Education Mental Health Team Review

Summary Edition

March 2024

Liverpool CAMHS

mental health is everyone's business

Whole School Approach to Mental Health

INTRODUCTION

This report is a summarised edition of the complete findings report published December 2023, which can be found **here.**

The full review was conducted by Kath Fraser-Thompson, on behalf of the Liverpool Whole School Approach (WSA) Partnership.

The full scope was developed and carried out with the support of the Educational Mental Health Teams (EMHTs) Operational Senior Steering Group.

Thanks to the support of EMHT service teams: Young Persons Advisory Service (YPAS), Merseyside Youth Association RAISE Team (MYA), Alder Hey MHST, and Liverpool Learning Partnership (LLP).

Acknowledgements to:

- School Mental Health Leads.
- Liverpool Learning Partnership.
- Liverpool City Council for sharing Oxwell 2023 data to inform this report.
- NHS Cheshire and Merseyside ICB, Liverpool Place.

Please take a look at the full version for links to sources, references and further reading referenced in this review version.

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1.FOREWORDS

Elaine Rees – CEO LLP & WSA Board Chair

When the first report into a WSA to Mental Health and Emotional Wellbeing was commissioned in Liverpool in March 2017, no one would have anticipated the following few years of coping with the pandemic and the resultant impact on the mental health of our children and young people.

The EMHTs offer support and interventions in Liverpool. Reviewing all that has taken place in those EMHTs to support young people before, during, and since the pandemic is a complex and detailed work involving schools, a wide range of services and professionals, and young people.

As this report indicates, there are many areas of good practice and clear examples of strong collaborative partnerships that directly support children and young people and their parents/carers. A considerable amount of training has taken place in schools, and the recommendations of the 2017 report have largely been addressed. Yet the offer is not equitable across the city, so much more is needed in the coming years. To that end, we must build on existing best practices, bridge the gaps and continue prioritising the mental health and emotional wellbeing needs of our city's children and young people.

Lisa Nolan – Senior Programme Manager (Mental Health) Cheshire and Merseyside ICB, Liverpool Place

Mental health support in schools has been commissioned locally for several years through various providers. More recently and since 2018, following the first Whole Schools Approach to Mental Health and Emotional Wellbeing review (2017), this support has been delivered as a collaborative partnership between health, education and VCSE organisations (EMHT). This has resulted in excellent practice and positive outcomes for children, young people and families. Such positive outcomes were evidenced in the Whole Schools Approach to MHEWB impact report in 2022 and are highlighted throughout this report. However, there is still so much more to do.

Following a national pandemic, increased demand for mental health support and recent insight into what children and young people say about their wellbeing through the Oxwell survey, this review has been essential to help shape future commissioning and delivery. We will use this intelligence and continue working with children, young people, families, and schools to collaborate to ensure equitable access to mental health support across all education settings, which is evidence-based and high-quality.

2. EXECUTIVE SUMMARY

OVERVIEW

The demand for mental health support in Liverpool schools has surged, leading to the establishment of Education Mental Health Teams (EMHTs). This review has highlighted that despite growth, challenges persist, notably in data consistency and service utilisation. Collaborative efforts between various partners have been pivotal, yet access discrepancies remain. Further investment and refinement of the Levels of Need model are essential to address these complexities and ensure comprehensive support for students. **Key findings include:**

- **Data Challenges**: lack of consistent data is a key challenge, affecting the accuracy of service figures and indicating that some service figures might be under-reported.
- **Partnership Working:** the importance of partnership working between Alder Hey, YPAS, LLP, and MYA, highlighting the effectiveness of services working together in schools.
- **Inequalities in Access:** Not all schools have equal access to EMHT services, with variations due to factors like school size and the availability of school Mental Health Leads.
- **Referral Process:** Improvements to the referral process are acknowledged, although challenges remain regarding access and lengthy processes.
- **Demand vs. Provision:** Demand in schools is higher than the provision provided, and further data capture and analysis are needed to understand the needs fully.
- **Levels of Need Model:** A revision of the model is recommended.

KEY PRIORITIES

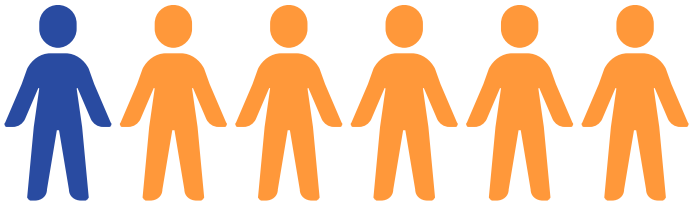
A full list of recommendations can be found on pages 34-36. To summarise, the following key priorities are suggested:

- **Data Improvement:** Further investment is needed to enhance data collection, quality assurance, reporting, and analysis.
- **Investment in Secondary School Offer:** To match the primary offer.
- **Development of WSA:** Further development and promotion of this approach to support Senior Mental Health Leads (SMHLs) and ensure full utilisation of the offer.
- **Revision of Levels of Need Model:** Further investment and development to ensure children and young people get the right support at the right time.
- **Cross-Partnership Pathways:** Need further development.
- **Commissioning and Governance:** Should better support the development of cross-partnership pathways.

3. MENTAL HEALTH IN SCHOOLS

Increasing mental health issues among young people have led to a higher demand for mental health services in schools.

One in six children in the UK has a probable mental health disorder (NHS Digital 2021).



In Liverpool, the 2023 Oxwell Survey of nearly 16,000 young people identified 39% of secondary students said they have a mental health problem affecting their daily lives.

The Department of Health and Social Care promotes a multi-agency approach, recognising that mental health needs often require a multidimensional response beyond healthcare. This is emphasised in the NHS long-term plan for mental health.

Public Health England has advocated for schools to play a role in early identification and intervention, as reflected in the THRIVE Framework.

In this framework, schools are considered a crucial component of early intervention and prevention for mental illness, alongside other services like GPs, school nurses, and health visitors; prioritising mental health and wellbeing within school leadership is imperative.

Recent policy changes have placed mental health at the forefront of government-driven education priorities. In line with the 2017 Government Green Paper, the Department of Health and Social Care and the Department for Education (DfE) emphasise the vital role of schools and colleges in supporting students' mental health within the wider support system.

LIVERPOOL'S WHOLE SCHOOL APPROACH MODEL

Liverpool's WSA aims to help schools develop and adopt a whole school ethos around mental health and emotional wellbeing, encouraging them to embed this approach in all aspects of school life.

This is steered through the WSA Partnership, which reports to the Children and Young People's Mental Health and Emotional Wellbeing Strategic Partnership Board.

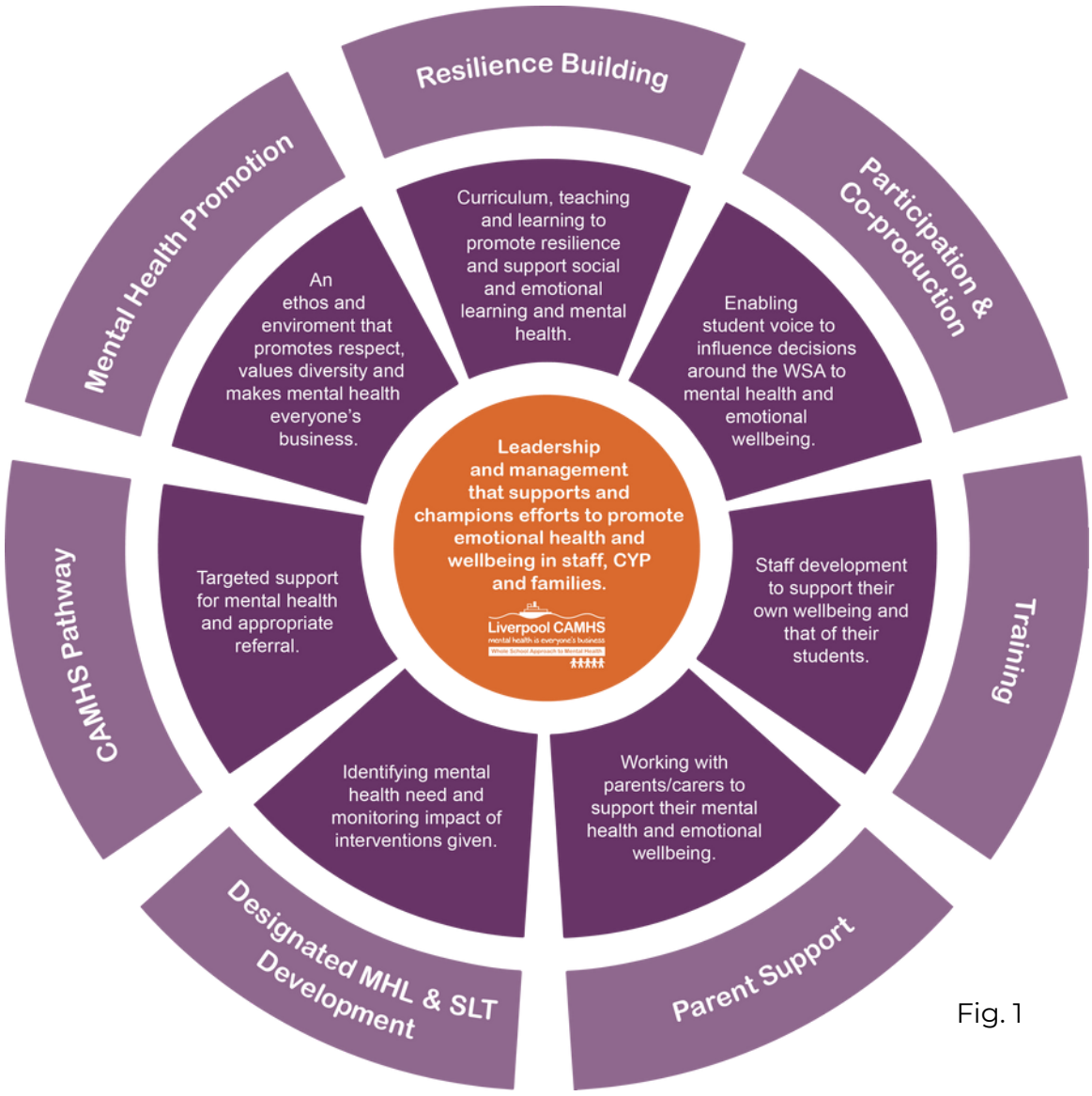


Fig. 1

Based on Public Health England's (PHE) eight principles in their WSA to mental health model, the Liverpool WSA uses an adapted version of this model (See Fig 1). The local approach emphasises leadership and management to promote, lead and make room for mental health initiatives across the school.

The outer ring represents the WSA city partnership supporting mental health and wellbeing in schools. Inner rings are the focus areas for mental health within a school setting.

4. EDUCATION MENTAL HEALTH TEAMS

The Current EMHT Offer

The EMHTs comprise education-facing services. Schools are the main access point via designated Senior Mental Health Leads (SMHL)/Mental Health Leads (MHLs) appointed by schools. They receive training locally and nationally, including DfE-funded SMHL training.

Three multidisciplinary EMHTs operate across North, South and Central Liverpool schools, serving a population of approximately 77,070 children and young people. Liverpool Census 2023 (Fig 2).

