit
- The indirect activity form - it is too complicated and time-consuming
- Fewer CPD/peer supervision/ WAMHS meetings that take time away from the school

Finally, CWIS' were asked if there was anything else MHST and WAMHS could be doing as a local area system. Again, there were a wide variety of answers, which included but were not limited to: Encouraging more joint working

- Promotion/explanation of WAMHS/MHST
- Racial trauma being covered within schools at the systems levels

- Wider work on trauma-informed practice
- Reducing extra commitments outside of direct time in school
- Revising recording system
- Advocacy around behaviour policies.

Appendix E: MHST Onward Trajectory Audit

The purpose of this audit was to follow up on cases that have been closed to the MHST for over 12 months, assessing if they had come into contact with services again or had no further contact. The audit was conducted with a view of investigating the effectiveness of the 'early prevention' work that is carried out by MHST, under the impression that if early intervention and prevention is successful, the young person will not have any further contact after a year.

An initial pilot audit was conducted to scope out the feasibility of the audit, 45 cases were completed, initial findings were that 13/45 of those cases had had further contact with services in Hackney. It was agreed within the team that it would be most beneficial to cover all 222 cases to yield the most representative findings.

Methods

222 cases were followed up using both the ELFT and Homerton patient databases. The cases were selected for screening if they had more than 2 contacts recorded on 'RIO' between March 2021 and March 2022.

The cases were screened by going through each RIO system (ELFT and Homerton). Progress notes were screened to identify any further contact with services after being closed to MHST. Findings were recorded in an excel spreadsheet indicating 'Yes' or 'No further contact' for each RIO system. Additionally, if cases had received further support, the follow up service was documented alongside a brief note of the context of the contact. For example, "First Steps: Anxiety intervention".

Results

Overall, 145 young people had no further contact with either Homerton and ELFT services. 77 young people had contact with Homerton and/or ELFT services – overall 34.68% of referrals went on to have more input from services.

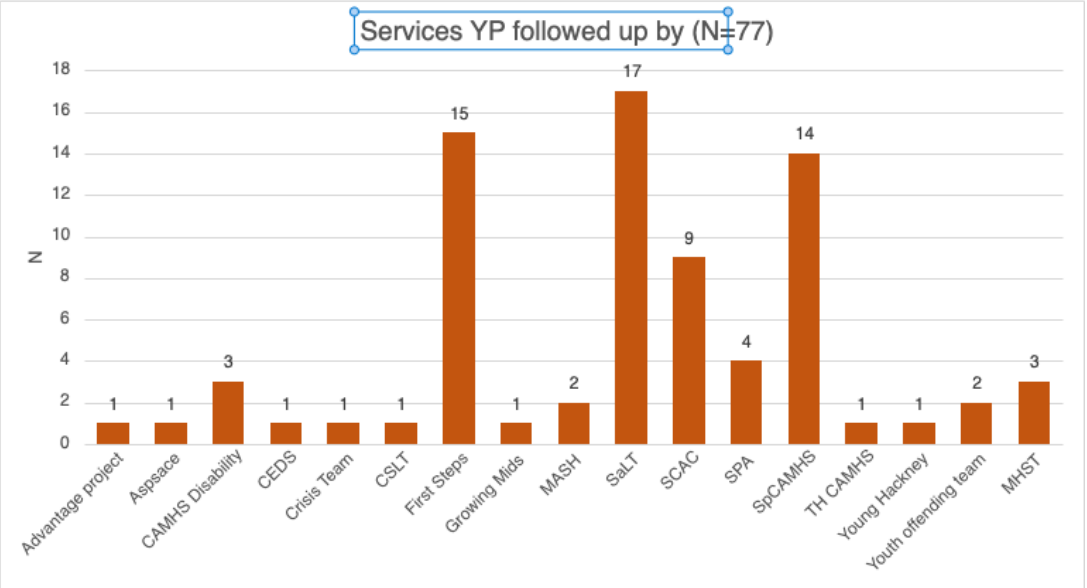
Table 1: Frequency of young people followed up or not followed up by services

Further contact with services?	N	Percentage
No	145	65.32%
Yes	77	34.68%
Total	***222***	***100%***

Young people were followed up by a total of 17 services. There was a wide range of services used, indicating a range of difficulties faced. Speech and language therapy was the most popular, followed by First Steps and Specialist CAMHS. Interestingly, 3 young people were referred back to City and Hackney MHST.

See Graph 1 for a detailed breakdown of follow up services.

Graph 1: Breakdown of services MHST young people were followed up by



The context of young people's referrals into other services was of course, very varied and individual. A fair proportion of the context was for speech and language intervention with the SaLT team (22.08%). Additionally, there were many referrals for ADHD and ASC assessments (11.69% and 10.39% respectively).

