Mental Health Services and Schools Link Programme 2017-18: Facts and Frequently Asked Questions

1. What is the Mental Health Services and Schools Link Programme?

This programme is a ground-breaking initiative to help CCGs and Local Authorities work together with schools and colleges to provide timely mental health support to children and young people. It works to empower staff by brokering contact, sharing expertise and developing a joint vision for CYP mental health and wellbeing in each locality.

The programme has already been successfully piloted in 255 schools and CYPMHS, across 27 CCGs in England (2015-2016), when it was known as the Mental Health Services and Schools Link Pilot, and independently evaluated. The pilot was developed in response to recommendations set out in Future in Mind to improve access to mental health support for children and young people, by bringing together schools and CYPMHS professionals to two free, joint workshops. Using a bespoke AFNCCF framework (CASCADE) and facilitated by two experts, the workshops enable professionals to improve local knowledge and identification of mental health issues amongst CYP, develop effective local referral routes to specialist services and improve joint-working.

DfE have now commissioned AFNCCF to deliver the programme to a further 20 CCG areas, and up to 1,200 schools and colleges.

2. Who is the programme for?

This programme is for CCG commissioning leads, LA leaders, NHS CYPMHS providers as well as other community groups or third sector organisations working with CYP to support and improve mental health. The programme improves joint working between these various stakeholders to help make sure children and young people do not ‘fall through the gaps’ between services and organisations. It is therefore critical to the programme that the right representatives attend the workshops.

We encourage the following attendees at the workshops: CCG Commissioning Lead and/or LA lead, NHS CYPMHS professional identified as school link, NHS CYPMHS member of senior management, school/college mental health lead, school/college member of senior management team, LA representatives, school governor(s), educational psychology team, VCS CYPMHS, Public Health, school nursing, behavioural support team, adoption team, safeguarding team and youth offending team.

Please note: we will be prioritising areas and schools who were not involved in the pilot.

3. Why should areas and schools be involved?

“Mental health and education is a two-way street; mental health professionals can be very helpful to teachers and school staff but they also have a great deal to learn from them. This is a huge opportunity to break down barriers and work together to improve the mental health support offered to children and young people in England.”

– Jaime Smith, Director of Mental Health and Wellbeing in Schools and Programme Manager

Schools are increasingly expected to have a key role in supporting CYP with a range of MH problems but staff are not MH professionals and do not always feel confident in this area. By joining up services through this programme, expertise can be shared and true partnership working to best meet the needs of CYP can begin.
The evaluation of the pilot found that the programme made significant improvements for schools and NHS CYPMHS, including:

- Strengthened communication and joint-working between schools and NHS CYPMHS.
- Increased satisfaction with working relationships.
- Better understanding of mental health services and referral routes.
- Improved knowledge and awareness of mental health issues among school lead contacts.
- Improved timeliness and appropriateness of referrals.


Through these changes, not only will schools, colleges and mental health professionals see improvements in their practice, but children and young people will therefore be better supported to be mentally healthy and build resilience, and services will become more accessible.

4. What will it cost?

There is no charge for workshops or materials. Each area must provide a local venue for the workshops and any catering that is required.

5. What commitment of time and resources is needed during the programme?

The programme is specifically designed to have minimal burden on resources and capacity of schools/colleges, NHS CYPMHS and other stakeholders. It will be delivered as two, day-long, face-to-face workshops (9.00am - 3.30pm), held six to eight weeks apart, between January and November 2018. To achieve joint-working, every workshop requires a balance of educational and MH colleagues. We recommend that workshops are attended by one or two representatives per school alongside a representative from CYPMHS, CCG, LA and community/charity organisation stakeholders.

Our ambition is for up to 60 schools to be involved in the programme in each area. These schools will be split into three cohorts (up to 20 schools per cohort), who will each receive the two days of workshops. Local area leads will need to ensure that representatives from the CCG, LA and CYPMHS are present at all workshops to achieve the workshop balance across the programme. It does not necessarily need to be the same representative joining each cohort.

The workshops involve individual and group work, case studies and small and large group discussions. The training days cover understanding the strengths, limitations and capabilities and capacities of education and mental health professionals, and developing knowledge of what’s available to support children and young people’s mental health and how to make more effective use of resources.

We will also host four national learning events to share experiences and learning from the programme across CCG areas from November 2018 – February 2019. In return, you will receive access to resources, including toolkits and expert support.

6. What are the roles and responsibilities for those involved?

Local area lead

This lead could be in the CCG or LA but must have an overview of CYPMHS and education in the local area. The lead will coordinate and act as the overall point of contact for the programme. They should:

- Ensure NHS CYPMHS will participate in the programme and link with schools and colleges.
• Support with the organisation and attendance of both workshop days, building in local elements to help support relationships and reflect local circumstances.
• Liaise with AFNCCF, CYPMHS and schools/colleges to ensure the right people attend the workshops.
• Provide accurate attendance lists to AFNCCF. The evaluation team will use the lists provided to AFNCCF to ensure the correct people receive the survey link. It is therefore vital that these are shared with AFNCCF as early as possible.
• Maintain an accurate up-to-date list of schools/colleges and CYPMHS leads and points of contact.
• Work with the evaluation team to ensure full participation by CCG, LA, CYPMHS and schools/colleges.
• Participate in all aspects of the evaluation process.
• Report progress to AFNCCF at the end of the programme (approximately nine weeks after the second workshop).
• Develop a short presentation to deliver at the first workshop, outlining how services are currently working together in the area, what the local transformation plans are, and what the vision is for developing joint-working practices.