Liverpool's EMHT is a collaborative of CAMHS providers comprising of:

MHSTs

Nationally, MHSTs have three functions:
Function 1: To deliver evidence-based interventions for mild-to-moderate mental health issues.

***Function 2*:** To support the senior mental health lead (where established) in each school or college to introduce or develop a whole school or college approach.

Function 3: To give timely advice to school and college staff and liaise with external specialist services to help children and young people get the right support and stay in education.

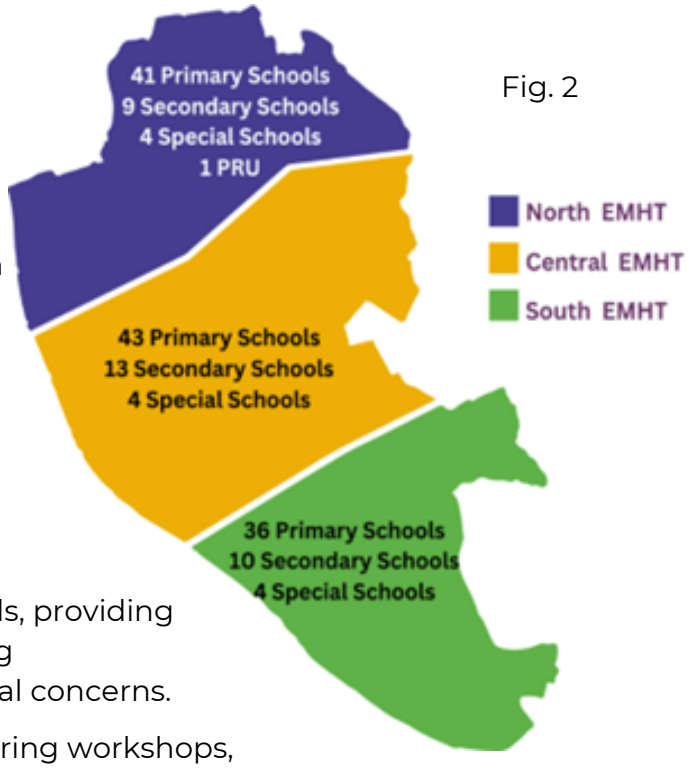


Fig. 2

In Liverpool, MHSTs work across primary schools, providing low-intensity support for children with emerging worry/anxiety, low mood and general behavioural concerns.

These teams support the schools' offer by delivering workshops, assemblies, and campaigns (Functions 2 & 3).

Function 2 focuses on staff development and includes regular meetings with school Mental Health Leads (MLSs) to enhance their knowledge of recognising and supporting mental health needs. This is aided by termly WSA networks and training from MYA and The LLP.

The ongoing presence of MHST staff in schools ensures training effectiveness, such as 'Spotting the Signs' workshops.

Function 3 centres on developing a WSA.

YPAS Wellbeing Clinics

Wellbeing Clinics provide Liverpool secondary schools with one full day per week of support from practitioners, including Information, Advice, and Guidance (IAG) workers and Children and Young People's Wellbeing Practitioners (CYWPs).
Wellbeing Clinic Team Structure - Fig 3.

Their goal is to offer early and convenient mental health and emotional wellbeing support to young people facing various difficulties, such as:

- worries & anxiety
- low mood and depression
- problems with sleep
- feelings of panic
- phobias
- understanding emotions
- managing stress.

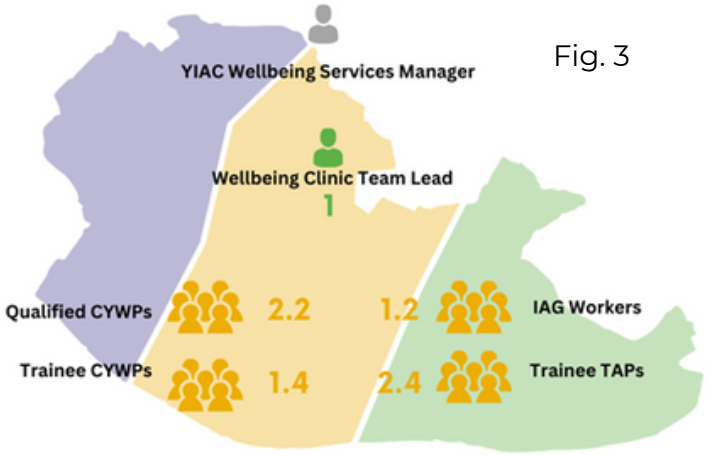


Fig. 3

YPAS Seedlings

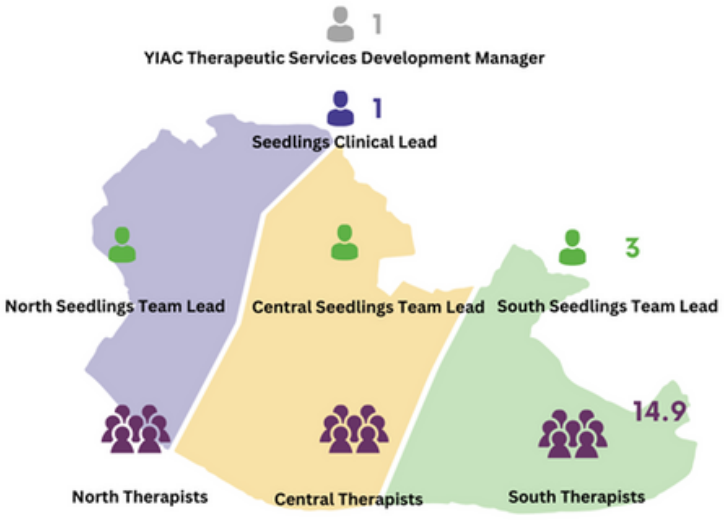


Fig. 4

Seedlings offer a variety of creative therapies and work on an 8 + 1 delivery model – with a clinical management system in place if the interventions required are deemed longer-term.

The service is co-commissioned by the Cheshire and Merseyside ICB (Liverpool Place) and 95 Liverpool schools with SLAs.

Seedlings Team Structure - Fig 4.

Link Workers

Although integrated with MHST, Link Workers have separate funding to support Liverpool's secondary schools. In 22/23, this role was streamlined to two WTE staff, previously part of various Alder Hey CAMHS practitioners' roles. Secondary schools receive around a half-day of Link Worker support per month, primarily for orange-level consultation and WSA guidance (See Level of Need Fig.5).

Link Workers deliver:

1. Termly school education mental health meetings.
2. Clinical consultation.
3. Therapeutic Groups:
   - DBT skills (distress tolerance, interpersonal effectiveness, emotional regulation, and focus/awareness) – year 9 upwards.
   - Triple-P parenting intervention – year 9.
   - Non-violent Resistance Training - all years.
4. WSA advice and guidance.
5. Clinical supervision for Senior mental health lead/mental health lead (subject to completion of ROAR supervision training).
6. Support of critical incidents in schools.

Merseyside Youth Association (MYA)

MYA primarily supports EMHTs in a city-wide mental health promotion role, delivering Bitesize training, creating resources, and the annual NOW Mental Health Festival.
Over the past three years, some school-specific services were commissioned through LLP and Liverpool City Council, including:

- ROAR response and supervision training that helps staff create a supervision model in their schools. Group coaching sessions provide further supervision for school mental health leads, and plans exist for 1:1 supervision by senior MHST practitioners.
- REACT anxiety and low mood.
- Larger projects include the WSA Audit Tool and the Resilience Framework for schools.

WSA Senior Development Lead

Based at LLP, the WSA Senior Development Lead (SDL) is central in coordinating this partnership approach, acting as a liaison between services and schools.

This school-focused mental health programme is part of the local CAMHS pathway, offering services based on the WSA levels of need - from prevention to intervention.
See Fig 5.

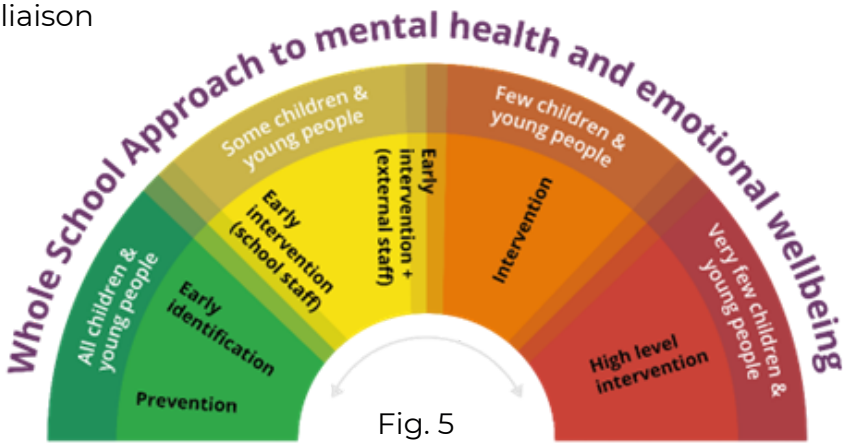


Fig. 5

5. REASON FOR REVIEW & METHODOLOGY

The EMHT offer has developed and demonstrated positive outcomes. However, as with any new model, it needed to be reviewed. Furthermore, several factors have impacted population needs: the COVID-19 pandemic, NHS commissioning changes, and children's and young people's insight, alongside ongoing WSA developments.

Gathering views of education and health professionals whilst considering the views of children and young people, parents, and carers, the review has included a key focus on five areas:

1. Internal and external pathways.

2. The EMHT model focuses on demand, capacity, population need, and challenges.

3. The impact of EMHT.

4. Gaps in mental health provision at school level and explore future commissioning to ensure equitable offer.

5. Identifying good practices, challenges, and potential models for sustainable and accessible future delivery.

A combination of semi-structured interviews and focus groups explored these themes using key questions to guide the groups (see Appendices in the full report).

Evidence was gathered via the school EMHT needs analysis survey. This consisted of various question styles chosen to limit the complexity of responses while giving space for individual interpretation.

This review also refers to pre-existing data gathered in 2023:

- The Oxwell survey – over 15,000 children and young people across Liverpool.
- The national data release for the government's 'Transforming children and young people's mental health implementation programme: 2023 data release'.
- Previously gathered local data analysis.

Finally, capacity and demand data was gathered by mental health professionals working within the schools. A dip sample in June 2023 was used to ascertain the following information:

- No. Of staff in each service team.
- Current caseloads of practitioners.
- Current numbers of children and young people in school who needed to be seen.

This data was triangulated with existing key performance indicator data, the 2023 Oxwell survey data and annual school EMHT engagement data.

6. REPORT FINDINGS

1. Internal and External Pathways

Senior Mental Health Leads (SMHL) - a gateway to the EMHT

The EMHT consists of education-facing services, and schools act as the main point of access, usually through their designated SMHL/MHL.

Schools appoint Mental Health Leads (MHLs), and training is offered locally and nationally. Core training for this role includes the DfE-funded SMHL training.

In June 2023, the following had accessed SMHL training:

90% (28) of secondary schools **75%** (90) of primary schools

56% (74) of them all attended the locally developed WSA training.

