TO: Schools Forum, December 2011

SUBJECT: Emotional Well-being and Mental Health Services for Schools

FROM: Kate Harker – Commissioning Manger, Multi Agency Commissioning

The Schools Forum is recommended to:

- Comment on and endorse the proposed application for DSG to fund emotional wellbeing and mental health interventions in schools.
- Consider and agree the methodology for identifying schools to be involved in this scheme.
- Agree the proposed allocation for school based emotional well-being and mental health interventions in the Academic Years 2011/12, 2012/13, 2013/14

1. Background

Members of the School Forum have raised concerns about unmet emotional well-being and mental health needs within the school setting. It was requested that a proposal for the use of DSG underspend be brought back to the forum for consideration.

2. Context

National Research (Kurtz 1996) estimates the extent of the prevalence of different levels of mental health issues amongst children and young people of any given population. For Warwickshire this under 17's population (112,000 children) the mental health prevalence would equate to the following;

Tier	Universal/Tier 1	Targetted/Tier 2	argetted/Tier 2 Specialist/Tier 3	
	(15%)	(7%)	(1.85%)	(0.095%)
No's of children	17550	8190	2164	111

Currently the 'system of care' that supports mental health difficulties focuses on the specialist element of care (Tier 3) with 'health' funding focused on this area. Specialist CAMHS is funded by the Primary Care Trust as part of a block contract with the Coventry and Warwickshire Partnership Trust. Their role is to work with those children with moderate to severe mental health disorders.

To complement these services the Early Intervention Grant funds a range of services at Tier 2, that offer early intervention to children identified as requiring mental health support. (Appendix A) Although these services have been commissioned to provide the best quality whilst delivering value for money, their coverage does not stretch to all 8,000 children estimated to have moderate mental health/emotional wellbeing issues. Between them these services saw approximately 3300 young people last financial year, which is less than half of the estimated population requiring these services.

With regards to the 17,550 children with mild mental health/emotional wellbeing issues, there are no *specific* services commissioned to meet their needs. It is expected that universal services will be able to work with children with low level issues and help young people and their families to resolve these issues themselves.

3. Targeted Mental Health in Schools (TAMHS)

TaMHS was a three year national pathfinder programme funded through the Department of Children, Schools and Families (DCSF). It aimed to support the development of innovative models of therapeutic and holistic mental health support in schools for children and young people aged five to 13 at risk of, and/or experiencing, mental health problems.

The TaMHS pilot in Warwickshire, which ran for two years, demonstrated that the chosen school based interventions for emotional well-being and mental health had a significant impact on the young people worked with. The pilot was delivered in 3 secondary schools and 7 primary schools, through a mixture of Primary Mental Health Workers Interventions, individual counselling, group work, family work and therapeutic play for the younger children. Interventions were delivered by a mix of agencies, all of which specialised in child mental health services.

The evaluation, carried out by the Educational Psychology Service highlighted a number of benefits of the scheme evidenced by the interviews carried out;

- Access to trained mental health workers in schools supported early intervention and meant
 that many pupils' mental health needs could be addressed before situations become more
 severe, complex or entrenched.
- Staff were able to enhance their understanding of children's mental health needs and what can be done to support them.
- Children and young people who accessed interventions through the project were able to develop a better understanding of their own emotions and feelings, and learnt strategies to help them to become more resilient.
- Participation in the project was seen as contributing to the emergence of a culture shift,
 where staff and families became more willing to discuss issues relating to mental health.

3. The Current Position—2011/2012

National TAMHS funding was not continued into the new Financial Year 2011/12 and although funds have been recycled locally to sustain certain elements of the scheme, specific mental health interventions with children, young people and families within the school setting have not been continued, unless the schools themselves have managed to identify their own funds for this purpose.

4. Utilisation of DSG to Finance Mental Health Support in Schools

With the opportunity of sustained funding, the TaMHS pilot may be replicated to cover all primary schools, utilising the Common Assessment Framework (CAF) process to identify and co-ordinate support for those pupils requiring help to address emotional well-being/mental health issues. When a Common Assessment identifies that a child has such issues, the Lead Professional will be able to access one of a number of interventions best suited to addressing the child's emotional well-being/mental health needs. In addition Mental Health First Aid training will be offered to the appropriate staff in all primary schools so they are able to feel more confident and competent in dealing with emotional well-being type issues.

The Benefits of this project;

Increased knowledge amongst school staff in identifying and supporting pupils with low level emotional problems

Enhanced knowledge about when to refer pupils onto 'in school' mental health provision

Early identification of pupils with emotional well-being issues using the CAF process in order to initiate timely interventions and prevent escalation

Early referral into Specialist CAMHS, when the need for that is highlighted by the Common Assessment or as some stage within the CAF process, including the delivery of early intervention services to address emotional well-being/mental health issues.

Enhanced mental health of pupils receiving interventions.

Contracting Arrangements

A framework contract can be put into place for emotional well-being and mental health interventions from 'preferred' providers that have been vetted and offer good quality services at a competitive, agreed price (identified through the tender process). No resources will be wasted as we will only pay for what we use, none of the providers will be guaranteed any business, but all will have submitted a competitive unit price for their services, through the tendering process.

Interventions will include;

- Mental Health First Aid Training for teachers and support staff.
- Family interventions where parents are willing to engage in a more holistic solution.
- Group work for children with 'difficult feelings', dealing with bereavement, family breakup and anger management issues.
- Thera-play and counselling for individual children.