In terms of more traditional mental health contexts, there were a few onward referrals for anxiety difficulties (7.79%), with the majority of these going to First Steps and on one occasion to SpCAMHS. Of these 5 follow ups for anxiety, 2 received 1-1 anxiety intervention with MHST, 2 received Self Esteem Group with MHST and 1 received the MHST managing emotions group.

There were some referrals for emotional and behavioural difficulties (7.79%), which went to SpCAMHS and First Steps. Of those 5 young people referred for emotional and behaviour difficulties, 2 received an anxiety group intervention, 2 received self-esteem group intervention and one received anxiety 1-1 intervention.

There was also 1 referral for eating difficulties which went to CEDS.
If only mental health services were included at follow up (removing MASH, SaLT, Youth Offending Team), the total number of those follow up is 44. This changes the proportions of those young people followed up. See table 2 for a breakdown.

Table 2: Frequency of young people followed up or not followed up by services

FURTHER CONTACT WITH MENTAL HEALTH SERVICES?	N	PERCENTAGE
No	178	80.18%
Yes	44	19.82%
Total	***222***	***100%***

The average number of DNA's for those who were followed up later was 1.03 and the average rate for those who were not followed up, indicating that DNA rates were not an indicator for future follow up.

On average, those who went on to be followed up had more achieved contacts with clinicians (10.13) compared to those who were not followed up again (8.25).

Discussion

The findings of this audit tentatively indicate that MHST are offering preventative and early intervention services, with just short of 2/3 cases going on to have no further input from services in Hackney.

It is worth noting that it is not always possible to determine the exact effect of MHST interventions due to a multitude of confounding factors. This means it is likely that our young people could go on to experience more mental health difficulties that may not have been 'preventable'. Confounding factors include, but are limited to, adverse life events, hereditary mental health challenges, relationship to help seeking and social factors including stability of home, feeling of safety and level of basic need being met. Maslow's Hierarchy of Need (1974), suggests that in order to be able to 'self-actualise', humans should have their very basic needs met first (food, safety, warmth). This is important to note due to the level of social need in Hackney which may contribute to young people having challenges with their wellbeing.

Additionally, young people may have moved out of borough and be receiving support elsewhere, which would not be traceable on our NHS systems in Hackney. It is also possible they may have been referred to none NHS services that we would not have record of.

It is important to note that we would not be discouraging young people from seeking out further support if they needed to reach support, and it is also important to note that there may be young people who we have worked with that may require extra support, but have not reached out. Therefore, it is possible the findings of this audit are not completely reflective of further mental health needs in our service users.

In terms of the total number of services that young people were followed up or picked up by, it is important to note that some of these services may not directly reflect the impact of our working. For example, cases picked up by SaLT and the youth offending team may not have been preventable based on MHST outcome measures.

Recommendations for further audit would include: for the same 222 young people to be followed up again after another 2 years and 5 years. It would also be of value to assess any association between outcomes and demographic information. Additionally, it is likely further investigation into outcome measures may be helpful; for example, looking for an association between follow up contact and outcome measure scores and/or changes throughout intervention. It would also be beneficial to compare follow up data with demographic information.

References

Maslow, A. H. (1943). A theory of human motivation [American Psychological Association doi:10.1037/h0054346].

Appendix F

Advantage Mentoring Programme Summary

Background

The Advantage Programme is a mentoring programme for young people aged 14 – 21 years with mild to moderate mental health difficulties. It is run in partnership with CAMHS and Arsenal in the Community. Using youth work with the focus on re-establishing aspirations and a sense of connection for young people with the mentor supported by a designated NHS clinician. The mentor will support the young person for one hour a week for up to six months. Up to 10 young people can receive mentoring at any one time.

Number of children who have been referred

	Referrals	Mentoring
Jul 2022- Jan 2023	11	6
Feb 2023 - Jul 2023	13*	6
Aug 2023 – Sept 2023		6

*Two outstanding cases to be triaged (one away on holiday and the other did not meet the age criteria at the time).

Outcome data

Pre-measures are administered by the CAMHS clinician during triage. They include Outcome Rating Scales (ORS), Perceived Stress Scale (PSS), WHO – 5 Wellbeing Index and CGAS.

Goal based outcomes (GBO) are used during the mentoring sessions and an 11 point scale is used to track progress against agreed goals.

Post measures are collected by the mentor when the programme was being evaluated by Child Outcomes Research Consortium at the Anna Freud Centre.