Across the three hubs, primary schools attending the locally developed training were equally spread in South/Central hubs, and high attendance was recorded from schools in the North of the city. Secondary schools had more North/Central schools attending Liverpool SMHL training, with considerably fewer in the South.

Fig 6. Maps showing school access to SMHL training - each person represents one school.

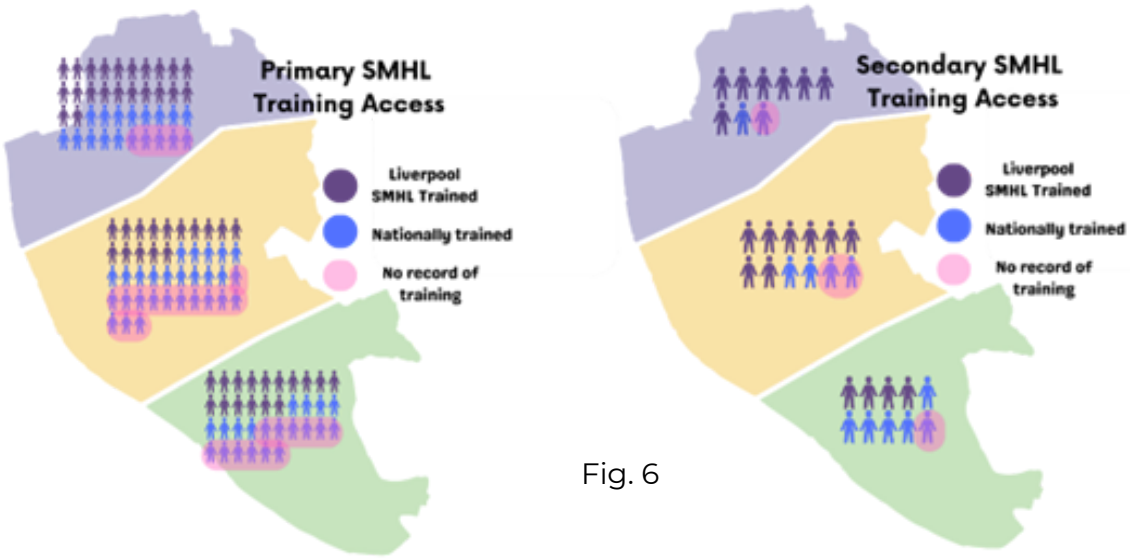


Fig. 6

Triangulation with the 2023 Oxwell dataset reveals a significant link between pupils knowing where to go for support and schools with a Liverpool-trained SMHL.

100% of schools with 50% or more pupils knowing where to go for support had a Liverpool-trained SMHL.

100% of these schools also had high levels of WSA engagement.

SMHLs hold a strategic role in WSA oversight and EMHT pathway access, emphasising the importance of local training access.

The 2023 EMHT/WSA needs analysis survey completed by 28 secondary, 60 primary, and five special schools revealed that:

50% of secondary SMHLs/MHLs held full-time pastoral roles, compared to... **29%** in primary schools.

- In primary schools, "other" roles often included Headteacher or SLT, while in secondary schools, it was mainly SLT.
- Primary school leads were more likely to combine SMHL duties with teaching roles.

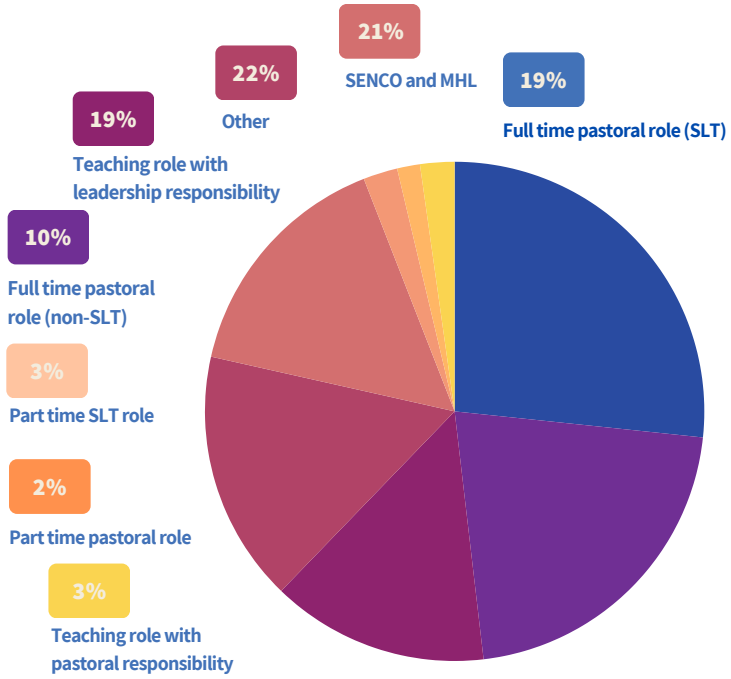


Fig 7. Roles held by primary school SMHLs

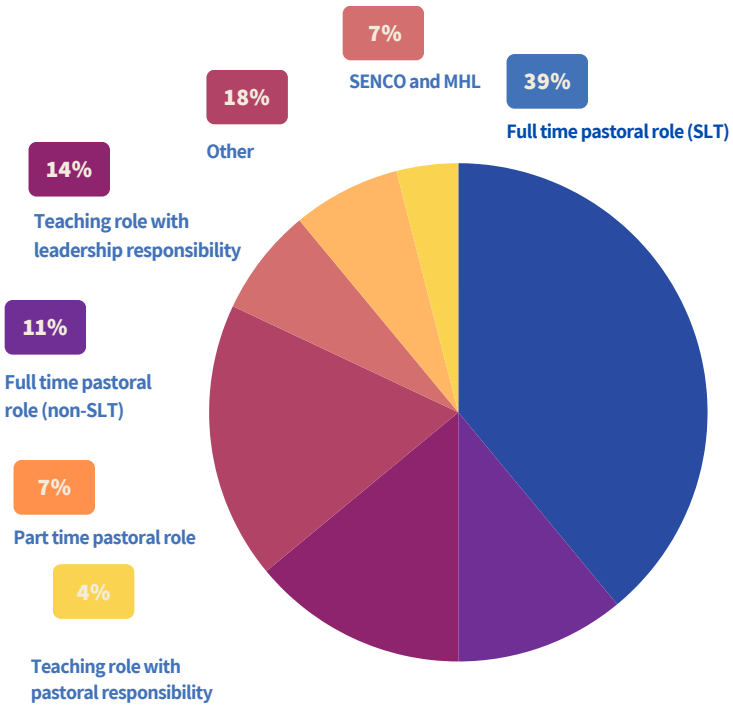


Fig 8. Roles held by secondary school SMHLs

The lower primary school survey completion rate suggests that MHLs in these settings may have faced challenges due to their prioritised responsibilities.

EMHT Pathways offers interventions across all levels of need in primary schools and green to orange in secondary schools.

EMHT in Primary Schools

The offer is more comprehensive and cohesive for primary schools due to NSHE-funded MHSTs, which were brought in to boost the existing offer for this younger demographic.

Click here to view the WSA Primary School Offer/Pathway.

The existing offer for primary schools was provided by Seedlings, whose service complements the MHST and provides a consistent offer that is valued by the whole system.

Needs Analysis Survey, completed by 60 primary schools, highlighted:

83% had partially or fully embedded the MHST, and 5% didn't use the service.

84% of the schools using the MHST rated them as excellent or good, and 5% said it needed further development.

82% had commissioned Seedlings.

87% of schools using Seedlings rated them as good or excellent; 2% said they could be improved in areas.

Cases get stepped up and down both internally and across services. However, the 'early-intervention/yellow-level' directive of the MHST has made it difficult for cases to get stepped 'down' from Seedlings into the MHST as they have often been seen as 'too complex'.

Cases get stepped up and down both internally and across services. However, the 'early-intervention/yellow-level' directive of the MHST has made it difficult for cases to get stepped 'down' from Seedlings into the MHST as they have often been seen as 'too complex'.

Practitioners reported that, in some cases, children on the Seedlings list would benefit more from the specific targeted therapy offered by the MHST. Similarly, the creative approach from Seedlings could occasionally be helpful in preparation for accessing MHST evidence-based support for a particular issue. However, the current interpretation of the offer would not encourage this.

Additionally, the school-commissioned nature of Seedlings also has the potential to act as a barrier to collaboration, given that it is heavily school-directed. Access to both services is mainly via the school Mental Health Lead(s), although 'back-door' access has been given to primary-aged children sent over from the online CAMHS referral form. This has sometimes over-stretched these school-facing services, particularly Seedlings, which in 22/23 ended up with an extensive waiting list (over 100) for their hub-based practitioners.

These hub-based practitioners are intended for children attending the 25 schools that don't currently commission Seedlings and children who are home-schooled or not in education.

The current offer's success depends on two key elements:

1. Skilled and accessible MHLs who understand the levels of need and intervention suitability.

- EMHT termly meetings provide vital support and serve as pre-referral triage, ensuring children receive the right service.
- These meetings also enhance collaboration with the RAISE team's broader services in a more organised manner.
- Despite their effectiveness, EMHT termly meetings do not happen in every primary school. During the 2023 summer term (April-July), there were 23 EMHT meetings (19% of primary schools) recorded by MHST practitioners.
- Where this is the case, school MHLs rely on their knowledge and separate conversations with individual service practitioners to determine referrals and access to the wider offer.

2. Collaborative working between services.

- While this happens, schools don't always recognise them as part of one offer.
- In addition to the termly meetings, the MHST and Seedlings have a weekly triage meeting to discuss cases that could benefit from support from the other service.
- The meeting also handles non-school-generated referrals from the online referral process, which has presented challenges.
- The high level of need often surpasses MHST capacity, leading Seedlings to handle complex cases. Senior Practitioners occasionally address these cases, causing queue concerns. Assigning children to commissioning schools' Seedlings waiting lists has also sparked dissatisfaction.

EMHT in Secondary Schools

The secondary offer is still developing with the recent reform of the Link Worker role; however, it is primarily provided via the YPAS Wellbeing Clinic. This pathway lacks the primary offer's consistent prevention/early identification element. There is also little buy-in to EMHT termly meetings, which results in the Wellbeing Clinic and Link Work pathways operating independently – albeit for behind-the-scenes collaboration between services. Both services desire to collaborate, but capacity constraints hamper consistent partnership.

Click here to view the WSA Secondary School Pathway

In the secondary offer:

- MHLs serve as gateways to the Wellbeing Clinic and Link Worker pathways.
- Secondary schools show higher percentages of trained SMHLs with dedicated time for their roles which would suggest they are better positioned to access the EMHT than primary schools.
- Collaborative efforts and SMHL training have transitioned schools from SENCOs to MHLs, integrating the Wellbeing Clinic into a holistic school approach.
- EMHT termly meetings face challenges in implementation within secondary settings, which results in relying heavily on good communication within the school setting.
- Link workers have assumed coordination roles but are active in only a few schools.
- There is a lack of mental health resilience-building and mental health promotion (green-level workshops) due to the lack of commissioning of MYA for this sector and the exclusion of this intervention within Wellbeing Clinics.
- YPAS Wellbeing Clinics are a well-established and highly appreciated service for secondary schools. However, reliance on value-added staffing through Recruit to Train posts has stretched this service over recent years.

