

Scoping a model for mental health support in secondary schools

June 2021



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Contents

About Healthwatch North Somerset	Page 3
Introduction	Page 4
Aims and Objectives	Page 5
Executive Summary	Page 6
Background	Page 7
Methods	Page 8
Summary Findings	Page 9
Conclusion and Recommendations	Page 12
References	Page 13
Appendix 1 Data Tables	Page 14
Appendix 2 Equality Impact Assessment	Page 18
Appendix 3 Questionnaire	Page 19
Appendix 4 Stakeholders comments	Page 21-25
Appendix 5 Useful Information	Page 26

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About Healthwatch North Somerset

Healthwatch North Somerset's statutory duty and remit, which is laid out in The Health and Social Care Act 2012, is to provide a voice for people who use health and adult social care services. We give people an opportunity to have a say about their care, including those who are not usually heard. We ensure that their views are taken to the people who make decisions about services. We also share feedback with Healthwatch England and the Care Quality Commission (CQC) to ensure that your community's voice is heard at a national level too. We are also here to provide information about services in the North Somerset area, and signpost people to find specialist help. We work closely with other local community groups and organisations to make sure that we support people to make informed choices and decisions about their care and make public all reports of our work with patients, families, and carers.

Our Vision is Simple

Health and care that works for you. People want health and social care support that works - helping them to stay well, get the best out of services and manage any conditions they face.

Our Purpose

To find out what matters to you and to help make sure your views shape the support you need.

Our Approach

People's views come first - especially those who find it hardest to be heard. We champion what matters to you and work with others to find solutions. We are independent and committed to making the biggest difference to you.

How we find out what matters to you

People are at the heart of everything we do. Our staff and volunteers identify what matters most to people by:

- Visiting services to see how they work
- Running surveys and focus groups
- Going out in the community and working with other organisations
- Networking with Patient Participation Groups who have their ear to the ground

Our Ethos

“Healthwatch is committed to promoting equality, and diversity and tackling social exclusion in all our activities. We aim to ensure equitable access to our initiatives and projects for all.”

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Introduction

It is widely evidenced that the prevalence of mental health issues amongst children and young people is on the increase, that issues are starting in younger age groups and that schools and allied services are struggling to keep up with the demand. It is recognised that the Covid-19 pandemic has added to this burden, exacerbating mental health issues, and increasing the need for targeted support.

In 2017, the Government published its Green Paper for Transforming children and young people's mental health, which detailed proposals for expanding access to mental health care by building on the national NHS transformation programme. It focused on providing additional support through schools and colleges. Following public consultation, the Department of Health and Social Care and the Department for Education published its response.

NHS England have led the establishment of **Mental Health Support Teams (MHSTs)**, jointly delivered with the Department for Education and other partners in the field. MHSTs are intended to provide early intervention on mental health and emotional wellbeing issues, such as mild to moderate anxiety, as well as helping staff within a school or college setting to provide a 'whole school approach' to mental health and wellbeing. The teams aim to act as a link with local children and young people's mental health services and be supervised by NHS staff.

NHS England/Improvement are also supporting the Mental Health Services and Schools and Colleges Link Programme which will bring together education and mental health services under Clinical Commissioning Groups (CCGs) to forge joint working and ensure long-term collaboration. The MHSTs will provide a 'core offer' of evidence-based mental health support, with flexibility to design interventions addressing issues of local need and existing provision, therefore, some variation in service models and how they are implemented is expected. Every educational setting will be different, and it is essential the MHSTs will use understanding of pupil demographics and the wider local community context, including, for example, levels of deprivation and unemployment, cultural backgrounds, and beliefs. Mental health provision will need to be tailored accordingly. Without fully understanding and responding to the needs of young people in an area, MHSTs could risk unintentionally excluding some vulnerable children.

Over 80 areas around the country are either running a MHST or will be soon supporting one. Bristol East and Central, Bristol South and South Gloucestershire will be supported by MHSTs as part of wave 4 of the national roll out, with these teams being established in 2021. * **Funding has also been agreed by NHS England for the MHST development in North Somerset, and recruitment is expected to begin in Autumn 2021 prior to the service being established throughout 2022.** Off The

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Record has been commissioned in North Somerset to provide young people with a range of mental health support from September 2021.

This report is a summary of the views and experiences of parents, students and professionals about mental health support in educational settings in North Somerset.

Aims and Objectives.

These original aims and objectives were set in September 2020 as schools were returning after the first Covid-19 national lockdown.

Main aims of this scoping project:

- Use discussion with staff, students, and parents to develop understanding of the current services and what a new service linked to schools (described as a MHSTs and found in other areas) could offer and how.
- Use surveys, interviewing with those with lived-experience, professionals, and parents to provide impactful insights on current experience.
- Using feedback identify preferences for potential sites, and mode/pathways to a service that we had described as a MHST by involving service users and stakeholders in discussion of the feedback.
- Support a reference group for ongoing engagement during the MHST set-up process.

What will we aim to identify?