NHS CYPMHS
The NHS CYPMHS lead(s) should have responsibility over operational and organisational issues and, if possible, have good existing links with local schools and colleges. They should:
• Act as the CYPMHS point of contact for the programme.
• Work with the local area lead (CCG/LA) and schools and colleges to ensure that relevant mental health professionals attend the workshops. This should include a member of the CYPMHS senior management team (this may be the same person as the CYPMHS lead).
• Commit to working with schools and colleges to agree joint-working and develop shared protocols.
• Participate in the process and impact evaluations of the pilot, for example, by completing baseline and follow-up surveys, interviews, and providing other data, including beyond the end of the programme.

Schools and colleges
Schools and colleges will need to nominate a lead person who has an overview of mental health issues within their setting and who will be able to fully participate in both workshops. This might be a member of the leadership team but could also be someone in a mental health or wellbeing role, special educational needs coordinators (SENCOs) or a pastoral lead. Ideally, we would like two members of staff to attend the workshops. One of these should be the identified lead and one a decision maker in school, for example, a member of the senior leadership team. They should:
• Attend both workshops.
• Commit to working with CYPMHS professionals to agree joint-working and develop shared protocols.
• Invite colleagues working in schools that also have a remit to support the emotional and psychological wellbeing of pupils (e.g., school counsellors, educational psychologists, school nurses) to take part.
• Participate in the process and impact evaluations of the programme, for example, completing the baseline and follow-up surveys, and supporting wider evaluation, such as case studies, interviews and surveys of all staff.
We held a webinar about the programme on 4 October where attendees had the opportunity to ask questions. We are aware that not all of these were answered during the webinar but we have collated the most common ones below, along with our answers. For a full recording of the webinar, including the Q&A section, please visit https://youtu.be/08iBVe3bmn0

What is an Opportunity Area and how are these being prioritised?
Opportunity Areas have been identified by the government as social mobility “coldspots”. The Opportunity Areas programme was announced in October 2016 when six areas were identified. In January 2017 a further six were announced. Their primary purpose is to increase social mobility. This will involve focusing the Department for Education’s energy, ideas and resources to provide children and young people with the opportunities to fulfil their potential.

The 12 Opportunity Areas are: Blackpool, Bradford, Derby, Doncaster, Fenland and East Cambridgeshire, Hastings, Ipswich, Norwich, Oldham, Scarborough, Stoke on Trent and West Somerset.

Whilst we will be prioritising applications from the Opportunity Areas in this phase of the programme, these areas must still complete the EOI form in full to be considered.

Would an EOI for a smaller number of schools be considered- logistically 40-60 is high for a small LA?
We appreciate that all LA and CCG areas are different sizes and that some, including several Opportunity Areas, have less than 40 schools. Therefore, in smaller areas we will consider EOIs that include less than 40 schools. In these areas we would expect a significant percentage (75%+) of schools to take part in the programme.

Is the impact on CAMHS services part of the evaluation or just schools?
Yes, the evaluation will involve light touch data collection from the CCG or LA lead, NHS CYPMHS, and schools within each area at two points – following the first workshop, and again towards the end of the programme to reflect on outcomes and lessons learned. Ecorys will also interview representatives from NHS CYPMHS in each of the case studies (six areas).

What about students’ experience?
The overall aim of the programme is to strengthen partnership working between professionals from education and CYP MHS. There will be an opportunity to explore students’ experiences through the case study research, where local programmes have been designed to directly impact on the support available to students within the lifetime of the evaluation. However, students will not be asked to complete the monitoring data collection.

Do you have a sample schedule for the workshops and what’s the content?
The first round of workshops will commence in January 2017 and will run to June 2017. Workshop 2 will run from February-November 2017 and there will be a 6-8 week gap between each workshop. Dates for each workshop will depend on location and availability of trainers and you will be informed on these if your application is successful.

The four main aims of the workshops are to:

- Develop a shared view of strengths and limitations of capabilities and capacities of education and mental health colleagues
- Increase knowledge of resources to support mental health of children and young people
- Make more effective use of existing resources
- Improve joint working between education and mental health colleagues
A key aspect of the workshops is the CASCADE framework, which provides clear measures for establishing how far joint practice is effective in improving mental health outcomes and how far that practice is embedded locally. Other topics covered include:

- Sharing practice around what schools and colleges are doing to support mental health and wellbeing
- Common mental health problems in children and young people
- Measuring and monitoring mental health and wellbeing in schools and colleges
- Considering how to support children and young people with anxiety
- Understanding the roles, remit and responsibilities of everyone involved in supporting the mental health of children and young people
- Understanding existing structures, processes, policies and resources and how they support/hinder collaborative working
- Action planning to develop more effective and timely access to appropriate support for children and young people
- Understanding formulation and how schools can use this
- Content specific to the local area

How does this programme link with other initiatives that may already be running such as the MHFA in Schools training or HeadStart?
We are aware that many areas will already be taking part in other national or local initiatives. The programme is flexible enough that existing relationships and strategies can be incorporated into the workshops and these are designed to complement other work with schools and CYPMHS. The CASCADE framework used in the workshops provides a model for building these relationships.

Is the programme aimed at a particular age group - primary or secondary?
The programme is for all education phases from primary to post-16. Each region should have a mix of phases as well as special schools, alternative provision and PRUs. We strongly encourage regions to include further education colleges in their cohort.

We have a partnership arrangement across 3 LA areas - this means we have 800 schools - would it best to do an EOI per LA area or as one to maximise the number of schools who can access?
In this case we would recommend each LA makes a separate application as we will limit the number of schools to 60 per EOI.