Key Points

- 100% of schools responding to the survey have accessed the Wellbeing Clinic.
- 93% have embedded it partially or fully.
- 19 schools rated it as excellent, five as good, and four suggested there were some areas for improvement.
- Having trainees was referred to as an understandable limitation of the offer.
- Referrals in 22/23 (605 young people seen) significantly decreased from the previous year (1,139 young people seen), likely due to funding challenges.
- YPAS maintained their service levels, suggesting under-reporting.
- Data processes need improvement to capture the full picture.
- Reliance on value-added staffing resulted in fewer Children and Young People's Wellbeing Practitioners (CWYPs) trained in evidence-based interventions.
- Sustainability is uncertain as CYWPs can no longer work in schools.
- Schools requested help and best practice examples for launching the Wellbeing Clinic.
- Many schools favoured extending the clinic to include group work.

Staff in secondary schools also acknowledge the need for higher levels of support, which sits outside of the Wellbeing Clinic's early intervention scope. Schools have largely filled this gap using independent counsellors who are not always linked to the offer or quality assured.

71% of schools who completed the survey have partially or fully embedded the Link Worker consultation support into their school.

11% haven't used it, and 18% use it now and again.

78% of schools rated the Link Worker service as good or excellent.

11% suggested it was helpful but improve in a few areas.

Pathway links to the wider CAMHS Offer

YPAS weekly Multidisciplinary Team (MDT) meetings serve as the interface between EMHT and wider CAMHS, offering opportunities for Seedlings and Wellbeing Clinic Practitioners to present any cases they are not able to support.

In 22/23, 35 cases were presented to the YPAS MDT: Fig. 9 breakdown of services.

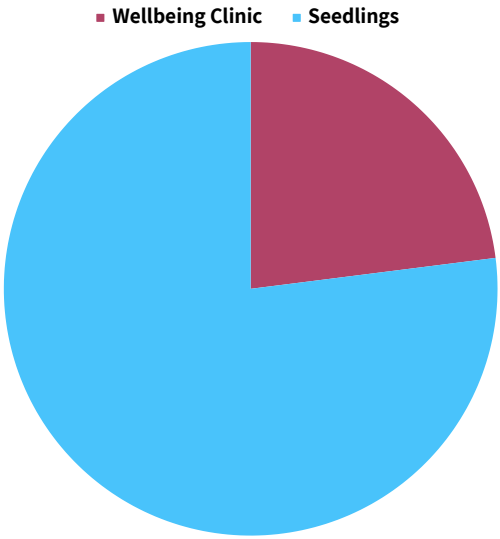


Fig. 9

Of these cases:

- 4 were stepped up to Fresh routine appointments.
- 2 were stepped up to FRESH urgent appointments.
- 1 was stepped up to the LAC pathway.
- 3 were stepped up to the YPAS 11-25 therapy pathway.

REPORT FINDINGS

2. EMHT model focusing on demand and capacity, population need, and challenges

Referrals to the EMHT - 22/23

EMHT services collectively provided clinical interventions to **3,347** children and young people. This accounts for 36% of the overall YPAS and Alder Hey CAMHS Partnership access figures (9,431). See Fig 10 for a breakdown by individual services.

- MHST access represented **9%** of the overall CAMHS Partnership access figures, lower than the national average of 12% reported by NHSE.
- In addition to clinical interventions, MHST reached **6,960** children and young people with WSA activities and workshops.
- When combined with Liverpool CAMHS offer access figures, MHST's access rate increases to **46%** of the overall children and young people that Alder Hey and YPAS reached.
- **1,165** children and young people accessed ROCKET workshops, and **798** participated in Empower workshops delivered by MYA.

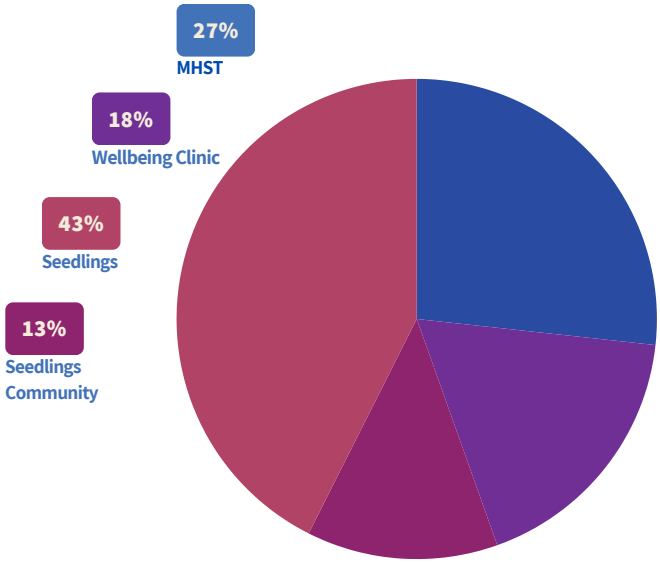


Fig 10. Referrals from each service (not including WSA workshop delivery).

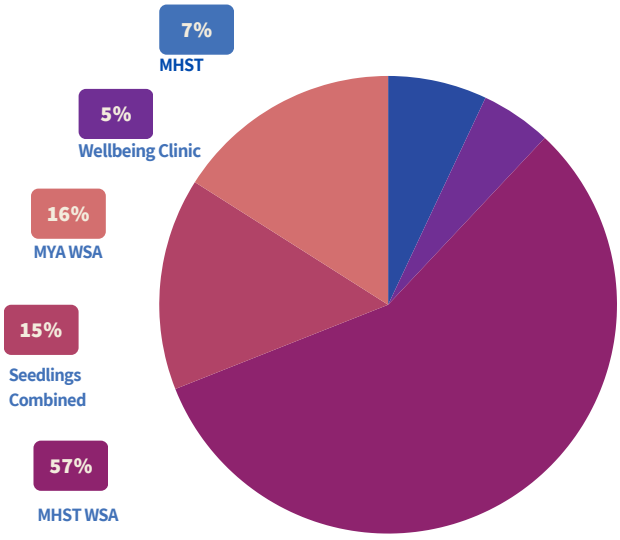


Fig 11. Referrals and WSA

When included in the EMHT figures, the overall picture of support can be seen in Fig. 11.

Through the WSA offer, the EMHT collectively reached approximately 35,821 children and young people through several Livestream events hosted throughout the year.

This included World Mental Health Day events, Children's Mental Health Week, and Transition Live events.

Given that WSA workshops are often only single-session contacts.

In contrast, most of the therapeutic work operates on an 8+1 model,* the distribution of work in terms of estimated contacts with children and young people is shown in Fig. 12.

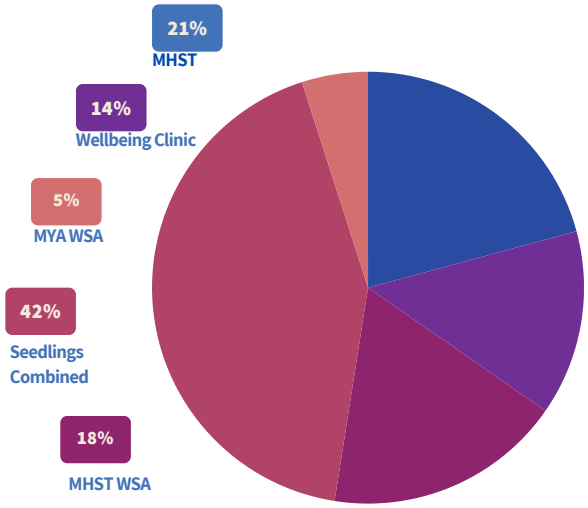


Fig 12. Schools' facing work delivered by services broken down by estimated CYP contacts.

Presenting Issues and Demographics

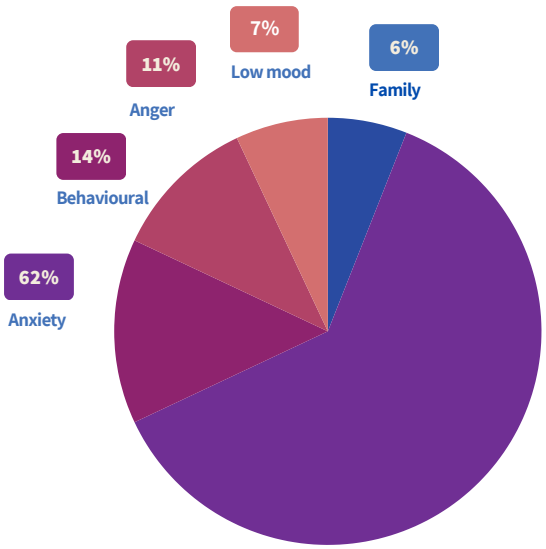


Fig. 13

The top presenting issue for referrals to the EMHT was anxiety.

Fig 13. Additional presenting issues for referrals.

Fig 14. Breakdown of EMHT referrals by age.

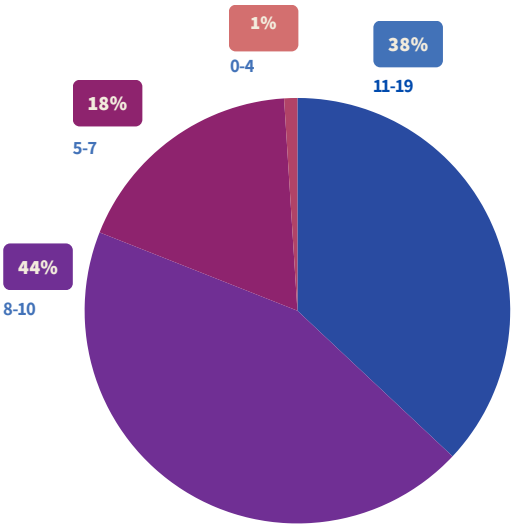


Fig. 14

- Children and young people receiving clinical interventions predominantly focused on ages 8-10.
- MHSTs and Seedlings primarily support primary schools, explaining the concentration in this age group.
- 67% of clinical interventions in the current EMHT structure targeted primary school-age pupils.
- More males were seen than females (53%), aligning with the local school population, which in May 2023 was 51% male.

*This would be reduced when factoring in all YPAS and Alder Hey contacts that do not get added to the referral system – this data was not available.

According to Oxwell 2023 figures, on average, 34% of females were experiencing symptoms of anxiety and depression, as opposed to 24% of males.

- On average, **11%** of children and young people referred came from non-white British ethnic groups - this is **below the national average of 17%**, with an additional 6% unspecified accessing CAMHS.
- Locally, the school population includes **31%** of children and young people from ethnically diverse backgrounds.
- EMHT services currently reach only 1/3 of these ethnically diverse children and young people.
- Recent improvements include adding ethnicity school population figures to the WSA master list to raise awareness among practitioners.

Ethnic distribution across the three locality EMHT hubs is illustrated in Figs 15 & 16.