- We will identify the elements of access and delivery most important to young people, parents and professionals who have had previous experience of mental health services.

Due to the ongoing Covid-19 situation putting schools in and out of lockdown, the practical issues it raised meant we were unable to fulfil all the original aims and objectives.

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Executive Summary

The evaluation was carried out to explore the current situation for children and young people (CYP) and parents seeking early intervention. Their experience of mental health help through their secondary schools and their access to other services outside school and how they would like these services delivered in the future. It contains both quantitative and qualitative findings, from a brief survey answered online.

Our report does not represent the experience of all young people or parents just those who answered the questions in the survey and their experience at certain schools.

Summary findings:

- There is an awareness of mental health issues with students, and parents prepared to seek support.
- A holistic approach is preferred with help and support being across a range of sources.
- An informal, and local approach is preferred.
- Signposting needs to be clearer so that students and parents know where to start and what services are out there.
- Professional capacity was cited a concern, as was the need for an embedded ethos around MH (Mental Health) support in the school.

As the academic year progressed the Covid -19 situation meant that schools were in a state of flux with students coming in and out of lockdown. We modified our approach by using online surveys and telephone work. The feedback gathered by this report is still relevant to the planning of mental health services with the summary highlighting themes to understand in more depth for the next phase of service development.

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Background

In June 2019 Healthwatch North Somerset produced the report “Understanding access to mental health support through school”. The evaluation was carried out to explore the situation for children and young people seeking early intervention mental health help through their schools and colleges, and their access to other services outside school. The issue of access had been highlighted by CYP and families in 2018, and their concerns were mentioned in quarterly patient feedback reports. Building on recommendations to the CCG to provide MHST in North Somerset in 2019, our Trustees agreed that Healthwatch should fund further research to inform how MHST’s could best meet the needs of young people, parents and staff in secondary schools.

It is widely evidenced that the prevalence of mental health issues amongst children and young people is on the increase, that issues are starting in younger age groups and that schools and allied services are struggling to keep up with the demand for help. It is recognised that the Covid-19 pandemic has added to this burden, exacerbating mental health issues, and increasing the need for targeted support.

Having previously carried out similar work we utilised local knowledge and contacts to approach and invite 8 secondary schools to take part, the intention being to include schools representing specific communities and populations within North Somerset. With mental health issues disproportionately impacting vulnerable CYP, specific schools in more deprived areas of the county were targeted to bring in less heard voices. Dialogue with the local public health teams and North Somerset Council suggests that deprivation, measured by pupil premium and factors relating to needs, will be key criterion for allocating funding in the future.

Initial contact with schools was made in October 2020 with named wellbeing / mental health lead within the school. Conversations with wellbeing contacts provided valuable input and support as to how best we could best carry out the survey tailored to their school community.

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Methods

Survey development

Two questionnaires were produced, one for CYP and the other for Parent / Carers. Previous similar reports and surveys were studied to develop relevant questions and themes, these were run past the wellbeing leads at the schools for approval.

Survey delivery

The survey was via an online package. Healthwatch provided the schools with weblinks which they then cascaded out to students and parents/ carers via school newsletters, websites, and social media. The time span to complete questionnaire varied from school to school, depending on when they sent out the communication. The survey was open for 6 weeks between February and March 2021.

Interviews and Focus Groups

The survey was planned with the intention of recruiting CYP / parents and carers to attend qualitative focus groups and interviews in which discussions developing the themes and views drawn from the data would take place.

In conversations with the wellbeing leads and support staff at school we informally discussed the delivery of mental health services broadly and setting specific. The anecdotal responses provided a useful backdrop and fed into recommendations.

Impact of Covid

Just as the survey was getting going in early 2021 the impact of Covid-19 put schools back into a national lockdown with a return to virtual teaching. This led to some schools pulling out of this project due to reduced capacity. The remaining schools were happy for the online survey to continue but with the uncertainty of the situation could not commit to being involved in interviews.

This report therefore is a summary of the data from two surveys.

Summary Findings

Surveys were completed by:

- 22 children and young people (CYP)
- 100 Parents/Guardians and carers (PC)

The responses are from 3 secondary schools, with one school in Weston-Super-Mare making up the bulk of responses.

Current situation

Of those PC who responded 75% reported that their child had experienced mental health issues, over 80% of those had looked for help, with family, friends and school staff being the top of the list as first point of contact for support.

Of those CYP who responded 75% reported that they had experienced mental health issues, with just over 50% of those looking for support, again family, friends and school staff were most likely to be the first point of call.

When asked to comment on first-hand experiences of accessing help and support these were typical responses:

PC

- *Not enough counselling sessions*
- *Had to fight for help.*
- *Obstructed by waiting lists for the Child & Adolescent Mental Health service*
- *No clear pathway or signposting / Not sure where to go and what is out there.*
- *Plucked up courage to see GP - but response from GP was services are swamped so no help provided.*
- *Little available and let down in the past/feel resigned about poor service.*

CYP

- *Speaking to friend helped a lot.*
- *Parents helped talking things through.*
- *Counsellor at school but not enough staff so got forgotten about as other children were prioritised who had higher need.*
- *Might not be taken seriously.*
- *Not knowing where to go and who to trust.*
- *Fear other people might find out.*

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Planning services for the future

When questioned as to how services could best be shaped going forward, the responses were as follows:

Who would you be most happy to go to for support?