Example of qualitative feedback

"…it's given me motivation to be able to do something because I really struggle with motivation."

"[Advantage] let me express myself to other people. Like I can talk about how I feel to my family now."

"I enjoyed attending the sessions. It's good to be able to chat"

"I found the support around cover letters and applying to Uni really very helpful"

Challenges

Miscommunication or misinformation

· Uncertainty about how some of the referrers introduce the programme to the young people.

Informed consent

· Tried to overcome the above by having a section on the referral form to be completed with the young person. Tick list to check whether the programme has been explained to the young person and they have agreed and/or parent and carer has agreed.

Consent form

· Not completed or signed by parent or shared with the clinician means that the young person under 16 is unable to participate in the programme or there is a long wait for the form to be shared.

Complexity of referrals

· A few cases that have been referred via Specialist CAMHS have been quite complex and needed additional time to triage and complete handover meeting.

Future plans

· More publicity needed in schools to ensure that they are aware of the programme.

· Reconsider the criteria to ensure that suitable referrals are received from CAMHS.

· Arsenal are in the process of trying to recruit three more mentors along with current mentor.

Appendix G: Charedi Pilot Review

The table shows the breakdown of the number of pupils within each school. School Reference Number of pupils

School A	***89***	
School B	***231***	
School C	***250***	
School D	***144***	
School E	***76***	
School F –	***Special School***	***78***
School G	***134***	
Total	***1,002***	

Participating schools are offered - One day per month with the CWIS - Half day per half term with the WFP (six visits per year) - One WAMHS forum per term OJ WAMHS steering group convened every 6-8 weeks to discuss progress, challenges and plans moving forward. This was led by the WAMHS Project Manager and attended by CWIS, WFP, CL and CC where possible.

Due to maternity leave and a vacant wellbeing practitioner post the Charedi WAMHS pilot was on hold for the first two school terms of the year 2022/2023 for all schools except F (Special School)

Following partial recruitment to the CAMHS worker in school maternity cover post 3 of the mainstream schools were provided cover for the summer school term.

Work completed

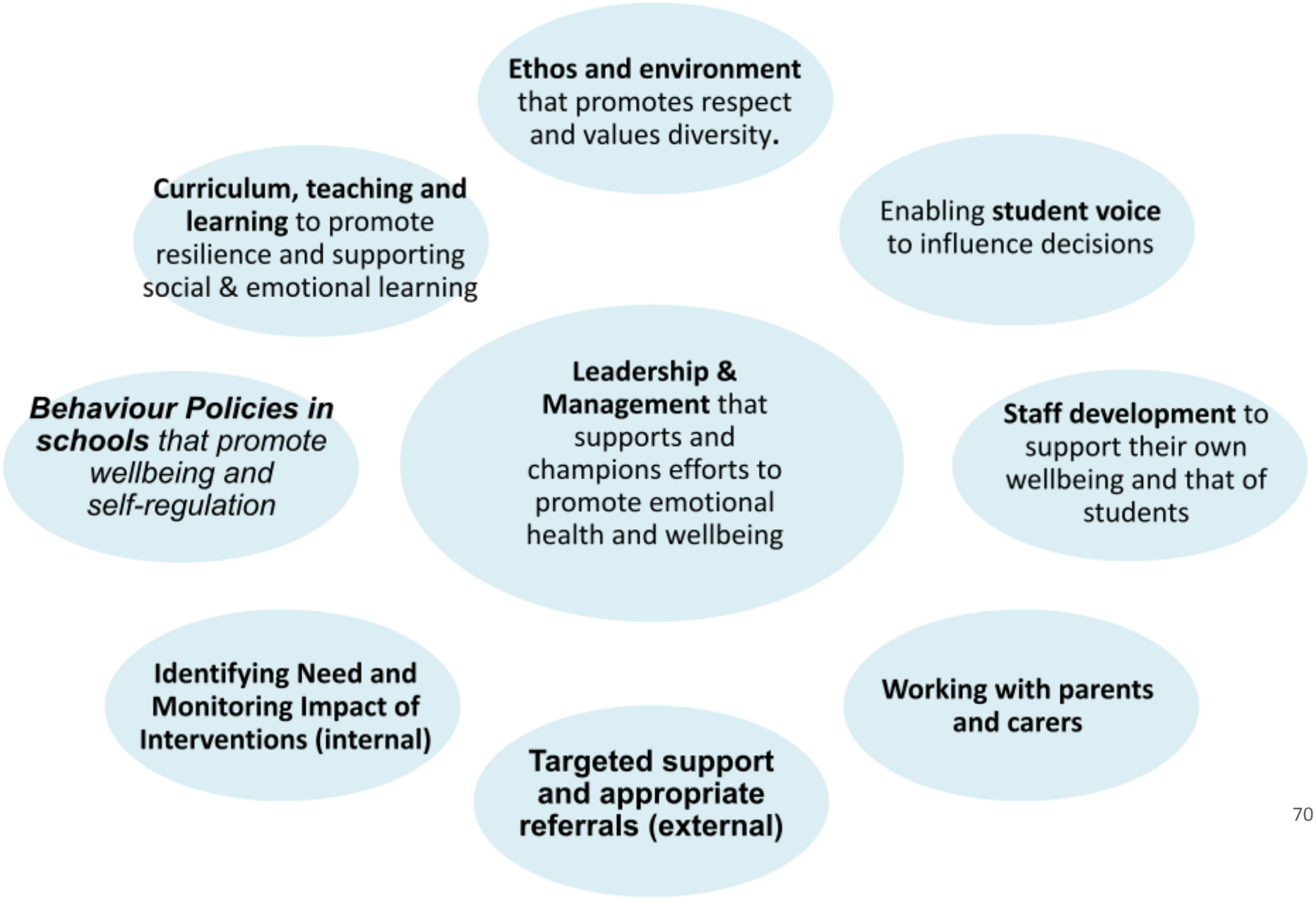
Direct activity is work done by a CWIS that is about a named student. Indirect activity is work done by CWIS that is not about a specific student and can include activities like staff training, no named consultations and reflective practice. The figures below show the indirect activity delivered by CWIS between September 2022 and August 2023 .