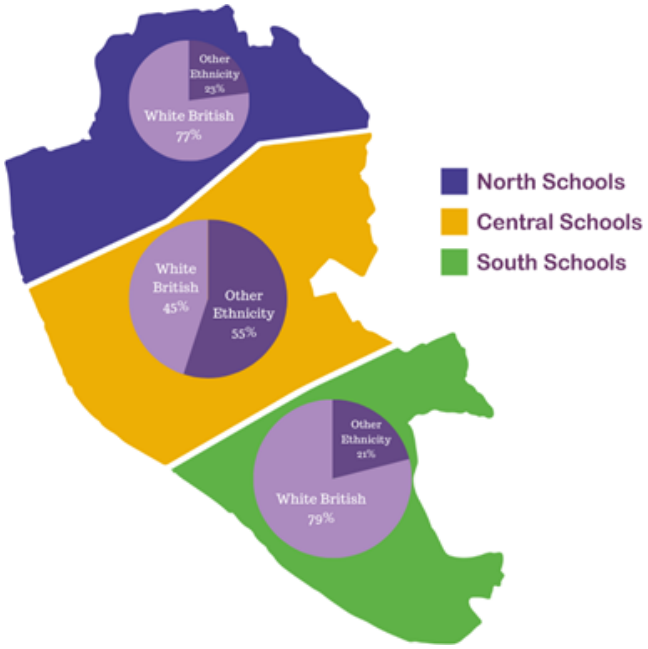


Fig. 15 Primary Schools

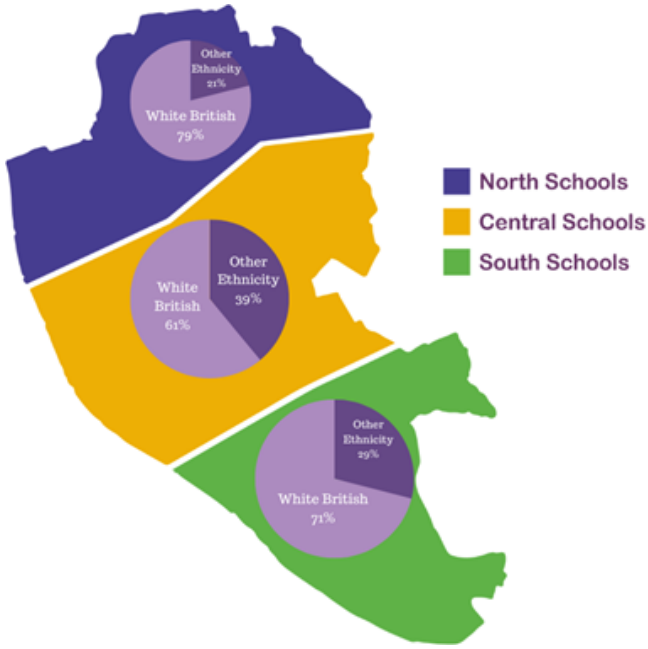


Fig. 16 Secondary schools

Capacity

In June 2023 (when a dip sample was taken), the combined EMHT reported having 56.7 WTE across all teams, including 8 WTE vacancies within the MHST, making a total capacity of 46.3 WTE school-facing staff able to deliver therapeutic interventions along with WSA activities delivered by MHST practitioners.

Fig 17: EMHT Staffing Map June 2023.

Staff above the line are from primary schools; those below are based in secondary schools.

Faded figures work across both but don't offer clinical interventions.

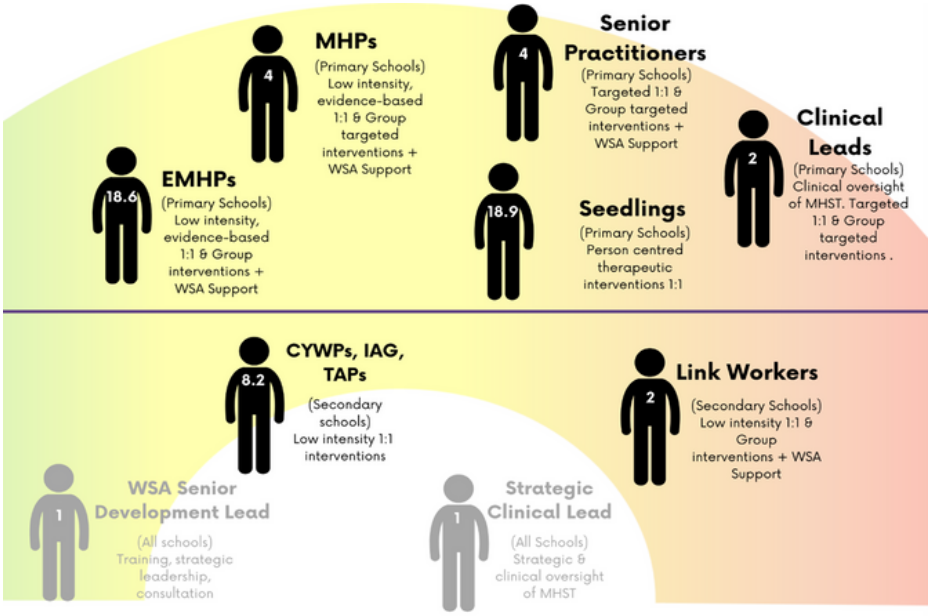


Fig. 17

According to service capacity figures, the EMHT at full capacity in June could see 688.8 children and young people.

Caseload figures supplied by services in June 2023 showed that the EMHT supported 596 children and young people at the time of this review.

Based on these figures, the EMHT was operating at 87% capacity (Fig 18).

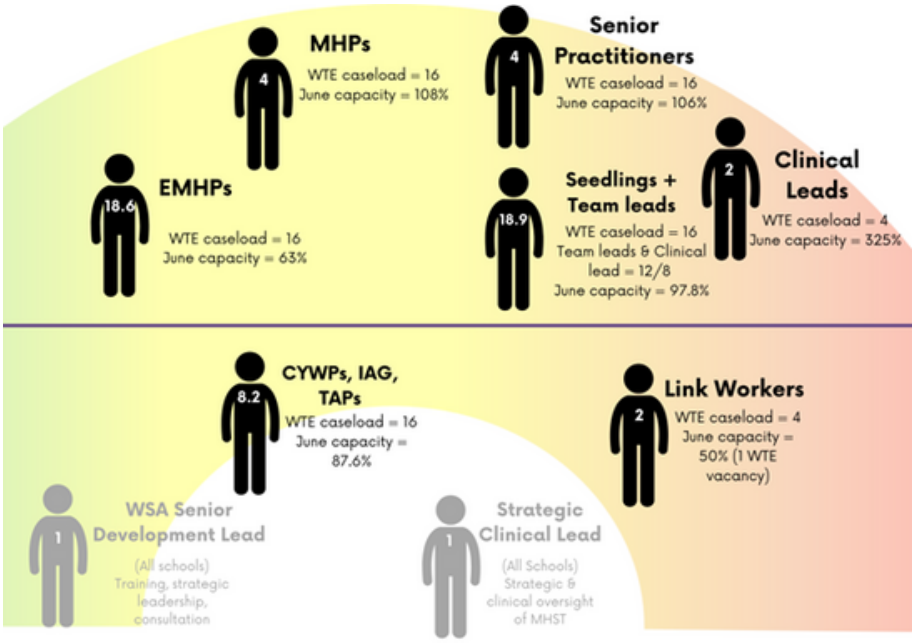


Fig. 18. EMHT Staffing Map showing June caseload capacity

Fig. 18

Demand

30 secondary and 60 primary schools participated in a snapshot demand exercise for June 2023. The average demand per school (in addition to the current provision) was an additional:

- three places for the MHST
- five places for Seedlings; and
- nine places for the Wellbeing Clinics.

When added to existing capacity and multiplied by the number of schools, the figures were as follows:

Children and young people needing support during June 2023	
Yellow/orange level in primary schools	1440
Yellow level in secondary schools (14 per school x 31)	434
Total children and young people across Liverpool schools needing yellow or orange level support.	**1874**

This total figure is representative of 2.4% of the school-age population.

Based on the 596 Children and young people being seen by the EMHT in June 2023, these figures would suggest that the EMHT was only meeting ***32% of the perceived demand from schools.***

REPORT FINDINGS

3. The Impact of EMHT

Exploring the impact of the EMHT broken down by each element of the offer.

Liverpool has been viewed as a national good practice for its delivery model. When asked how satisfied staff were with the WSA/EMHT Offer, responses from local primary and secondary schools can be seen in Figs 19 & 20. (Based on 60 schools completing the Needs Analysis Survey.)

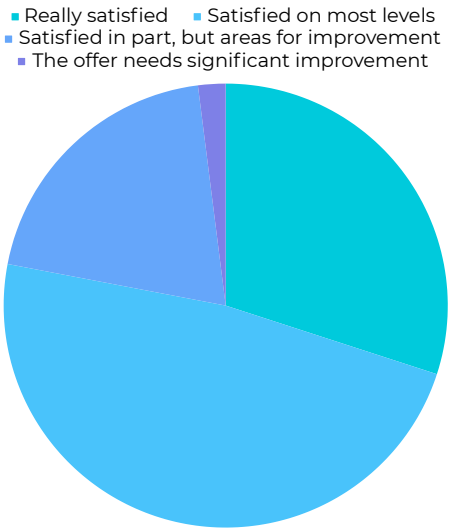


Fig 19. Primary school satisfaction with the EMHT

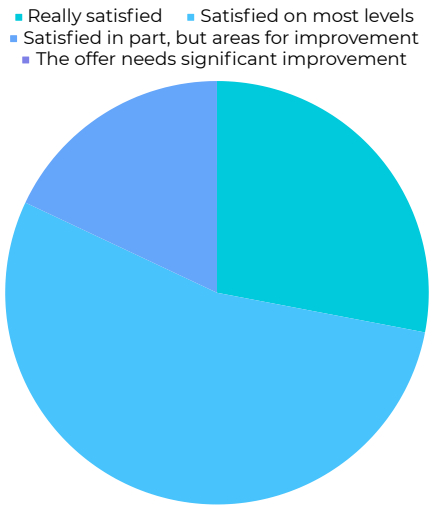


Fig 20. Secondary school satisfaction with the EMHT

EMPOWER
Smashing the stigma around mental health

798 Secondary school-aged children attended five workshop days covering:

- Body Image
- Low-Mood
- Coping strategies - including self-harm behaviours

ROCKET
Developing Roar Resilience Champions in Primary Schools

1165 Primary school children

RAISE
MENTAL HEALTH PROMOTION TEAM
MERSEYSIDE YOUTH ASSOCIATION

NOW 2023
YOUNG PEOPLES' MENTAL HEALTH FESTIVAL

193 school staff accessed aspects of ROAR.
57 staff over three consecutive courses.
100% would recommend to their colleagues.

338 Children & young people

Although the graph to the right (Fig. 21) illustrates a range of positive outcomes, the review found a number of challenges regarding data quality across the EMHT.