PC

- 84% family
- 73% trained mental health staff.
- 71% school counsellor / nurse

CYP

- 77% friends / family
- School counsellor / teacher

Where would you prefer to meet for that support?

PC

- 61% at home
- 60% in school
- 43% out-of-school counselling

CYP

- At school, home or online

When would you like that support?

PC

- Flexible as needed.

CYP

- School day

What kind of help is preferred and how should it be supported going forward?

Across the PC and CYP there was a broad appetite for all kinds of support, with a preference for more:

- informal, relaxed sessions
- chat with same person
- learning coping techniques

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- Dipping in and out

Across PC and CYP interest in ongoing support going forward was similar for both groups:

- regular sessions
- family
- Friends (more so for CYP)
- Ability to touch base.

For both groups it was not one thing, rather a mixture of all support coming together in a more holistic way.

At the end of the questionnaire respondents were given the opportunity to say if there was anything else which they thought would improve mental health services. These comments reflect the range of opinions:

PC

“Would like to know if my child has an issue but not necessarily know the content of a counselling session.”

“Please provide advice on how to give support and know what help is available”?

“Communication and education on techniques used.”

“Holistic approach”

“Respecting the choices and wishes of the child.”

“Being kept up to date on how my child is doing.”

“More services”

“PHSE lessons - conversations and support”

CYP

“Make it easier to ask for help as it can be hard to make the first steps yourself.”

“I need to do fun things to make me happier.”

“More awareness of mental health for the teachers”

“More staff are needed” (for MH support).

Both groups expressed an interest in being involved in focus group discussions to talk about the topics in more detail.

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Conclusion and Recommendations

These recommendations are supported by the evidence in this report:

- 6 PC and CYP have an awareness of mental health issues and are prepared to seek help and support.
- 6 A holistic approach is preferred, with help and support being across a range of sources. Family and friends play a vital role and wellbeing should be part of the school curriculum. This recognises that one size does not fit all, and the individual needs to find what works for them.
- 6 An informal, local approach is preferred, over a more structure format which must be travelled to
- 6 Signposting needs to be clearer so that both students and parents know where to start and what services are out there.
- 6 Professional capacity was cited a concern, as was the need for an embedded ethos around MH support in the school.

The original intention had been to run focus groups with the PC, CYP and interviews with the school wellbeing leads to discuss the themes identified by the questionnaire to gain a deeper understanding of how mental health services can be best shaped to suit secondary schools in North Somerset. The impact of Covid-19 meant that this was not possible during the timescale of this piece of work. We would recommend that as circumstances change that these discussions take place.

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References

0-19 Health Needs Assessment, North Somerset Council June 2019

Children and Young People's Mental Health Green Paper, Student Insight Report, March 2018, Department of Health and Social Care & Young Minds

Children and Young Peoples Mental Health, Healthwatch Darlington, August 2020

Early evaluation of the Children and Young People's Mental Health Trailblazer Programme - study Protocol version 5.0, 30 September 2019, BRACE Rapid Evaluation Centre and PIRU.

Government Response to the Consultation on Transforming Children and Young People's Mental Health Provision: A Green Paper and Next Steps Presented to Parliament by the Secretary of State for Health and Social Care and the Secretary of State for Education by Command of Her Majesty, July 2018

Mental Health in Brent A Report on Young People's Perception, Awareness and Use of Mental Health Services, Health Watch Brent, November 2016

[Understanding access to mental health support through school & college, Healthwatch North Somerset, June 2019](#)

Young people's mental health & wellbeing research, Healthwatch and DJS Research, February 2020