TaMHS has taught us that these type of schemes need to be offered to 'willing' schools where there is a named member of staff who will 'champion' emotional wellbeing and who will co-ordinate activities. By using the CAF process to 'distribute' these resources we may be assured that the children most in need are getting the services they require. In addition where schools are not using

the CAF process there will be more of an incentive to do so, especially if they feel the child's issues are of an emotional well-being/mental health nature.

Financial Year	Total (inc admin)
2012/2013	Upto £210,000 (300 YP /6 sessions each plus school training and
	admin support)
2013/2014	Upto £210,000

Contract Management

All agencies delivering interventions will be closely monitored and will provide quarterly data about the activity and outcomes achieved in each school, measuring the difference in mental health scores from the beginning to the end of intervention. In addition schools will report on individual pupil's attainment. In this way the schemes impact and value for money may be properly evaluated.

Appendix A

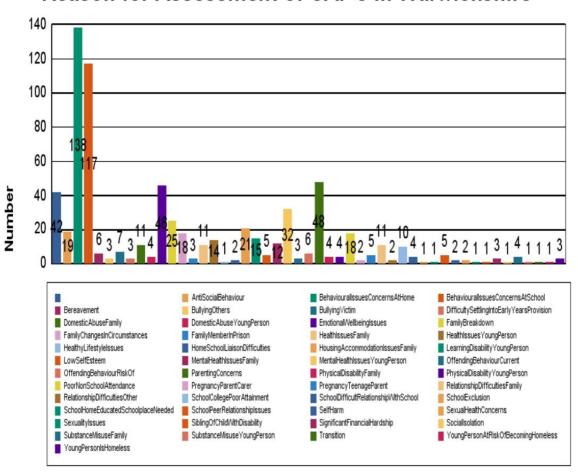
Service	SL A	Details	Annual £ of contract	No of people seen in 10/11
Specialist CAMHS	Y	Provided by Coventry and Warwickshire Partnership Trust as part of a block contract, through the PCT	Approx 3.7 million	2300 apx
Primary Mental Health	Υ	Primary Mental Health Workers	£270,00 0	New Contract Commenced 1 st October
CAMHS LAC	Υ	Targeted mental health service for Looked After Children (partnership tender with Coventry)	£200,00 0	New Contract
Counselling	Υ	Schools/ Community /counselling service provided by Relate	£70,000	373
On line counselling	Υ	Available to any young person who accesses it – provided by Kooth	£70,000	693

Appendix B

CAFs - Since 1/9/10 (when ShareCare, our IMS, went live)

Presenting behaviour at home and school are the predominant triggers but 46 CAFs were initiated specifically as result of identified emotional well being issues and 32 as result of young person's mental health issues (total of 699 records, some CAFs written before 1/9/10)

Reason for Assessment of CAF's in Warwickshire



In terms of the key changes required as identified upon the CAF being written with the YP/family:

Change wanted at time of CAF 140 AchievePersonalAndSocialEducationalStandardsAtSecondarvSchool. 120 AchieveStretchingNationalEducationalStandardsAtPrimarySchool AppropriatePositiveContactArrangementsWithOtherFamilyMembers, AttendAndEnjoySchool ChildAbleToManageOwnAgeAppropriateCareNeeds ChooseNotToTakeIllegalDrugs, 100 DevelopEnterprisingBehaviour. ■ DevelopPositiveRelationshipsAndChooseNotToBullyAndDiscriminate ■ DevelopSelfConfidenceAndSuccessfullyDealWithSignificantLifeChangesAndChallenges. EngageInLawAbidingAndPositiveBehaviourInAndOutOfSchool, HarmonisingNurturingFamilyRelationships, 80 HealthyLifestyles, HouseholdManagement. LearningDisabilityParentCarer, LivelnDecentHomeAndSustainableCommunities, LivelnHouseholdsFreeFromLowIncome. 60 ManagingChildsBehaviour, MentallyAndEmotionallyHealthy, 100 ParentalSelfEsteem 40 PhysicallyHealthy ■ ReadyForSchool, SafeFromAccidentalInjuryAndDeath, SafeFromBullyingAndDiscrimination, SafeFromCrimeAndAntiSocialBehaviourlnAndOutOfSchoo 20 SafeFromMaltreatmentNeglectViolenceAndSexualExploitation, SchoolDifficuttRelationshipWithSchool, SupportToEngageWithCommunityAndServicesToAchieveAutonomy 35 16

131 CAFs identified the key change required as being the YP to be 'mentally and emotionally healthy', which was identified as the key required change more often than anything else.

A total of 2284 CAFs have been written to date, so over 1500 before we were able to provide the needs analysis as above.

757 of those were initiated by primary schools and 427 by secondary schools, a total of 1184 CAFs initiated by schools, 51.8% of the total

Since 1/9/10, 291 CAFs have been written by schools out of a total of 593, ie 49%. However, the overall proportion of school initiated CAFs is rising gradually again due to the loss/reduction of some key services that initiated a lot of CAFs in 2010 and the early part of 2011, particularly Parent Support Advisers and Education Social Work Service.

Overall, out of 237 schools a total of 185 have initiated at least 1 CAF at some stage, of which 150 are primary schools.

All but 2 secondary schools (both in Stratford area, King Edward VI and St Bennedict's RC) have initiated a CAF at some stage, with 26 doing so in 2011)

75 primary schools have initiated at least 1 CAF so far in 2011.