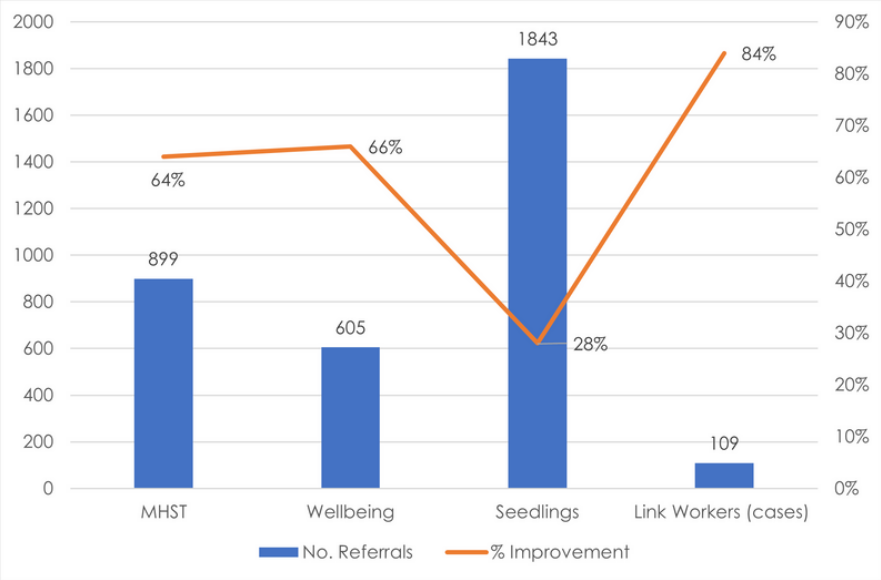


Fig 21

Activity

NHS England suggested that each MHST should be seeing around **500** children and young people per year, which would amount to **2,500** for Liverpool's five teams - this only takes into consideration Function 1.

Of the 7,859 children and young people seen by the MHST in 22/23, 899 were referrals for clinical interventions (Function 1): 36% of their recommended target. However, when Functions 2 & 3 are included, this includes a further 6,960, making an average of **1,571 children and young people per MHST - 314% of their recommended target.**

NHSE is working with the DfE to look at standardising the capture of WSA activity data. The WSA Senior Development Lead and MHST Clinical Leads continue advocating for this at regional and national forums.

YPAS also believe the figure for Wellbeing Clincis is significantly underreported and the actual figure should be 1,154.

Outcomes

This information represents only 10% of the total children and young people seen for clinical interventions due to not all interventions following a clinical model and data capture, processing, quality assurance, and analysis needing improvement across all services.

Seedlings are noticeably lower than those from MHST and Wellbeing Clinics. However, the measures for younger children are open to many flaws in practice, including this level of service when working with more complex presentations. This service also works with parents/carers, but this outcome data was unavailable.

Oxwell And School Referral Data Findings

Primary School Referral Data

Referrals ranged from 0 to 33. Schools have the option of two open cases at any one time, plus they can prioritise WSA workshops instead of clinical interventions within their allocated practitioner slots.

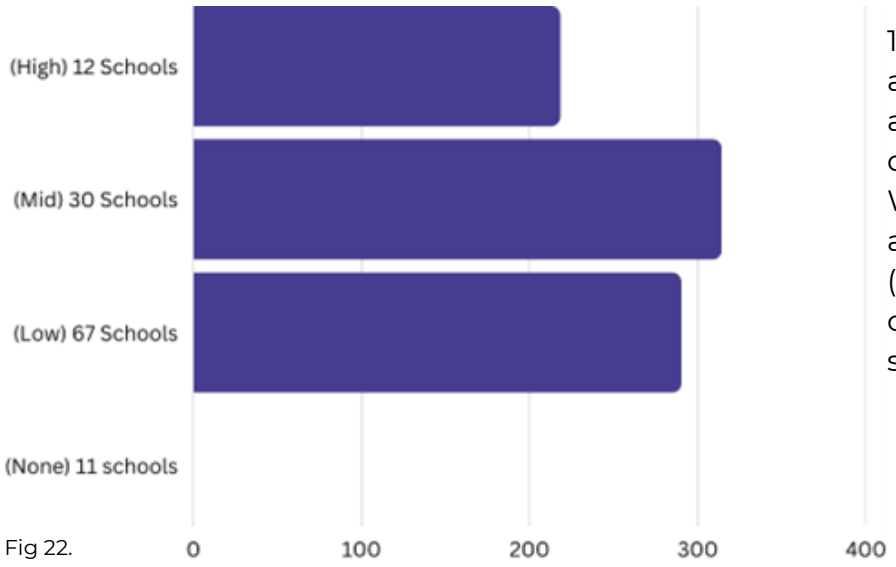


Fig 22.

11 primary schools didn't refer any children to the MHST, although four of these schools did have mid-high usage of their WSA offer. When grouped according to high (21-50), mid (14-20) and low (0-13) numbers of referrals, this variation can be seen in grouped in Fig. 22

This highlights that many referrals to this service come from 42 schools, only 35% of the 120 schools across Liverpool. Factors affecting this include:

- Staffing gaps within the service.
- Schools don't consistently have available SMHLs/MHLs in place to identify referrals.
- Space to hold sessions was also cited as a barrier.

Due to staff leaving the MHST and delays in recruitment, several schools were left without a designated EMHP during 22/23. Referral data (at a school level) was not available for Seedlings at the time of this review, but all 95 schools that commission Seedlings fully utilised practitioner slots throughout the year.

While many school Mental Health Leads are doing a great job, some are difficult to get hold of and appear not to have time to carry out this role. This can make it difficult for services to contact them to arrange appointments which then makes access for young people difficult. Some schools don't have space available for services to come and see young people, or their spaces are not suitable for therapeutic work. This can cause difficulties with scheduling appointments and can subsequently limit access. Frequent staffing changes in the schools have also challenged MHL engagement.

(Extract from Focus Group Thematic Analysis)

Primary School Referral Data

- **92%** of the schools making the highest number of referrals also had a trained SMHL. The same percentage of these schools also commissioned Seedlings.
- Of the schools making no referrals to the service, **82%** had a trained SMHL (only 2 out of the 11 had received the Liverpool training).
- **87.5%** of schools with the highest number of pupils (70% and above) who knew where to go in school for support had a trained SMHL in place.
- Primary school pupils were more informed about where to go for support than their secondary peers.
- The schools that showed pupils with the highest level of depression/anxiety symptoms all had low levels of MHST referral engagement. They also had higher levels of young people who said it was difficult to get support. In some schools, this resulted from a break in MHST service due to staff absence.
- Some schools whose pupils indicated lower levels of positive outlook and emotions had mid-high levels of WSA engagement, including low numbers of MHST referrals.

Some of these barriers, including schools' understanding of pathways and a better understanding of neurodiversity in the context of mental health, were cited during the focus groups.

There is an inequality in schools' understanding of the pathways; due to every school being individual, this is hard to troubleshoot. Things such as network meetings, spotting the sign, and one route to access MHST have been put in place to improve the knowledge of schools regarding the pathways. To develop further, work can be done collaboratively. There needs to be more education for schools around mental health and neurodiversity as teams are frequently getting inappropriate referrals linked to ND. The triage meeting makes this better along with monthly EMHT meetings. However further training is needed to educate teachers about what is appropriate.

(Extract from Focus Group Thematic Analysis)

Primary School Referral Data

Activity across all aspects of the EMHT offer varies significantly across secondary schools, with referrals to the wellbeing clinic ranging from 50 pupils to four.

When grouped according to high (21-50), mid (14-20) and low (0-13) numbers of referrals, this variation can be seen in Fig 28.

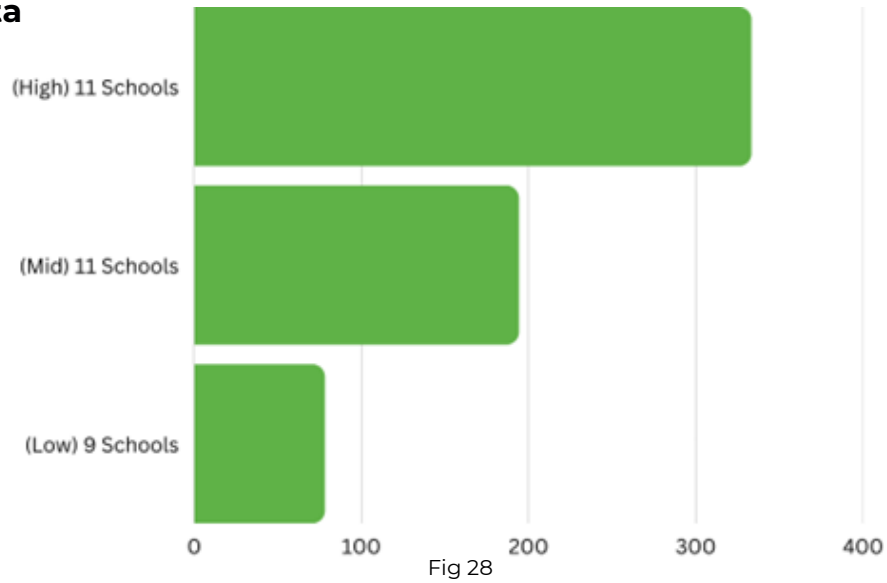


Fig 28

100% of schools with high levels of referrals had a trained SMHL – 57% of these were Liverpool-trained.

89% of the lowest referrers had a trained SMHL, with 50% being Liverpool-trained. Therefore, there is no apparent link between SMHL training and schools making referrals.

However, the two lowest referring schools were also the two schools that had the highest number of young people needing support for anxiety and depression. Both schools also had high numbers of young people who found it difficult to access mental health support at school. These schools were listed as having low engagement in WSA activities and mid-low engagement with Link Workers.

SMHL training appears to support pupils in knowing where to get support in schools. 100% of schools where 50% or above of pupils knew where to get support had a Liverpool-trained SMHL.

All these schools also had good levels of WSA engagement:
29% had low levels (15% or less), saying getting MH support in school was difficult or quite difficult.
43% had mid-levels.
28% had high levels.

Of the schools with low WSA engagement:
33% had completed the Liverpool WSA SMHL training (although 2 of these 3 are no longer in post).
56% had completed other SMHL training.
11% had not completed any training.

Of the highly engaged WSA schools:
45% are also on the HEARTS programme; and
64% took part in the 2023 Oxwell survey. Feedback from the focus group suggested that the model works best in schools where more elements are implemented.

REPORT FINDINGS

4. Gaps in mental health provision at school-level and explore future commissioning to ensure equitable offer

Currently, the NHS commissions the following services to provide mental health support to schools in Liverpool:

- MHST, including the Link Workers provided by Alder Hey NHS Children's Foundation Trust.
- Seedlings provided by YPAS.
- Children and Young People's Wellbeing clinics provided by YPAS.
- Mental health promotion and resilience building provided by MYA.

These services are commissioned through different NHS funding streams, as outlined in Fig. 23. The MHST element of the EMHT received funding for five teams from NHSE/I.

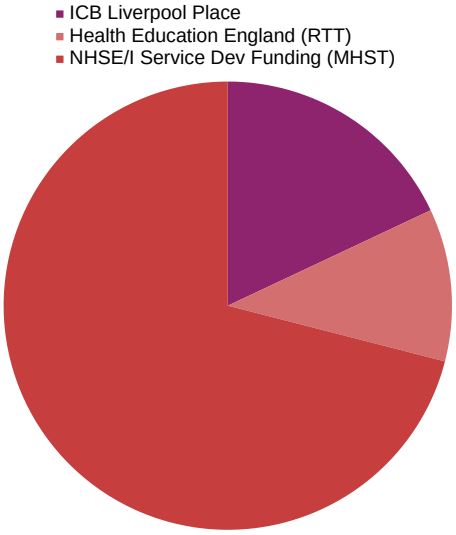


Fig. 23

The initial three teams were part of a Trailblazer programme. As a nationally directed programme, the MHST structure has evolved, with guidance documentation and data requirements still evolving.