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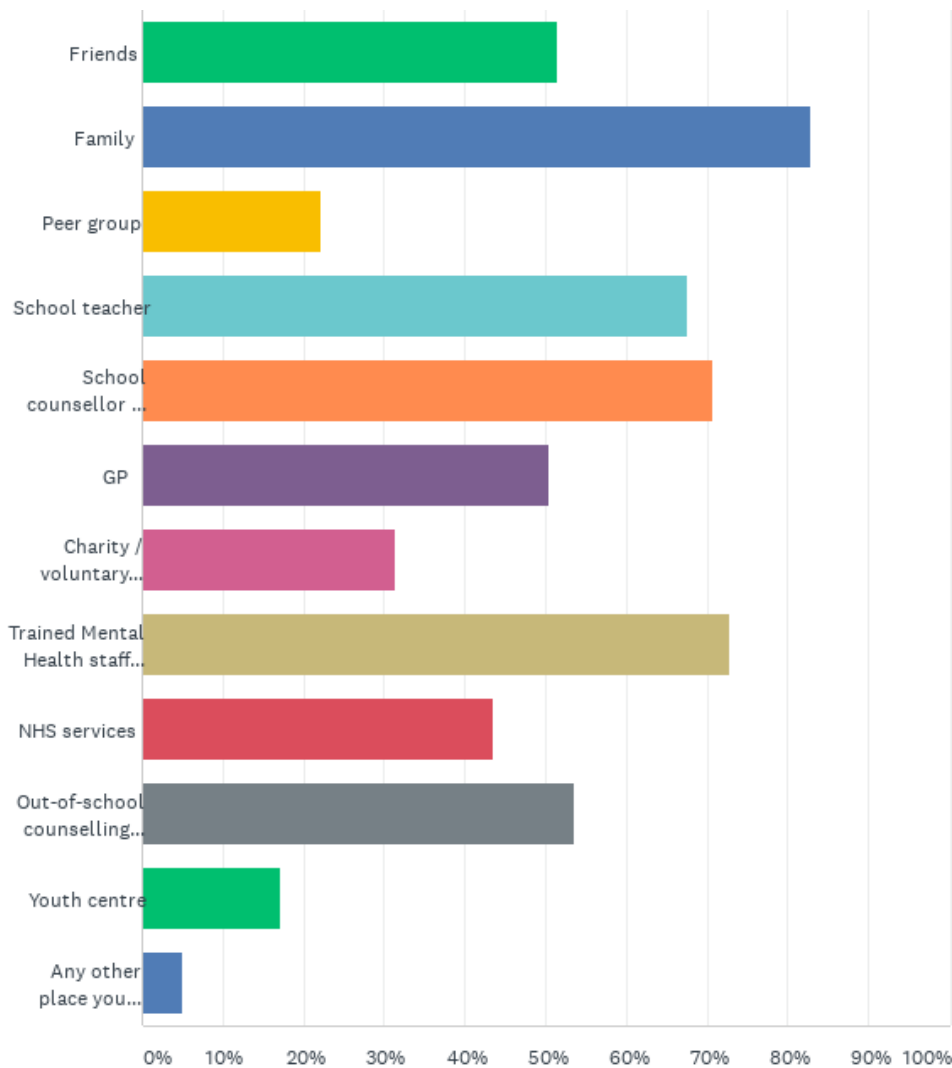
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Appendix 1: Data tables

Below is the data from specific questions within the survey, providing responses from Parents and Carers (PC) and Children and Young People (CYP) to the same question.

If you could choose, who would you be most happy to go to, for help and support?