Total Indirect Activity – 12 (Special school) 30 (mainstream). total = 42

Total direct activity - 4 (special school) 0 (mainstream)

WELLBEING AND MENTAL HEALTH IN SCHOOLS SERVICE

The nine areas of the school Wellbeing Action Plan



Appendix I: Breakdown of attendance at WAMHS Universal Training

1. A consultation approach for understanding behaviour and managing emotions
    a. The above training session was held at William Patten School on 1st September 2022. 44% of those who signed up via Eventbrite, attended the training. Out of those who attended 86% completed the feedback form post attending the training.
2. Autism Spectrum Condition and Girls (those assigned female at birth)
    a. The above training session was held at Haggerston School on 26th January 2023. 62% of those who signed up via Eventbrite, attended the training. Out of those who attended, 29% completed the feedback form.
3. Early identification and intervention for mental health difficulties
    a. The above training session was held at London Fields Primary School on 4th May 2023. 53% of those who signed up via Eventbrite, attended the training. Out of those who attended, 80% completed the feedback form.
4. Managing Mental Health Risk in Schools
    a. The above training session was held at Mossbourne Community Academy on 15th June 2023. 44% of those who signed up via Eventbrite, attended the training. Out of those who attended, 44% completed the feedback form.
5. Understanding and Supporting Learning Difficulties in the Classroom
    a. The above training session was held at The Bridge Academy, Hackney on 29th June 2023. 69% of those who signed up via Eventbrite, attended the training. Out of those who attended, 60% completed the feedback form.

Removed section

Due to feedback given from parents, young people and Education Mental Health Practitioners, it was decided to reduce the length of the feedback form to include fewer questions and separate sections aimed at specific attendees (Parents/ Carers or Young People). The aim of this was to make the feedback form shorter and less complicated for those filling it in which in turn will increase the number of attendees that are willing to complete the feedback form after attending a workshop. From January 2023, MHST implemented a new Feedback form which narrows down the rating (out of 5) questions to the following:

1. How confident did you feel about this topic before the workshop
2. How confident did you feel about this topic after the workshop
3. How useful did you find this workshop?

Primary School Artwork Competition Winners

The City & Hackney Mental Health Support in Schools Team asked Primary School students to use their imagination and art skills to design a piece of artwork that represents what positive mental health looks like in schools.

The 4 winning pieces of artwork will be featured in the MHST brochure for schools and the artists will receive a £30 Voucher!

Click here to see the 4 winning pieces of artwork...

Primary School Artwork Competition Winners

ARTWORK B

Primary School Artwork Competition Winners

ARTWORK D

Primary School Artwork Competition Winners

ARTWORK R

Primary School Artwork Competition Winners

ARTWORK S

Primary School Artwork Competition Winners

Well done to everyone who took part and congratulations to the 4 winners!

We'll be sending out certificates and we'll be in contact with the winners to arrange the £30 vouchers.

We'll also be showcasing the winning pieces of Artwork on our Instagram page. Click here to follow us on Instagram and keep your eyes peeled for our next post!

@CITY.HACKNEYMHST