The most recent guidance gives the following suggested staffing structure stating that an MHST should typically be made up of 8 WTEs, including:

- 4 WTE EMHPs
- 3WTE senior clinicians/higher level therapists
- 0.5 WTE team manager
- 0.5 WTE admin support.

This would require 40 WTE staff in the Liverpool MHSTs – they currently have 32.6. Several mitigations apply to Liverpool's model, including three of the higher-level therapist positions not being funded in the original Trailblazer wave of funding, outlining a gap in commissioning.

- EMHT provisions are recruit-to-train posts (non-recurring funding).
- Fifteen of YPAS' wellbeing practitioners in secondary schools are also recruit-to-train, which is value-added but at risk due to the non-recurrent nature of this funding.
- Almost 60% of the Seedlings staff are funded through school commissioning, which is subject to changing school budgets.
- MYA is not centrally commissioned to provide a school-facing offer, but they support the EMHTs as part of their city-wide mental health promotion.

The EMHT provision is commissioned through individual organisation contracts. Despite some collaboration, service access remains confusing due to varied commissioning and organisational processes. Stronger alignment for improved effectiveness, partnership working and clarity is needed.

REPORT FINDINGS

5. Identifying good practices, challenges and potential models for sustainable and accessible future delivery

Challenges and achievements for the EMHTs are outlined below.

Key challenges

Funding

Insufficient to operate the service.

People

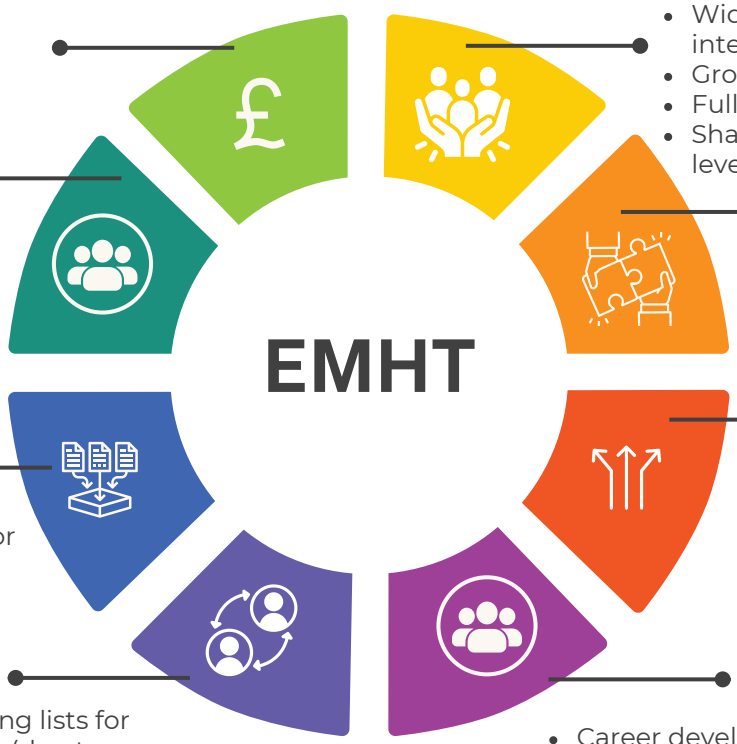
- Strategic leadership split across two very different MHST sites.
- Staff recruitment / retention / sickness.
- Reliance on trainee practitioners.
- Roles evolving - lack clarity.

Data

Lack of consistent systems and processes for reporting to EMHT KPI.

Operational

- Unmanageable waiting lists for community provision (due to external referrals).
- Rapidly changing guidelines from the national team.
- Some schools are not engaging fully.
- Individual commissioning admin.



Key Achievements

Operational

- Continued delivery despite funding challenges.
- Widening menu of interventions.
- Group interventions in schools.
- Full school coverage.
- Share best practices at national level.

Collaboration

- Remodelling team structure to fit the hub model.
- Cross-partnership with MHSTs & YPAS.

Processes

- Audit and development across the service.
- Support of and development of the critical incident aftercare process.

People

- Career development opportunities for staff - supporting retention.
- Relocation of the team to LLP brought stability.
- Recruit-to-train (RTT) opportunities & staff completing training.
- Career opportunities supporting retention.

The following models illustrate key challenges and achievements by service MHSTs - Wellbeing Clinics, Seedlings and MHST/Alder Hey Link Workers.

Key challenges 22/23

Leadership

Strategic leadership split across two very different MHST sites.

Personnel

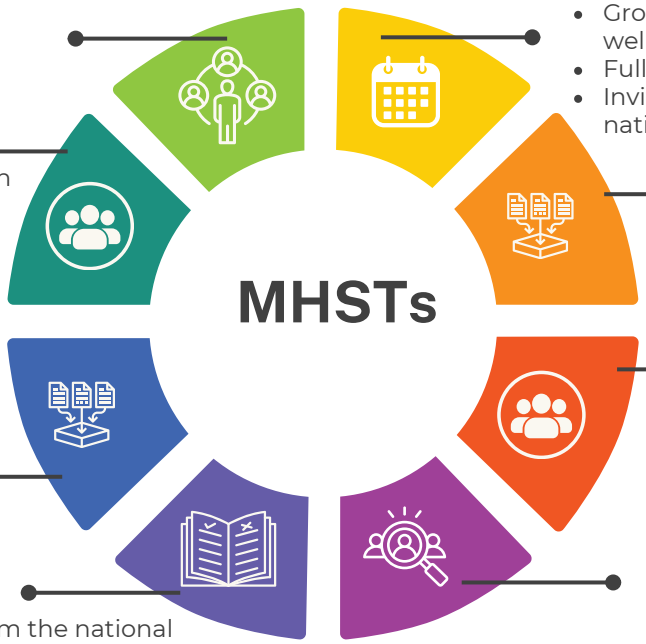
- Staffing recruitment/retention and changing personnel.
- High numbers of trainee EMHPs with reduced caseloads.
- Staff sickness.
- Cross-partnership arrangements for clinical admin.

Data

Systems and processes

National guidelines

Rapidly changing guidelines from the national team.



Key Achievements 22/23

Delivery

- Widening menu of interventions.
- Group interventions have worked very well in schools.
- Full school coverage.
- Invitation to share best practices at a national level.

Data

Audit and development across the service.

Personnel

- Career development opportunities for staff to support retention.
- Relocation of team to LLP which has brought stability and structure to the team.

Training

Successfully getting EMHP trainees through their training.

Key challenges

Funding

Insufficient to operate the service.

Personnel

- Staffing recruitment/retention and changing personnel.
- Reliance on trainee practitioners with reduced caseloads.

Data

Lack of consistent systems and processes for reporting to EMHT KPI.

School Engagement

Some schools are not engaging fully.

Key Achievements

Delivery

Continued to offer a full day per week despite funding challenges.

Collaboration

With the YPAS Link Workers.

Personnel

Career development opportunities for staff to support retention.

Recruit to Train ((RTT)

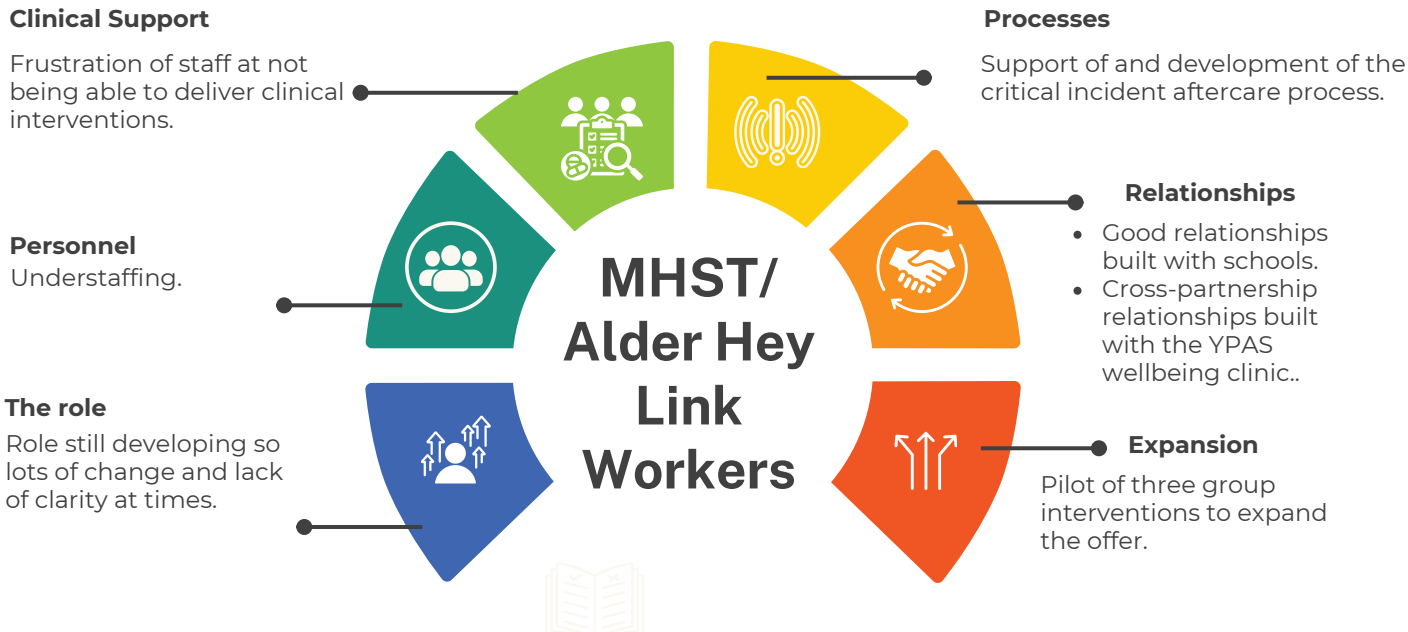
- Further RTT opportunities.
- Successfully getting RTT staff through their training.