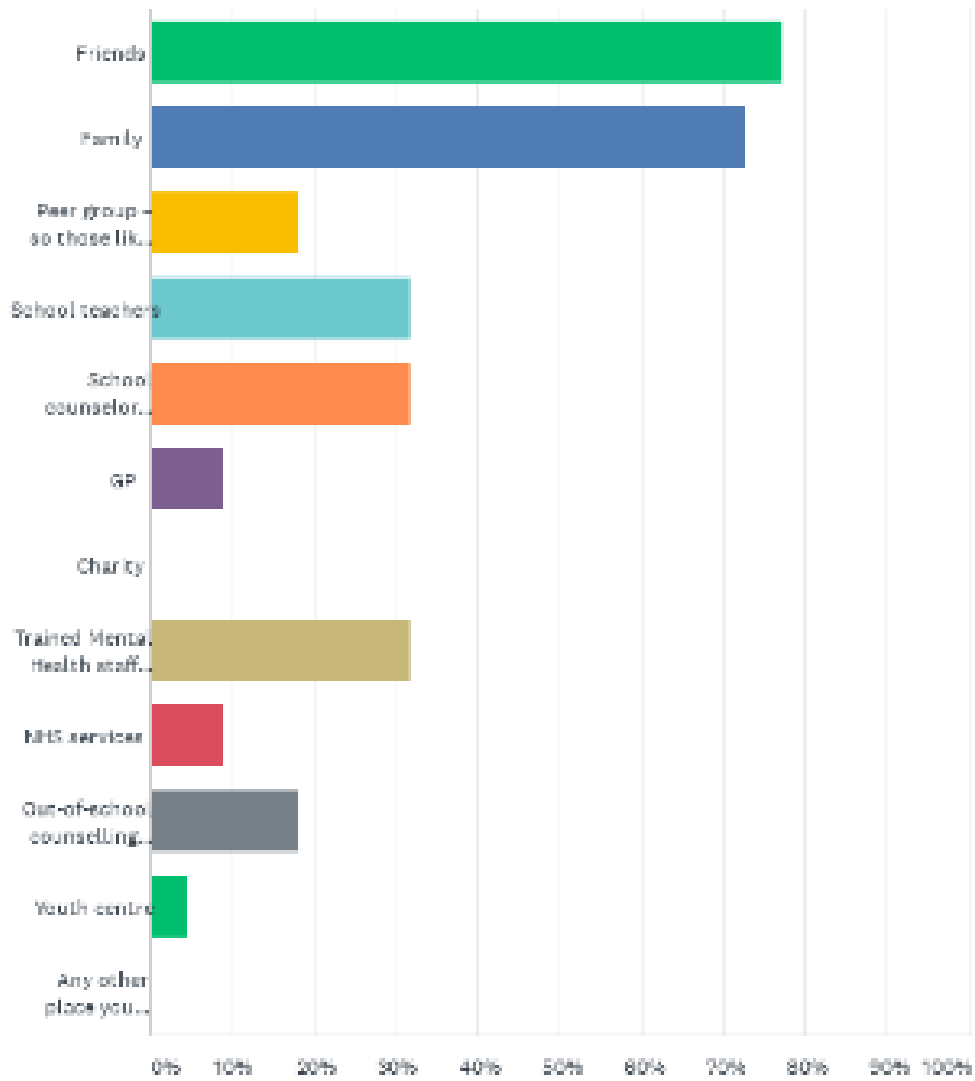
PC



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CYP



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Where ideally would they meet someone for that help and support?

PC

ANSWER CHOICES	RESPONSES	
In a school	59.60%	59
At home	60.61%	60
GP or NHS setting	39.39%	39
Out of school counselling service	43.43%	43
Online Mental Health support commissioned by the council (eg Kooth)	20.20%	20
In a café	13.13%	13
In a church hall or community centre	9.09%	9
Youth club / sports club / activity club setting	21.21%	21
Total Respondents: 99		

CYP

Rank with 1 being place more likely to go and 5 being least likely.

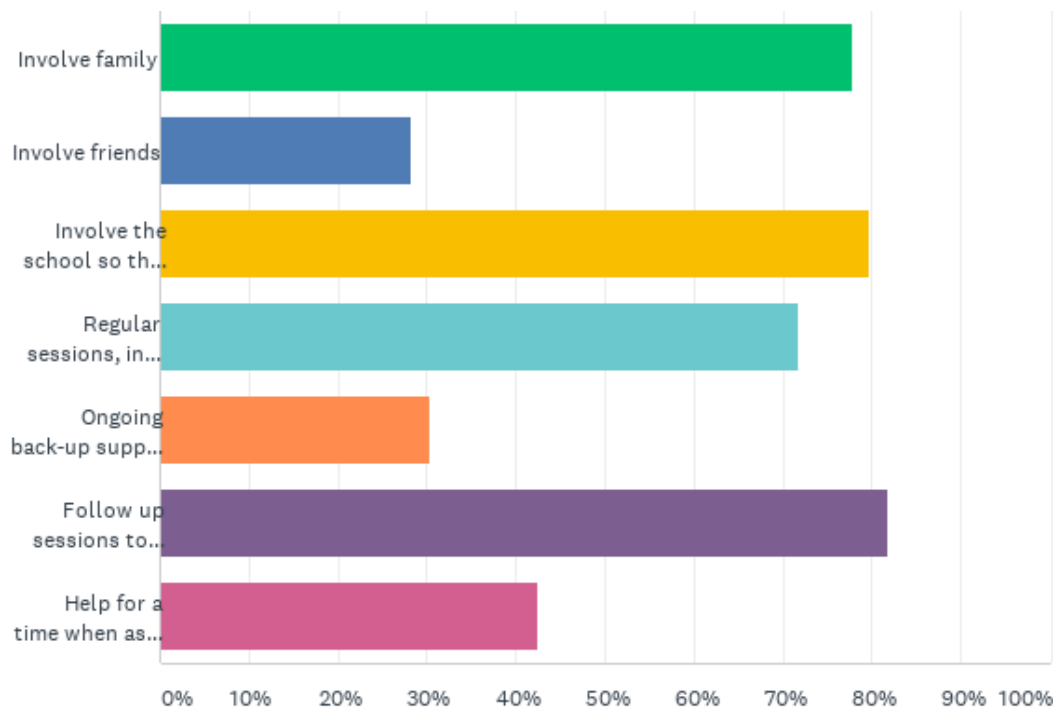
	1	2	3	4	5	TOTAL	SCORE
In school	30.00% 6	30.00% 6	10.00% 2	20.00% 4	10.00% 2	20	3.50
In my home	42.86% 9	14.29% 3	14.29% 3	9.52% 2	19.05% 4	21	3.52
Out of school well being service eg GP, charity counselling	9.52% 2	38.10% 8	33.33% 7	14.29% 3	4.76% 1	21	3.33
Online	13.64% 3	4.55% 1	27.27% 6	27.27% 6	27.27% 6	22	2.50
In a community setting eg Youth club / sports club / activity club.	9.52% 2	4.76% 1	14.29% 3	28.57% 6	42.86% 9	21	2.10

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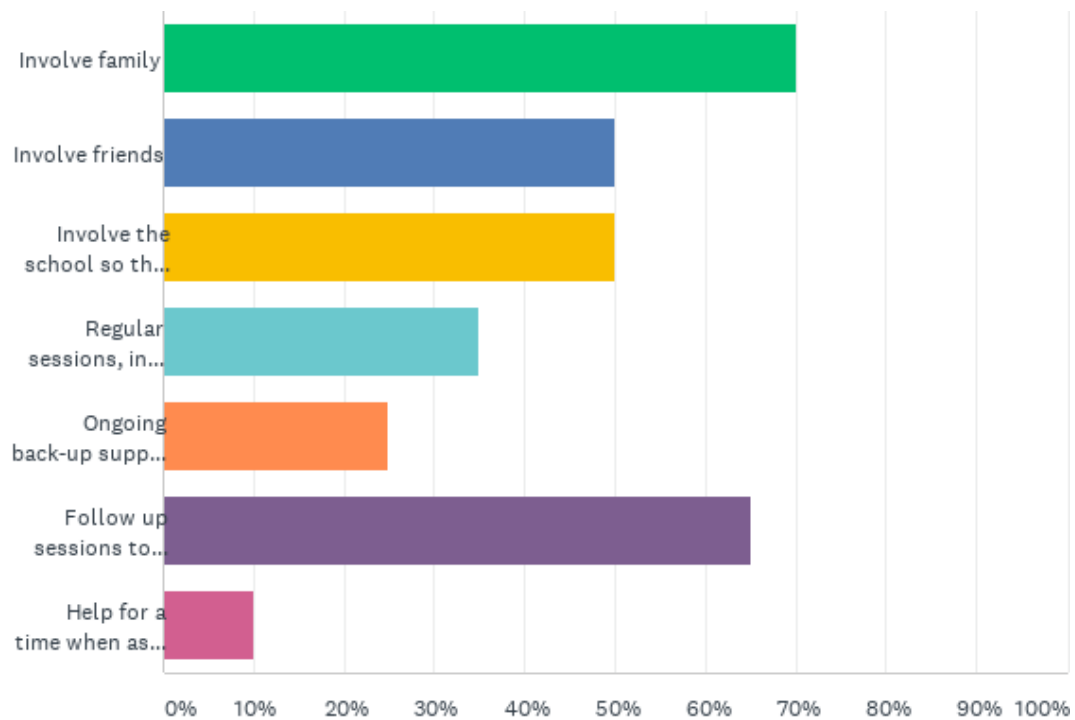
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How would the help and support you receive, be shaped so that you continue to stay well?

PC



CYP



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Appendix 2: Equality Impact Assessment (extract)

Evidence Table Entry Number	Protected characteristic, other priority group or overlapping characteristics to which your information / evidence/ knowledge relates.	Source of information / evidence / knowledge and/or Partner agencies or people with lived experience who gave you, their advice.	What the information / evidence / prior knowledge/ advice tells us
1	Age, Disability, gender, religion or belief, sexual orientation, cared for children.	<p>Government response to the consultation on 'Transforming children and young people's mental health provision: a green paper' and next steps, July 2018.</p> <p>Understanding access to mental health support through school & college, Healthwatch North Somerset, June 2019</p> <p>North Somerset Council 0-19 Health Needs Assessment, June 2019</p> <p>Children and Young Peoples Mental Health, Healthwatch Darlington, Aug 2020</p> <p>Early evaluation of the Children and Young People's Mental Health Trailblazer Programme - study Protocol version 5.0, 30 September 2019</p>	The range of evidence highlights prevalence of mental health issues within CYP, those CYP presenting with MH issues and the difficulties faced when accessing MH services. (both nationally and within North Somerset)

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Appendix 3: Questionnaire

Below is a summary of the questions which were on both the Parents and Carers and Student questionnaire.

Have you / your child has ever struggled with their emotional wellbeing?

Where did you or your child look for help and support? (Tick all which apply).

- Family member
- Friend
- Teacher
- School support staff - counsellor / nurse
- Out of school Counselling service
- Online services.
- Charity / Voluntary sector services
- Dr/Nurse at a GP surgery
- Medical help from a hospital
- Paid for medical help.
- I do not know.
- Or maybe someone else?

If you could choose, who would you be most happy for you / your child to go to, for help and support? (Tick all that apply)

- Friends
- Family
- Peer group
- School teacher
- School counsellor / nurse
- GP
- Charity / voluntary sector service
- Trained Mental Health staff who could come into the school for that purpose.
- NHS services
- Out-of-school counselling service
- Youth centre

Where ideally would you / they meet someone for that help and support?

- In a school
- At home
- GP or NHS setting
- Out of school counselling service
- Online Mental Health support commissioned by the council (e.g., Kooth)
- In a café
- In a church hall or community centre
- Youth club / sports club / activity club setting

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When would you like help and support to be available?

- During the school day
- Weekends or evenings
- Flexible for when needed.
- School holidays times
- Any other thing you suggest?

What kind of help and support would you like offered? (Tick all which apply).

- Being given information - leaflets, websites to read and make own decisions.
- Informal, relaxed chat with the same person each time
- Drop-in sessions whenever they need a bit of support.
- Counselling sessions in school
- Counselling sessions outside school
- Online chat rooms
- Online counselling sessions
- Classes to teach techniques to deal with stress and anxiety, breathing, meditation etc.
- Cognitive Behavioural Therapies - learning and practicing different ways of thinking and doing things, that help emotions.
- Physical exercise
- Medication
- Involvement of other professionals
- Any other suggestions you have?

How could ongoing help and support be offered? (Tick all which apply)

- Involve family.
- Involve friends.
- Involve the school so that they know about the support.
- Regular sessions, in person or online
- Ongoing back-up support via online services
- Follow up sessions to check how the student is doing at set times afterwards.
- Help for a time when as a young adult they might need to move onto adult services.

Additional questions for parents and carers:

How should parents / carers be involved in the process?

As a parent / carer is there anything else you would like to say? No idea or suggestion is wrong.

Additional questions for CYP:

Is there anything else which you think would improve mental health services?

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Appendix 4: Responses from commissioners and providers of services

Woodspring Integrated Group, (ICP (Integrated Care Partnership)) North Somerset

- This report (March 2021) provides welcome and timely feedback from Children and young people (CYP) and more significantly, 100 Parents/Guardians and carers across North Somerset. It re-iterates the importance of the work 'Off the record' will be doing with local projects and drop-in sessions and how important it will be for 'Off the record' to ensure schools are aware of their offer and that this is advertised widely within schools. It also supports the need for the MHSTs to start as soon as possible.
- We appreciate the diligence and efforts taken by Healthwatch in seeing the project through despite extraordinary restrictions caused by the pandemic meaning that planned focus groups and interviews were not possible. The engagement with wellbeing leads at schools however adds value and reinforces the findings.
- There are some common themes from CYP between this report and the previous report from June 2019 'Understanding access to mental health support through schools'. These include CYP concerns that conversations will not be treated confidentially, of parents or friends finding out about their problem, of problems not being taken seriously and long waiting times for access to services.
- There are new and insightful comments from Parents, guardians, and carers about being better equipped to support their child with techniques, of being kept apprised of progress, and improved signposting to access appropriate support and advice.

Going forward.

- This will be shared with the MHST team being developed in North Somerset to ensure the learning is applied in practice. In particular we will look to re-run the engagement with primary schools which the MHST will be providing services to.
- Improving access to services in North Somerset for Children and young people with mild to moderate mental health issues remains a key priority for the CCG (Clinical Commissioning Group) and its partners. The development of a community based CYP service through 'Off the record' will be commencing in June 2021 and represent a significant step towards improving access and signposting, going into schools ahead of the MHST to provide a holistic focus on prevention, self-help, and early interventions with choices available for CYP.

Response from Jo Walker, Chief Executive, North Somerset Council

North Somerset Council and partners, including the CCG and schools, recognise the importance of supporting young people with their emotional wellbeing and mental health and welcome this report. Whilst a smaller number of parents/carers and young people took part in this project than anticipated pre-Covid, findings reflect other feedback identified through other forums:

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- concerns about waiting lists and lack of emotional wellbeing and mental health services in North Somerset.
- difficulty in navigating the systems and finding information about available services.
- parents'/carers' wish to feel more confident in supporting their children and young people emotional wellbeing and mental health.
- young people choosing to talk to friends and family about their emotional wellbeing and mental health.
- the importance of the school setting and teachers in supporting young people's emotional wellbeing and mental health.

As noted in the report, there are wellbeing practitioners in four of our secondary schools and there are current and future local and national initiatives aimed at improving young people's emotional wellbeing and mental health which address the report's recommendations:

- Off the Record has been commissioned by the Bristol, North Somerset, and South Gloucestershire Clinical Commissioning Group (BNSSG CCG) to establish a sub-acute service for 11-18-year-olds in North Somerset in 2021-2022
- Kooth online counselling is commissioned by the CCG and the Home Office-funded Trusted Relationships (TR) programme; in addition to counselling, moderated chat rooms and school assemblies, Kooth delivers sessions on transition from primary to secondary school and information sessions for parents/carers.
- The DfE-funded Wellbeing for Education Recovery (WER) programme has been used in North Somerset to offer every primary and secondary school bespoke training/consultation, in recognition of the potential effect of Covid-19 and lockdown on children and young people's mental health.
- We continue to deliver Youth Mental Health First Aid training and trauma-informed training to schools, subsidised by Wellbeing for Education Recovery and Trusted Relationships, including emotional regulation, use of language, creative ways of working with feelings, self-care, behaviour as communication, grief and loss, self-harm, and anxiety.
- There is a commitment by Central Government to provide additional training this year for Senior Mental Health Leads in schools
- There will be a fully operational Mental Health Support Team (MHST) by the beginning of 2023 (with some delivery while the MHST staff are in training in 2022) and an interim arrangement across schools and within the community is being developed for 2021/22 funded by the CCG working in partnership with North Somerset Council.
- North Somerset Council is also in discussions with Off the Record, CAMHS (Child and Adolescent Mental Health Services), Barnardo's and Kooth to work in partnership to provide additional support for parents, and train young people in peer support.

This is an important report and, to strengthen the evidence base, it would be helpful if Healthwatch could continue their work to:

- Include feedback from focus groups and mental health leads in schools, in line with the original intentions of the research.
- Widen the reach to include more secondary schools to have a wider representation of catchment areas.

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- Extend the parameters of the report to primary schools and alternative provision.

Below is a response to each of the recommendations in the report:

1. Parents/carers and young people have an awareness of mental health issues and are prepared to seek help and support.

This is encouraging and suggests that there is a more open and accepting approach to identifying, talking about, and accessing support for emotional wellbeing and mental health. It is important that there is no 'wrong door' when seeking help and that it is needs-led.

2. A holistic approach is preferred, with help and support being provided across a range of sources. Family and friends play a vital role and wellbeing should be part of the school curriculum. This recognises that one size does not fit all, and the individual needs to find what works for them.

BNSSG has made a commitment to the iThrive model, which is an integrated, person-centred, and needs-led approach to delivering emotional wellbeing and mental health services for children, young people, and families. It seeks to ensure that all stakeholders, including children, young people and their families and communities are involved in supporting children and young people working on the premise that 'mental health is everyone's business'. It recognises that young people will choose to whom they speak to about their own emotional wellbeing and mental health.

Emotional wellbeing and mental health concerns also need to be seen in context. For example, anxiety might be the result of, or exacerbated by, external circumstances. A holistic whole-system approach is required which recognises the importance of all supports and services working together to support a young person's emotional wellbeing and mental health, in the context of their physical health and wider social circumstances.

3. An informal, local approach is preferred, over a more structured format which must be travelled to

As can be seen above, more resources have been allocated to improving young people's emotional wellbeing and mental health support in schools.

The report indicates that young people are more comfortable receiving emotional wellbeing and mental health support in familiar surroundings, such as in their home, community, school or online, and during the school day. This fits with the approach to further develop support for young people in schools and the community.

The further development of the MHST will be based on identified needs, including children, young people and their families/carers, schools, and other key professionals to ensure a need led local approach.

Mental Wellbeing is now a compulsory part of the school curriculum and is supported by the termly North Somerset Schools' Mental Health Network meetings, and the Healthy Schools' programme.

4. Signposting needs to be clearer so that both students and parents know where to start and what services are out there.

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There is an [Emotional Health Directory of Services for Children and Young People in North Somerset](#) aimed at professionals. Discussions have started with colleagues in Bristol and South Gloucestershire about developing a more user-friendly version of the directory and enabling it to be accessible to children, young people, and their families. This recommendation highlights the importance of making sure that coproduction and effective communication on provision is in place so that all children, young people, parents/carers, and professionals have clarity of provision and how to easily access these local and national provisions.

5. Professional capacity was cited as a concern, as was the need for an embedded ethos around Mental Health support in the school.

The concern about professional capacity will be addressed in part through the provision of Off the Record, the MHST and the further development of iThrive.

Currently, embedding a strong ethos around emotional wellbeing and mental health is supported by the Healthy Schools Programme, the termly School Mental Health Contacts' Network meetings and a comprehensive programme of training, mainly delivered through the Trusted Relationships and Wellbeing for Education Recovery.

As teachers and learning support assistants are often the first point of contact and/or the preferred adult to whom children and young people can speak about their emotional wellbeing and mental health, schools need continuing access to training supporting emotional wellbeing and mental health, with clear pathways into specialist services when needed. The anticipated Central Government programme, to train a senior mental health lead in each school, will support further embedding emotional wellbeing and mental health in the school curriculum and within the school's wellbeing ethos.

Specialist acute mental health services are challenged in relation to capacity, as noted in the report. However, a high percentage of referrals to CAMHS do not meet the level of need for the acute CAMHS provision. The report shows that the majority of students and parents/carers who answered the survey would prefer to choose to receive support from non-clinical professionals within their own networks. It is imperative that evidence-based training in relation to emotional wellbeing and mental health for non-clinical support workers is available to enable them to provide the support to children, young people, and their parents/carers as well as access to information as described above. This will enable the support workers to feel more confident in listening to young people in distress, have a range of coping strategies that they can share, and know when it is appropriate to signpost to Off the Record and other emotional wellbeing support services e.g., Wellspring; School Counsellors or where the level of need requires make a referral to CAMHS acute services.

We are exploring options, in partnership with Off the Record and CAMHS, to develop workshops which would support parents' own wellbeing as well as helping them to support their children and young people's emotional wellbeing and mental health. We are also hoping to establish a peer support programme.

In line with the report's recommendations, we will ensure that children, young people and their parents/carers and school Mental Health Leads along with any other key stakeholders are consulted about any changes, to ensure a deeper understanding of how emotional wellbeing and mental health services can be best developed to meet the needs of our children and young people and their families

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Appendix 5: Useful information

We would like to thank the following schools for engaging with Healthwatch North Somerset and playing a part in collecting the data of this report:

Hans Price Academy, Weston-super-Mare

St Katherine's School, Pill

Voyage Learning Campus, Weston-super-Mare

Worle Community School, Weston-super-Mare

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Date June 2021

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