Key challenges

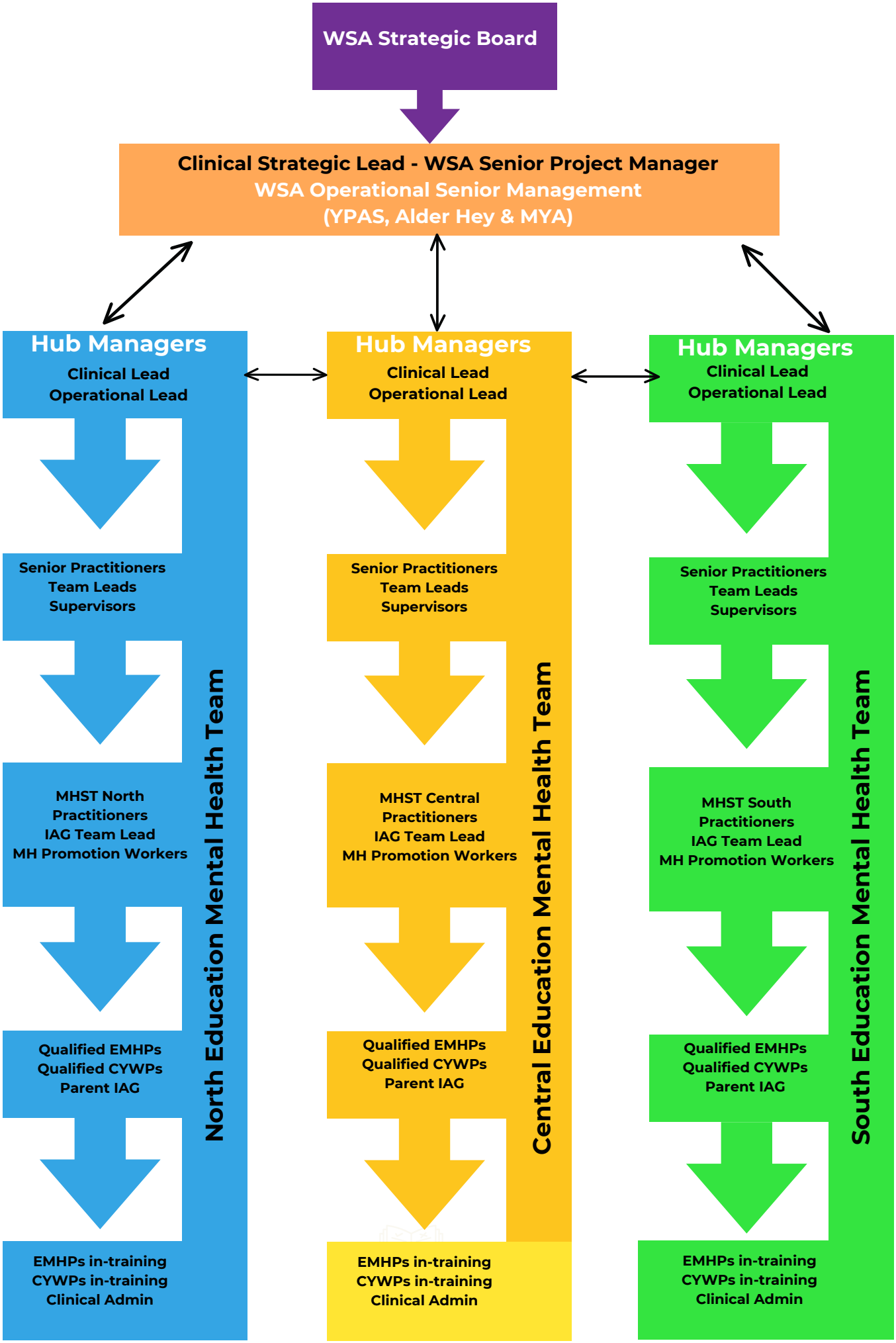
Key Achievements

Key challenges

Key Achievements



The model on the following page was a suggested structure in 2019. It aims to bring together all elements of the EMHT services under a more multi-agency collaborative partnership. As outlined in this review, there are still challenges to this approach in bringing three different organisations together under one delivery model.


WSA Strategic Board
Clinical Strategic Lead - WSA Senior Project Manager
WSA Operational Senior Management
(YPAS, Alder Hey & MYA)
Hub Managers
Clinical Lead
Operational Lead
Senior Practitioners
Team Leads
Supervisors
MHST North
Practitioners
IAG Team Lead
MH Promotion Workers
Qualified EMHPs
Qualified CYWPs
Parent IAG
EMHPs in-training
CYWPs in-training
Clinical Admin
North Education Mental Health Team
Hub Managers
Clinical Lead
Operational Lead
Senior Practitioners
Team Leads
Supervisors
MHST Central
Practitioners
IAG Team Lead
MH Promotion Workers
Qualified EMHPs
Qualified CYWPs
Parent IAG
EMHPs in-training
CYWPs in-training
Clinical Admin
Central Education Mental Health Team
Hub Managers
Clinical Lead
Operational Lead
Senior Practitioners
Team Leads
Supervisors
MHST South
Practitioners
IAG Team Lead
MH Promotion Workers
Qualified EMHPs
Qualified CYWPs
Parent IAG
EMHPs in-training
CYWPs in-training
Clinical Admin
South Education Mental Health Team

7. SUMMARY OF KEY FINDINGS

After consideration of both qualitative and quantitative data gathered from the variety of sources indicated in the methodology section of this report, several overall themes/findings have emerged.

DATA COLLECTION, QA AND DATA ANALYSIS NEEDS MORE FOCUS AND INVESTMENT.

COMMISSIONING OF EMHT SERVICES COULD BE CLEARER ABOUT HOW THEY SHOULD WORK TOGETHER – PARTICULARLY AROUND THE ROLE OF SERVICE SENIOR LEADS.

THERE IS AN IMBALANCE BETWEEN THE PRIMARY AND SECONDARY OFFERS.

SCHOOL MENTAL HEALTH LEADS ARE KEY TO MAKING THE OFFER WORK.

PARTNERSHIP WORKING IS MAKING A DIFFERENCE.

THE OFFER IS NOT BEING FULLY UTILISED, AND THERE IS SIGNIFICANT VARIATION IN HOW THE EMHT OFFER IS BEING USED.

THE SERVICE IS CONTINUALLY GROWING AND DIVERSIFYING.

SUMMARY OF KEY FINDINGS CONTINUED...

THE OFFER ISN'T EQUITABLE TO ALL CHILDREN AND YOUNG PEOPLE

SPECIAL SCHOOLS AND AEP NEED FURTHER CONSIDERATION

NB: Special schools and AEP were not part of this review, but their needs were highlighted through focus groups and surveys.

BETTER COMMUNICATION OF THE OFFER IS NEEDED BOTH INTERNALLY AND EXTERNALLY.

FUNDING IS NOT BALANCED ACROSS THE OFFER.

SERVICES NEED FURTHER INVESTMENT TO ADEQUATELY MEET DEMAND.

BEST PRACTICE IS WHEN SCHOOLS HAVE ALL PIECES OF THE OFFER WORKING TOGETHER.

CROSS-SERVICE PATHWAY PROCESSES COULD BE IMPROVED

SERVICES WORK ACROSS MULTIPLE LEVELS OF NEED

8. RECOMMENDATIONS

01.

Data collection, quality assurance, reporting, and analysis require further investment. This should include the following:

i. Recruitment of a data specialist/lead to work across the EMHT.
ii. Evaluation of data systems to see if they are fit for purpose.

02.

Commissioning arrangements should better support the development of cross-partnership pathways. It would be helpful to have a designated EMHT SLT with clear job plans to support this role.

03.

The secondary school offer needs further investment and development to bring it on par with the primary offer. This could include the following:

i. Consistent green-level support to be enhanced across secondary schools.

ii. Sustainable funding to be sourced for the existing Wellbeing Clinic offer to be continued and further developed.

iii. Bid for further MHST funding investment to add capacity into existing secondary schools' offer.

iv. Re-evaluation of MHST purpose to better support secondary schools.

04.

Further development and promotion of the Whole School Approach is needed in schools to support and develop Senior Mental Health Leads and ensure the offer is fully utilised. This should include the following:

i. Continued accessible Liverpool WSA training for SMHLs.
ii. SMHLs to be further developed and invested into across all schools.

05.

Development of a single operational model to guide schools on how to engage with external services - with the aim of this model being implemented in all schools.

06.

Staff from MYA and LLP shadow school MHLs to gain a greater understanding of current school culture and challenges. This will inform future training.

07.

Funding arrangements (commissioning) re-evaluated to support the full offer being available to every school.

08.

Continued opportunities for collaboration on specific pieces of work should be identified throughout the year.

RECOMMENDATIONS CONTINUED...

09.

EMHT termly meetings could be used more effectively in secondary schools.

10.

Continued involvement of the LLP staff team to ensure cohesion with schools.

11.

Regular capacity monitoring to be carried out by service leads and shared with EMHT senior leadership.

12.

Further promotion of the offer is needed to inform schools of the benefits of investing into a WSA.

13.

Whilst changes in staffing are sometimes necessary and can be beneficial for sharing expertise, these should be done at set agreed transfer windows rather than ad-hoc.

14.

Continued liaison with schools and services to ensure that needs are known and being met.

15.

Continued advocacy at regional and national forums for WSA activities to be included within the national dataset figures.

16.

Consideration should be given to orange-level interventions in secondary schools. This could include a feasibility pilot of a Seedlings equivalent in secondary schools, more Link Workers to pick up 1:1 cases, or introduction of Senior Practitioners through further MHST investment.

17.

Detailed evaluation of demand across individual schools to be cross-referenced with an audit of EMHTs to ensure the best use of available resources to meet needs.

18.

Consideration of the differing needs of the three geographical areas should be at the forefront of any future development discussions.

19.

Detailed audit of Special schools & AEP Mental Health Provision to ascertain needs and current provision.

20.

Further digital promotion materials (e.g service animations) of the EMHT to be developed and added to the WSA MHL Hub.

21.

EMHT senior leadership meeting and processes for reporting back to teams to be evaluated and further developed.

RECOMMENDATIONS CONTINUED...

22.

Funding for annual cross-service CDP events to be available

23.

Commissioning arrangements for EMHT services should be re-evaluated to ensure that funding is distributed across levels of need and school phases. This could include:

i. Dedicated school-facing mental health promotion worker/s fully funded to support the offer.
ii. Extend the link worker support as part of the offer for secondary schools.
iii. Explore the possibility of schools contributing to a collective fund rather than each school having individual commissioning agreements for Seedlings.

24.

Further investment into the EMHT offer is needed to meet demand – particularly at the orange level. This should take Oxwell findings into consideration and be explored through joint commissioning opportunities.

25.

A cross-partnership EMHT strategy should be developed to diversify approaches and encourage better representation of Liverpool schools' ethnically diverse population.

26.

Further case studies, possibly through digital means, should be compiled to capture best practice in schools and promote the benefits to Headteachers of embedding these approaches.

27.

Collaboration with Headteacher steering groups to find creative ways to encourage and support school leadership to adopt and invest into a WSA.

28.

Further workshops should be arranged to scrutinise the pathway map to ensure that services work more collaboratively throughout the journey of a CYP. These would be aided by the identification/ appointment of a cross-EMHT clinical lead.

29.

Consider a single referral route for all services with an MDT triage to allocate them onto the most suitable pathway.

30.

The Levels of Need model needs revising in line with the interventions being offered – rather than in line with services. Thinking about what a child needs at each level rather than who is delivering it.

31.

Update of the language used on the Windshield model and across marketing and promotion to refer to low/high intensity rather than level.

Review conducted by Kath Fraser-Thompson on behalf of the Liverpool WSA

Please see the full review report for:

- Acronyms
- Review Limitations
- References
- Levels of Need Models - Primary and Secondary
- EMHT Focus Group Thematic Analysis Extracts
- Case Studies

Acknowledgements: