

Wigan CAMHS waiting times

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Presented to: GM Children & Young People's Mental Health Delivery Board

Date: 18th March 2019

Introduction

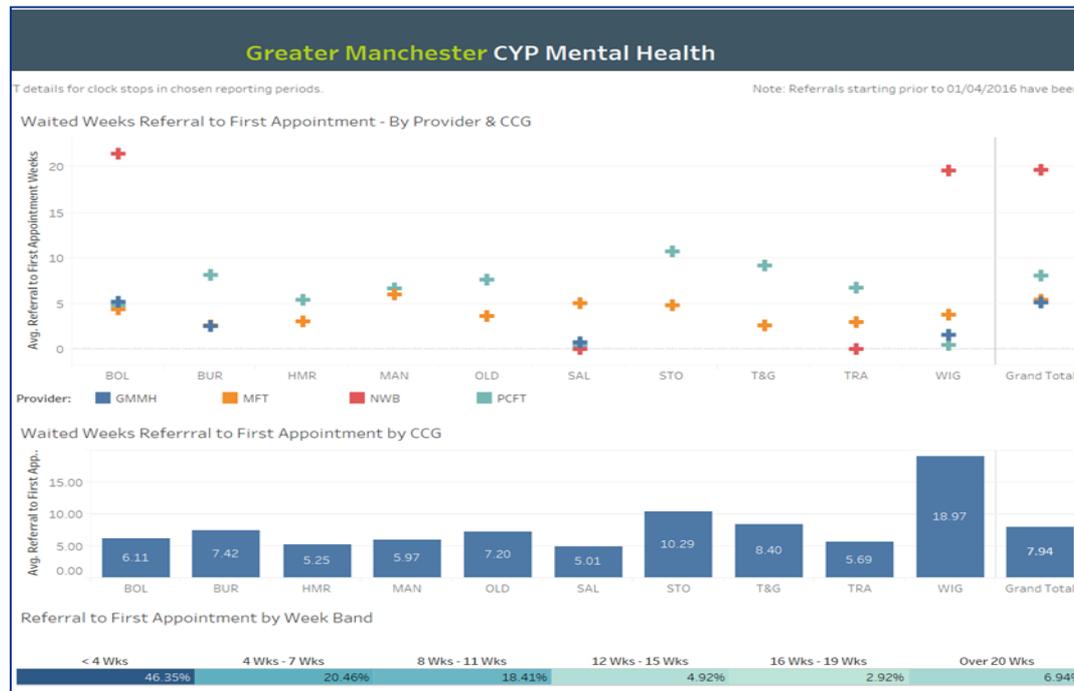
- Background
- Referral to first appointment
 - Current position
 - Improvement plan
- Referral to treatment
 - Current position
 - Improvement plan
- Monitoring and evaluation

Background

- GM commitment that children and young people should:
 - be seen in an initial appointment within 6 weeks of being referred for specialist mental health services, and
 - enter treatment (denoted by 2 appointments) within 12 weeks (a schools term) of referral
- Wigan is an outlier in GM for waiting times for initial appointments and for referral to treatment
- Additional GM funding (£150k)

Referral to first appointment: Current position

Children and young people in Wigan are waiting nearly 19 weeks for their first appointment (Feb 2019)

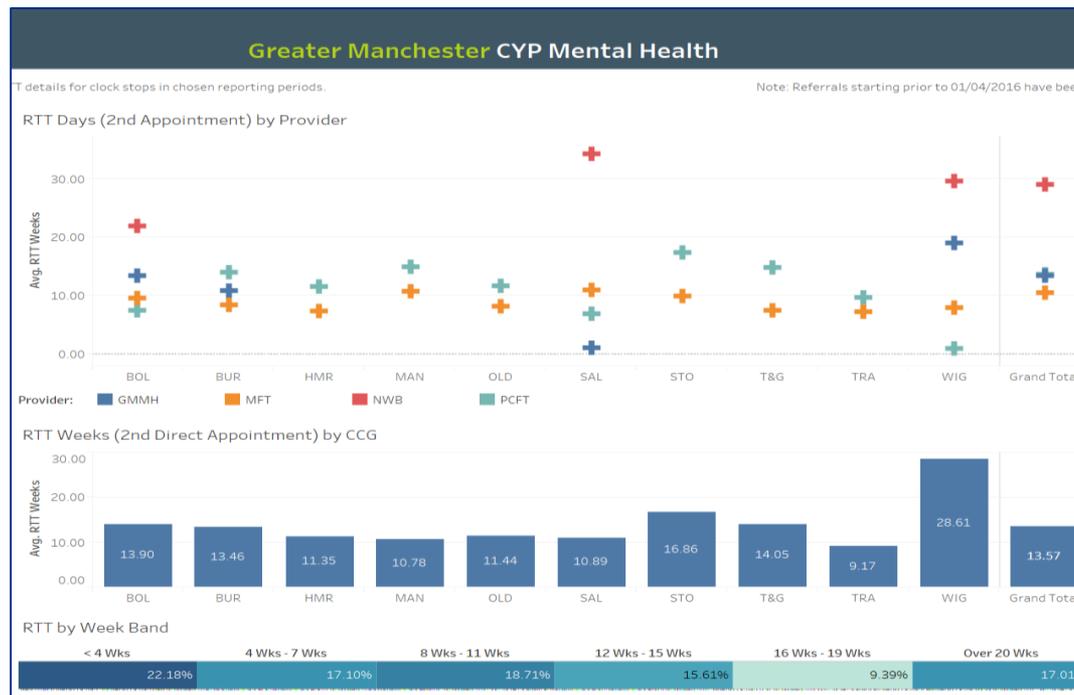


Referral to first appointment: Improvement plan

- **Recovery**
 - Increase capacity in North West Boroughs CAMHS Single Point of Access team
- **Transformation**
 - Productivity – increase assessments by 50% by May 2019
 - Productivity – reduce DNAs
 - Pilot multi agency referral hub from May 2019 with support from consultant Psychiatrist

Referral to treatment: Current position

Children and young people in Wigan are waiting on average just less than 29 weeks before treatment starts at their second appointment (Feb 2019)



Referral to treatment: Improvement plan

- **Recovery**
 - Increase capacity in North West Boroughs CAMHS Tier 2 team
 - Increase capacity in 3rd sector provider – Wigan Family Welfare
- **Transformation**
 - Pilot of psychoeducation support sessions from May 2019 also providing oversight of risk, support to families

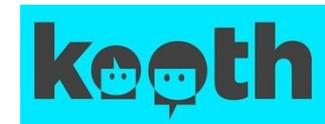
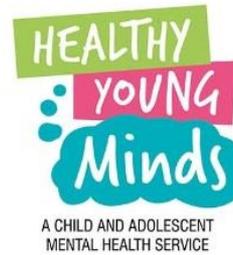
Monitoring and evaluation

- Detailed plan to monitor waiting lists
- Monitor the impact of the improvement plan
- Monitor the impact of wider transformation projects:
 - Wigan's schools link service
 - Rapid Response Team
- Support from the NHSE Intensive Support Team
- Oversee progress locally through Wigan's monthly Future in Mind meetings
- Quarterly update to the GM Children & Young People's Mental Health Delivery Board

Rationale

Trafford has 4 commissioned services that focus solely on children's mental health & wellbeing:

1. Healthy Young Minds (CAMHS)
2. 42nd Street
3. Trafford Sunrise
4. Kooth



We currently have high waiting times for 3 out of 4 of these services.

Healthy Young Minds are seeing an additional investment of over half a million in 19/20.

What do they do:

- Trafford Sunrise provides support for children aged 5-12
- The support is around coping with stress, learning how to relax and promoting emotional wellbeing
- There is a mixed model of 1:1 support and group sessions where they can practice their coping skills and make new friends
- Parent workshops are also held on topics such as anxiety and bullying
- Outcomes are measured using strength & difficulty questionnaires (SDQs)



Trafford Sunrise baseline waiting times

Numbers waiting to be seen	86
Average waiting time for referred children to join a children's group	21 weeks
Average waiting time for children who have accessed individual sessions	26 weeks



Outline of proposal:

- 2 additional groups of 8 children/parents per term (6 sessions each): **an additional 48 children seen in total**
- 25 referrals for individual work to be seen immediately to clear the waiting list plus 8 additional 1-1's per term (6 sessions each): **an additional 49 more children seen in total**
- 2 more parent workshops per term: **60 more parents will be seen in parent workshops**

Therefore a total of **157 additional children/parents** will receive a service from Trafford Sunrise.



What do they do:

- 42nd Street provides mental health support for those aged 13-25.
- Support includes group and 1-1 sessions.
- Also provide 1-1 therapeutic support for those with high functioning ASD
- Types of support include therapeutic counselling, and psychotherapy (at a complex and early help level)
- They use a range of methods to assess outcomes, including Goal Based Outcomes, The Outcomes Rating Scale and Experience of Service Questionnaires

42nd Street baseline waiting times

Numbers waiting to be seen	80
Average waiting time from referral to assessment	11 weeks
Numbers waiting for counselling	33
Average waiting time from referral to treatment	48 weeks
Numbers waiting for psycho-social (early help)	4
Average waiting time from referral to treatment	n/a
Numbers waiting for psycho-social (complex)	30
Average waiting time from referral to treatment	34 weeks

Outline of proposal:

- To increase the amount of Mental health practitioners in 42nd Street.
- One FTE Mental Health Practitioner could complete and an average case load of 80 young people per worker per year.
- Under this proposal 42nd Street could have an additional 2 practitioners and see an additional 160 young people.





Data to be measured

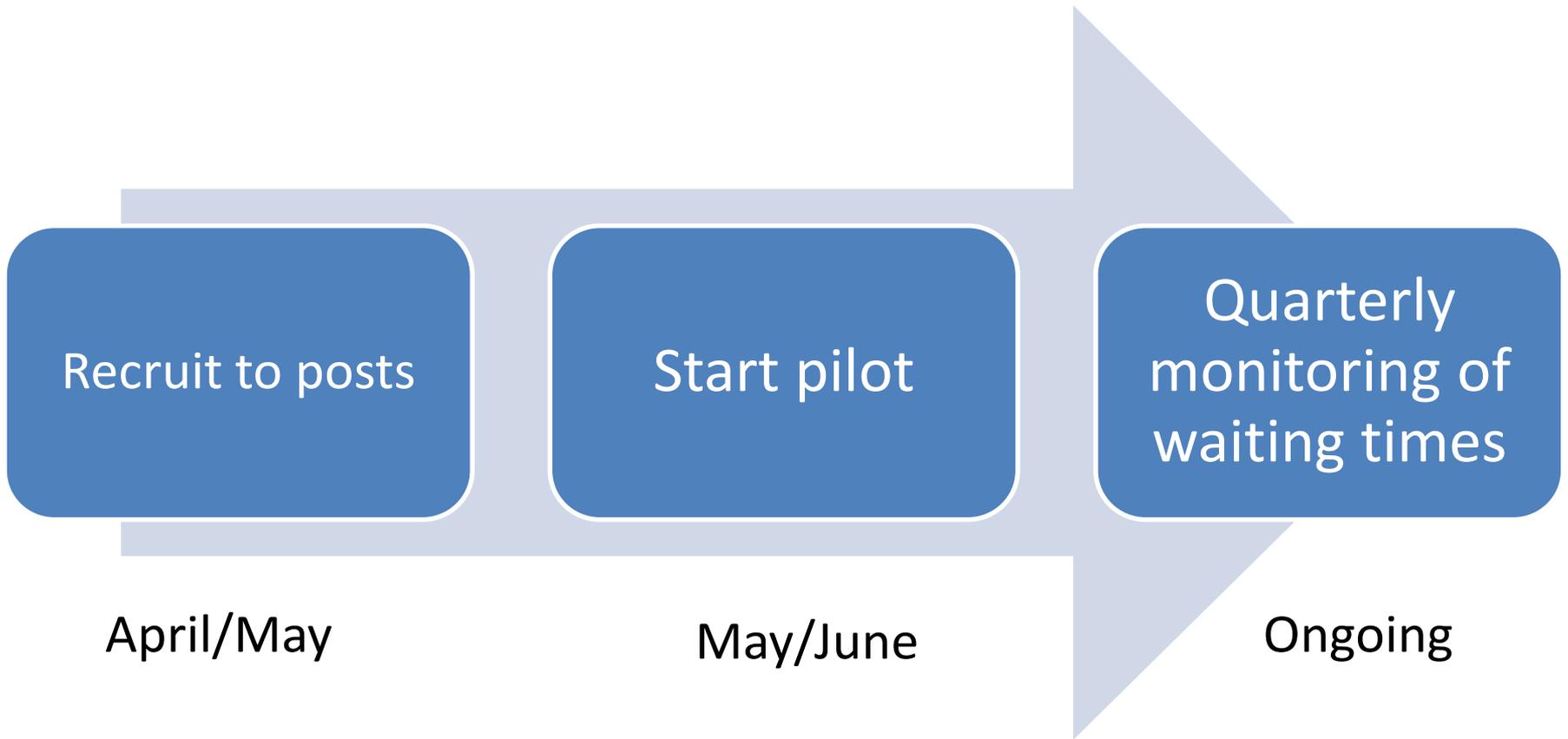
Both 42nd Street and Trafford Sunrise are not currently flowing data to the MHSDS (though 42nd Street have made progress on this). The business intelligence support associated with this project would help with this.

Of the potential baseline metrics that NHSE have developed as part of this pilot:

- Trafford Sunrise have reviewed these metrics and are able to collect data on 10 already, and a further 12 with support.
- 42nd Street are able to report on almost all of the metrics



Timeline For Implementation





MENTALLY HEALTHY SCHOOLS PILOT

Greater Manchester | 2018

Greater
Manchester
Health and
Social Care
Partnership

GMCA GREATER
MANCHESTER
COMBINED
AUTHORITY

NHS
in Greater Manchester

 Alliance
for Learning



 YOUTH
SPORT
TRUST

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FOREWORD



Jon Rouse, CBE
Chief Officer Greater
Manchester Health
and Social Care
Partnership



Dr Sandeep Ranote
Consultant Child
and Adolescent
Psychiatrist and
Children's Mental
Health Lead for
Greater Manchester

We know that for too long the NHS has focused more on treatment than it has on prevention.

Nowhere is this more apparent than in mental health care. When we took charge of the health and care budget here in Greater Manchester, we knew that by having the freedom to make decisions locally, we could be bold in our thinking and ambition.

We knew that setting right the wrongs of years of under-investment in our mental health services wouldn't be simple and that there would be no quick or easy fix. What we did and continue to have on our side, is a passion and willingness for adults, young people and organisations to come together, and work together, to think and create solutions to change both how we thought about care and how this is delivered.

Our ambition for every child and young person to start well in Greater Manchester means that we can't work alone as the health and care service. Working in partnership across the whole public sector and beyond is crucial to getting it right every time for every child. That's why we've been working with schools locally to provide more mental health support and to make sure that this is available when children and young people need it. We don't want to wait for problems to develop or for someone to reach crisis point before something is done.

So, in March 2018, with the support of a number of partners including across the voluntary sector, we rolled out a pilot with over 30 of our schools here in Greater Manchester to help children and young people to look after their emotional health and wellbeing and provide specialist support where needed. In addition to training young people as mental health champions, the pilot has given teachers the advice, training and support they need to help pupils as well as a simpler, easier way to refer into Child and Adolescent Mental Health Services (CAMHS) where needed.

Feedback about the pilot from children and young people, teachers, parents and carers has been overwhelmingly positive. We want to take this feedback, learn from it and see every school, college and place of education deliver this in Greater Manchester. We know there are challenges to making this a reality, not least the funding needed to do so, but we are determined and committed to ensuring this can happen.

This schools pilot is part of a major £134m action plan announced in 2017 to help to transform mental health in Greater Manchester for children and adults. The overall investment programme - the biggest and most ambitious of its kind in the country - aims not only to put mental health on an equal footing with physical health, but to start to deliver our vision of making sure that no child who needs mental health support will be turned away.

10%

of 11-16 year-olds have a diagnosable mental health issue¹



¹Future in Mind, Department of Health (2016)

33%

of 11-16 year-olds have poor body confidence²



²Be Real Campaign (2015)

20%

of 15 year-olds could be self-harming³



³Mental Health Foundation (2017)

92%

of 15-16 year-olds suffer examination stress⁴



⁴Childline (2018)

1 in 4

15 year-olds will have been bullied⁵



⁵Health Survey England (2018)

13%

of 16 year-olds are not in education, employment or training⁶



⁶Public Health England Fingertips (2018)

INTRODUCTION

The Mentally Healthy Schools pilot was commissioned by the Greater Manchester Health and Social Care Partnership to explore new ways of preventing mental health issues in young people through school-based interventions.

They commissioned a collaboration between Youth Sport Trust, Alliance for Learning Teaching School, 42nd Street and Place2Be to explore how their evidence-based approaches could create a whole school approach to improving young people's mental health through developing their physical and emotional literacy and by providing the right training, support and resources for an adult and young person workforce.

Evidence demonstrates the declining physical and emotional wellbeing of young people, and an increasing prevalence of mental health issues. This is particularly the case when facing the increased burden of exam-related stress and anxiety, the prospect of a lack of paid employment or further education and the impact of social media and inactivity. Physical activity and good mental health are linked, as are higher levels of academic achievement and overall wellbeing. Paradoxically, at a time when young people have so much to gain from being physically active, their participation levels are likely to be lower and their stress and anxiety higher.

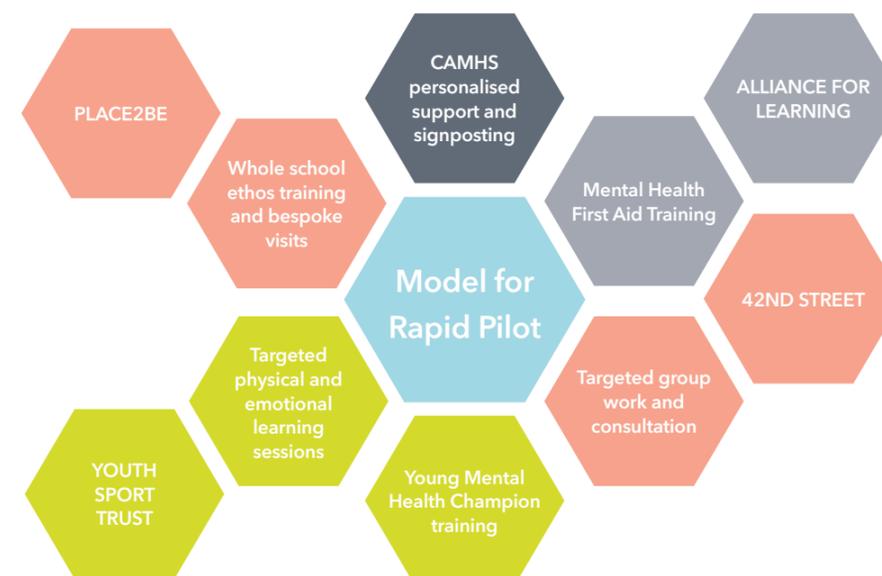
It is well documented that schools are a great environment to influence positive health behaviours and are often the front-line in support for mental health issues. With the Green Paper on Transforming Children and Young People's Mental Health being released there is a call for Clinical Commissioning Groups, CAMHS and Local Authorities to consider unique approaches and commissioning to make change happen and how schools can be better supported and utilised to get to the young people that need support the most.

With the decline in young people's physical, social and emotional wellbeing there has never been a more important time for taking action through an approach such as the Mentally Healthy Schools pilot.

WHAT WAS EVALUATED?

THE APPROACH

The Mentally Healthy Schools Pilot was delivered by a consortium of four partners; Place2Be, Alliance for Learning, 42nd Street and Youth Sport Trust. The pilot offered a complete package of support to 31 schools recruited by Alliance for Learning across Greater Manchester using a whole school, workforce, peer mentor and young people approach whilst considering both their physical and emotional wellbeing as outlined in Future in Mind. **The pilot has created a network of schools that were provided with and supported to deliver the following:**



DELIVERY

Each partner delivered the content and support that they have expertise and a track record in delivering and the evaluation considered how effectively each one of these elements was delivered individually and as a package of support to maximise both the resource available and the impact they had together.

Place2Be	<ul style="list-style-type: none"> • SLT engagement and ethos • Self assessment and gap analysis • Identification of potential target groups
Alliance for Learning	<ul style="list-style-type: none"> • Capacity funding for schools • Mental Health First Aid for middle leaders • Mental Health First Aid for auxiliary staff
Youth Sport Trust	<ul style="list-style-type: none"> • YST Athlete Mentors visits x 2 per school • Resources and learning support for sessions • Training and support for Young Mental Health Champions
42nd Street/Place2Be	<ul style="list-style-type: none"> • One hour group work session • One hour young person led consultation • Signposting and support guidance
Child and Adolescent Mental Health Service	<ul style="list-style-type: none"> • Personalised phone calls and visits • Signposting and support for young people in need • Support for school staff with early identification

WHAT WAS EVALUATED?

PARTNER OFFER

The Alliance for Learning Teaching School (part of the Bright Futures Educational Trust) provided the lead in establishing the network of 31 schools as well as conducting the communications and project management for schools and partners. It used their close relationships with Headteachers and senior leaders which allowed high levels of engagement, quick delivery of the pilot and an ability to intervene when delivery issues arose.

The Alliance for Learning Teaching School were also responsible for Mental Health First Aid (MHFA) Youth training for two middle leaders from each of the 31 schools, consisting of a 2-day course. The aim was to improve their confidence, competence, knowledge and motivation in supporting young people with mental health issues. In addition, Mental Health First Aid Lite training consisting of a half day course for two support staff from each of the 31 schools to become wellbeing champions to support students with their mental health needs.

Place2Be were responsible for Mental Health Champions (MHC) training for school leaders. This aimed to provide training to two school leaders from each of the 31 schools. The training consisted of four workshops and two consultation meetings and aimed to positively change whole school ethos towards mental health. Such training is identified in the Green Paper as an important component in developing a school system that can support students with mental health issues and refer them as necessary to school welfare staff and/or NHS services.

Workshops for secondary students identified by school staff as experiencing anxiety, stress or other mental health issues, or students identified as vulnerable to these issues ("nurture groups") were designed and delivered by Youth Sport Trust (YST) Athlete Mentors and 42nd Street Mental Health Practitioners and aimed to improve confidence and wellbeing and increase awareness of the importance of health. Similar workshops for a whole class of Year 5 primary students were also delivered by Youth Sport Trust (YST) Athlete Mentors and co-facilitated with Place2Be (P2B).

Training of Young Mental Health Champions (YMHC) were designed and delivered by Youth Sport Trust to enable them to act as peer mentors for their classmates. This involved conducting a mental health project of their choice within the schools. Secondary school students were trained by Youth Sport Trust Athlete Mentors and 42nd Street and primary school students were trained by both the Athlete Mentors and Place2Be.

Child and Adolescent Mental Health Services were then on hand to provide the opportunity for school leaders to have follow up conversations where they had specific concerns regarding the mental health of the pupils involved in the pilot or any other issues relating to referrals.

Each school developed a self-assessment and an identified course of action that was addressed through the training, resources and support offered through the pilot.

The evaluation investigated to what extent the approach was effective in its primary outcomes (below) as well as the process used to deliver:

- 1 **Reduction in absenteeism/behavioural instances in designated groups**
- 2 **Increase in staff competence and confidence to support and refer**
- 3 **Changes in self-reported attitudinal data relating to school life**
- 4 **Increased reported happiness / wellbeing / readiness**
- 5 **Impact on wellbeing of designated staff themselves.**

KEY OUTPUTS

With delivery taking place over the course of a four month window, the following key engagement points and outputs were achieved:

31

Schools recruited, engaged, trained and supported

62

Senior leaders received Mental Health Champion training over four sessions

53

Middle leaders received Mental Health First Aid training

60

Targeted school staff received Mental Health First Aid Lite training

450

Year 5 primary pupils participated in two active workshops with follow up support

240

Year 10 secondary pupils participated in two active workshops with follow up support

67

Primary pupils received training to become Young Mental Health Champions

90

Secondary pupils received training to become Young Mental Health Champions

This represents a very high level of engagement and is reflective of the effectiveness of having a ready-made network of schools available through the Alliance for Learning. This infrastructure of schools has been critical to enabling the reach and outputs of the pilot.

KEY FINDINGS

SUMMARY



SCHOOL LEADERS

School leaders reported increased confidence in dealing with students with mental health problems, improved knowledge about how to refer students to specialised services, and increased awareness about the importance of staff health and wellbeing.



MIDDLE LEADERS

Middle school leaders reported enjoying the training and improved attitudes towards mental health.



YEAR 10 SECONDARY SCHOOL STUDENTS

Year 10 secondary school students reported enjoying learning about mental and physical health, the discussions on stress management and meeting the athlete mentors. Outcomes of physical activity, wellbeing and emotional stress and knowledge of mental health support were improved following the workshops. Students reported feeling more confident and discussed many skills which they had learned from the workshops.



YEAR 5 PRIMARY SCHOOL STUDENTS

Year 5 primary school students reported improved confidence, skills and knowledge of mental and physical health. Due to the rapid nature of the pilot it was difficult to fully assess the impact of the programme on wellbeing outcomes. However, there were some indicative signs the programme was impacting on physical wellbeing with a reported increase in activity levels.

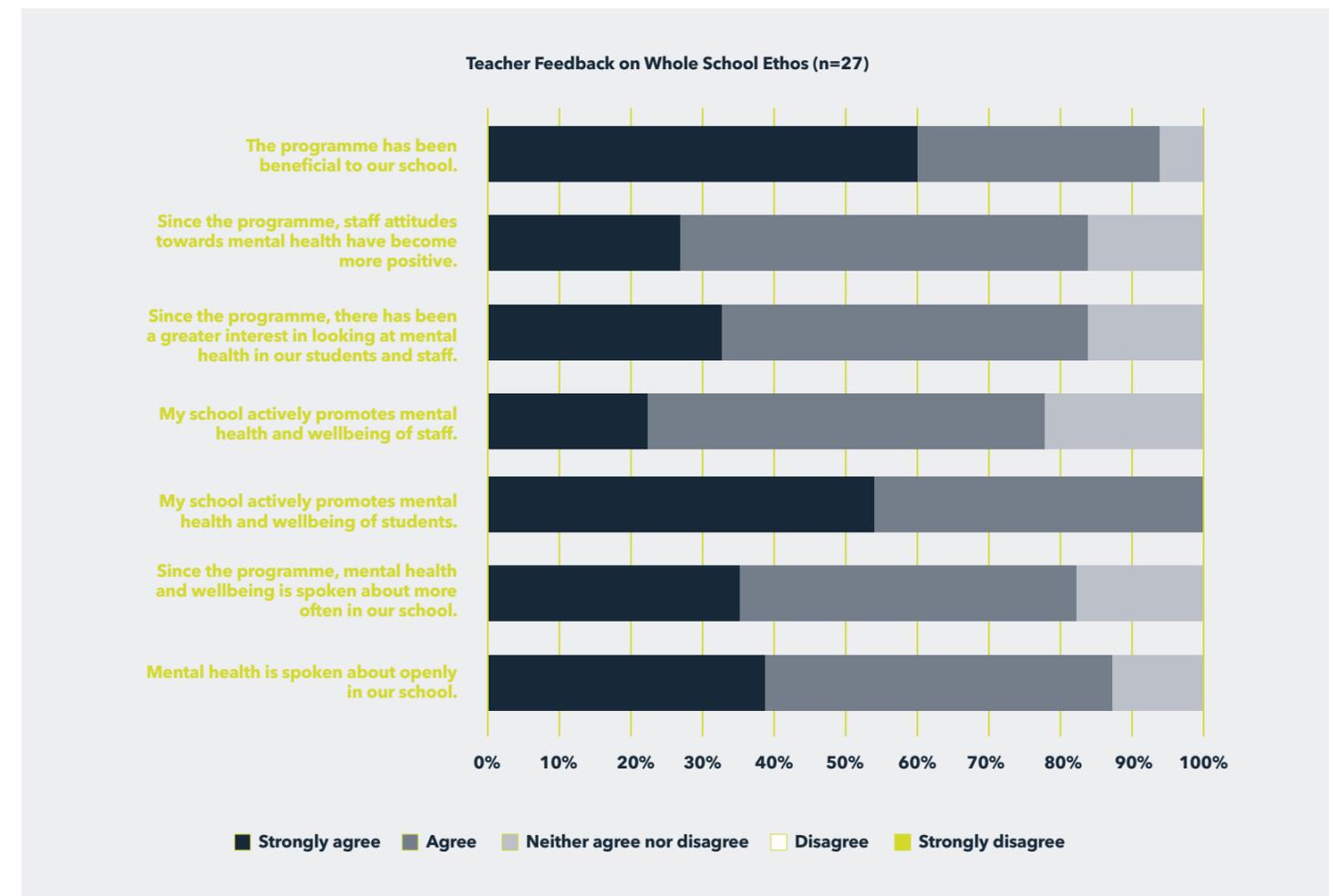


YOUNG MENTAL HEALTH CHAMPIONS

Young Mental Health Champions reported feeling proud and happy about being chosen and enjoyed the training. They felt empowered and optimistic they could make a difference in their schools.

WHOLE SCHOOL IMPACT

School staff reported very positive views about the impact of the programme in their school.



Result of the teacher survey include:

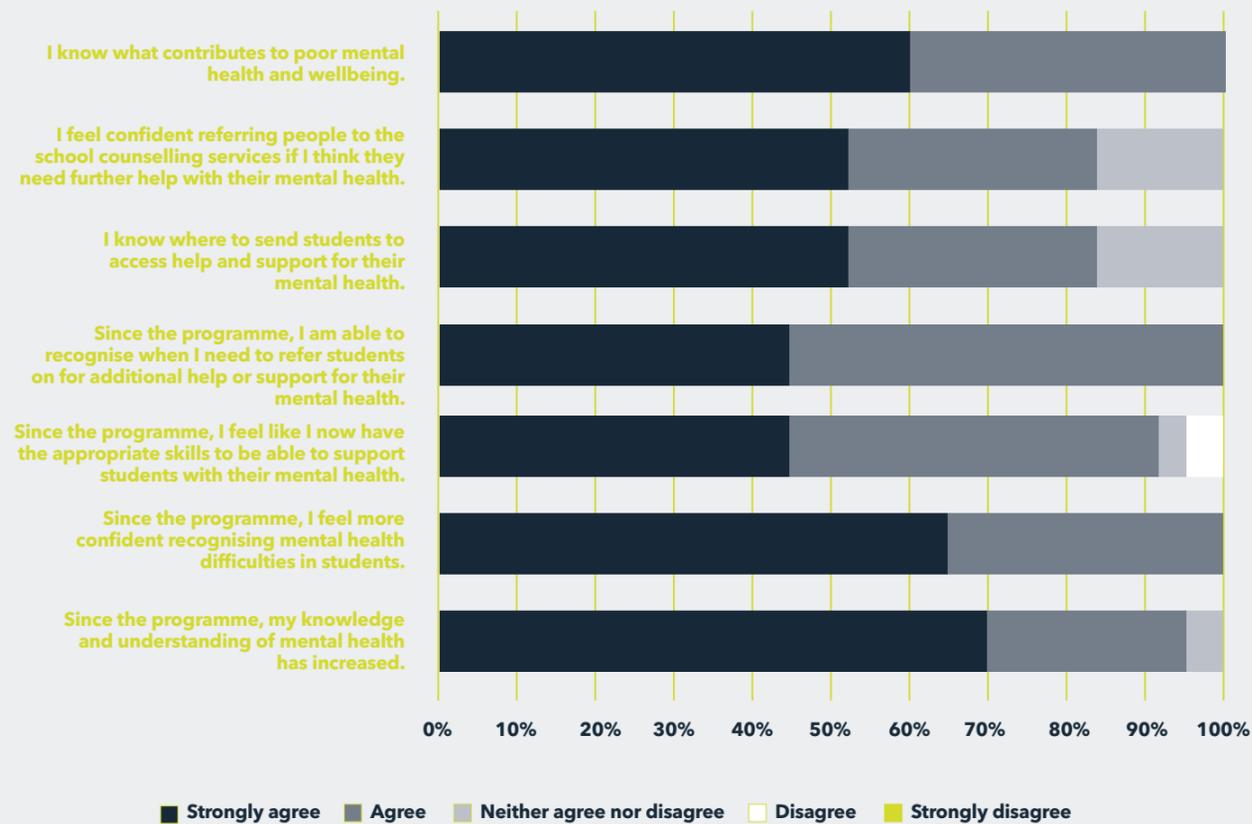
- 96% of staff agree the Mentally Healthy Schools programme has been beneficial to their school
- 82% agree since the programme, mental health and wellbeing is spoken about more often in their school
- 86% agree since the programme there has been a greater interest in looking after mental health in students and staff
- 100% of staff agree their school actively promotes mental health and wellbeing of students

KEY FINDINGS

SCHOOL STAFF IMPACT

School staff also reported increased confidence, knowledge and awareness of mental health following the programme.

Impact of programme on teacher knowledge, understanding and attitudes (n=27)



Result of the teacher survey include:

- Since the programme **100%** of staff are able to recognise when they need to refer students on for additional help or support for their mental health and are more confident to be able to recognise mental health difficulties in students
- Since the programme **96%** of staff have increased their knowledge and understanding of mental health

WORKFORCE TRAINING IMPACT

Feedback from trainers across the different aspects of the programme concluded that both the trainers and the attendees generally enjoyed the training due to the relevant content and ability to engage with a variety of audiences.

1 PLACE2BE

100%

of schools participated in the MHC training programme

100%

attendance rate of 62 senior members of school staff (Head teachers, Deputy Head teachers, SENCOs, safeguarding leads) attended the full course

100%

of schools have completed their self-assessment.

2 MENTAL HEALTH FIRST AID YOUTH AND MENTAL FIRST AID LITE TRAINING

- Attendees at MHFA training reported significant increases to their confidence in supporting young people with a mental health problem and their knowledge/understanding of how to support young people.
 - Confidence increased from an average of **5.7** prior to the training, to **8.8** afterwards for MHFA Lite and **4.4** to **8.6** for MHFA Youth.
 - Knowledge and understanding increased from an average of **5.6** prior to the training, to **8.9** afterwards for MHFA Lite and **4.4** to **8.8** for MHFA Youth.
- In addition, Mental Health First Aid Youth training successfully changed middle leader's perceptions of mental health:
 - **96%** agreed as a direct result of training they would be less likely to judge people with mental health issues negatively.
 - **100%** agreed because of the training they were more likely to consider mental health as a normal part of everyday life.



Extremely beneficial. Allows you to reflect on practice in such a key area. It underpins every learner - a happy, healthy mind"

HEAD TEACHER



This training is really worthwhile; brilliantly delivered, excellent content, a great starting point around whole school mental health"

SENCO



I feel more confident with my knowledge. Feel I could run INSET; motivated; feel I can initiate this positively in school"

SAFEGUARDING LEAD

KEY FINDINGS

STUDENT WORKSHOPS - GENERAL FEEDBACK

Student workshops:

- Positive feedback across all schools with average score of **8.8/10** for the workshops.

Primary school feedback:

89%

of primary students either loved it or liked it.

97%

of primary students reported learning something new.

93%

of primary students would take part again.

98%

found the workshops interesting.

- For primary students the games and activities were particularly enjoyable and engaging. The group activities encouraged teamwork and social cohesion between students, with participants commenting they enjoyed making new friends and learning from other people.
- Meeting the Athlete Mentor was a highlight for students; they were a role model and spoken highly of. Students also enjoyed learning different techniques to keep calm and new techniques to think about their wellbeing.
- The immediate impact of the programme was evident as students tried the techniques they had learnt outside of the workshops. For example, the breathing exercises and meditation.



I ENJOYED IT BECAUSE THIS LESSON HAS MADE ME BELIEVE IN MYSELF AND MADE ME MORE CONFIDENT TO DO MORE THINGS"

PRIMARY PARTICIPANT



IT CAN HELP WITH YOUR BEHAVIOUR... IF YOU'RE USING THE TECHNIQUES A LOT YOU'LL BE A LOT CALMER AND IT CAN CHANGE YOUR BEHAVIOUR."

PRIMARY PARTICIPANT

Secondary school feedback:

- **86%** of secondary students either loved it or liked it.
- **100%** of secondary students learnt something new.
- **95%** of secondary students would take part again.

Secondary students reported learning a lot from the programme and increasing their knowledge, skills and self-belief. Many students learnt that mental health can be good and bad and how mental health can affect people in lots of different ways. They learnt about the importance of looking after their physical health and developing skills to help them increase their confidence and self-esteem.

STUDENT WORKSHOPS - OUTCOMES

Primary school feedback:

- Primary students reported increased levels of physical activity after taking part in the programme.
 - At baseline **38%** of students stated they would be active every day, but this increased to **50%** at the end of the programme.
 - At baseline **26%** of students stated they do more than 60 minutes of activity a day, but this increased to **38%** at the end of the programme.
- Primary students self-reported wellbeing remained consistent from baseline. However, there was a slight increase in their score on the Strengths and Difficulties questionnaire, suggesting they were more aware of their wellbeing issues and confident to talk about them.

Secondary school feedback*:

- Secondary students reported increased levels of physical activity after taking part in the programme, as well as increased positive attitudes towards being active and healthy.
 - At baseline **65%** of students believed it is important to exercise regularly, but this increased to **80%** at the end of the programme.
 - Enjoyment of exercise increased from **59%** to **77%**.
- Secondary students self-reported wellbeing remained consistent from baseline. However, there was a slight increase in their score on the Strengths and Difficulties questionnaire, suggesting they were more aware of their wellbeing issues and confident to talk about them.



*The secondary findings were taken from a low response rate of 39 surveys returned to the evaluation team but reinforced through the case studies and individual interviews held during the workshops. Primary feedback was from 184 students.



I've made Manchester better and all of us together we have all made a massive difference too"

PRIMARY YMHC



I thought it was all about helping other people but realised it is for my benefit too"

PRIMARY YMHC



I like being a health ambassador; my struggles will help me understand others"

SECONDARY YMHC

KEY FINDINGS

YOUNG MENTAL HEALTH CHAMPIONS (YMHC*)

Positive feedback across all schools with an average score **4.4/5** from the YMHCs, and more than **90%** of YMHCs stating they would recommend the role to a friend.

Primary school feedback:

- YMHCs were described as a useful additional source of support and knowledge for students to go to.
- Becoming a YMHC had significant positive impact on young people's confidence, and knowledge of mental health and wellbeing issues. **70%** of YMHCs felt able to talk to their friends about mental health and **88%** can now recognise poor mental health in their peers.
- Prior to the YMHC training, students felt moderately confident with an average score of **6.6 out of 10** (ranging from 1-10). However, following the training, their confidence in the role grew and students reported an average score of **9.5 out of 10**.

Secondary school feedback

- YMHCs were seen as tackling an unmet need for support and students would feel more comfortable talking to them rather than going to a teacher. YMHCs also release the burden on teachers who often appear too busy.
- Feedback from YMHCs was positive with reported impacts on confidence, knowledge and ability to recognise mental health issues.

93%

of secondary YMHCs reported increased knowledge about health and wellbeing

78%

of secondary YMHCs feel like they have achieved something

77%

of secondary YMHCs feel more confident

*YMHC feedback from 93 pupils

CASE STUDIES

CASE STUDY ONE: HOW THE PROGRAMME HELPED ONE YOUNG INDIVIDUAL WITH THEIR OWN MENTAL HEALTH DIFFICULTIES

Primary School in Manchester

Staff Member - Mr Dillon

Occupation - Head Teacher

A head teacher from one of the participating primary schools sent a written narrative of the experiences of one of their students, and the impact it had on his mental health.



A Year 5 student at our school suffers tremendously from high levels of anxiety and incredibly low self-esteem. Last year was a particularly challenging year where access to learning became very difficult. He frequently talked about hearing voices in his head and had a very low mood. He would talk about suicidal thoughts and would talk about what he would do though said he would never do it.

Through his braveness and desire to feel much happier, he has been very open about his thoughts with a couple of school staff. This led to his expressive interest in getting involved in training to be a youth mental health champion/ ambassador with the pilot project. We were happy to get involved as we already work with the Teaching School - Alliance for Learning and trust the quality of anything they are involved with.

All who know this boy would rightfully question whether it was appropriate to have him involved as a 'champion' given his own personal battles but he persevered through the training and seemed to very much enjoy it though he continued to find school and day to day life very challenging.

Understandably, deciding whether to attend the celebration event at the Etihad Stadium was difficult due to the large numbers of new people, the unfamiliar setting and the expectation that full participation would be required. He decided to attend and, on the day, came to school wearing his usual oversized blue hoody. Though this is not true school uniform he has been allowed to wear it as this has been his way of 'hiding' in school. Even during the extremely hot weather during the summer term, the hoody never came off. Upon arrival at the stadium, all students were provided with a black t-shirt to wear.

Without hesitation, he changed into the t-shirt without putting his hoody back over the top. Even when returning to school that day, the hoody remained in his bag. Taking part in the training and the work leading from this has really supported a young boy who will in turn be able to fully support other children in school. Following the event, he presented to the Principal and SLT and has agreed to wear a special champion/ambassadors uniform in school next year.

Without the opportunity to become a youth mental health ambassador, he would not have made the steps forward that he did. His confidence and outlook improved and the message to his peers is that difficulties can be overcome - this is incredibly important. The blend of training was excellent - we particularly enjoyed the MHFA training from Alliance for Learning and the work of the Youth Sport Trust. These two elements have had the most impact on staff and students. We loved the Etihad event too - thanks for involving us!

CASE STUDIES

CASE STUDY TWO: THE IMPACT OF THE PROGRAMME ON STAFF AND THE WHOLE SCHOOL ETHOS AT A SECONDARY SCHOOL

Secondary School

Staff Member - Mr Alli

Occupation - Vice Principal and Pastoral Lead

This Vice Principal describes the impact of the programme on staff and provides positive feedback for the training and the Athlete Mentor from YST.

“ I can only describe the pilot and the MHFA training as eye-opening and enlightening. Despite being steeped in the myriad issues surrounding pastoral care and having a general awareness of mental health issues, the staff who underwent the training were amazed at the depth of the issue. We were able to take so much from the training delivered by the Teaching School 'Alliance for Learning' a detailed introduction to mental health and really useful statistics and practical advice that we have been able to include in our own training sessions.

The billions of pounds lost to mental health issues and workforce absence is astonishing. The MHFA training has focused our Pastoral Team and as a direct result of this training we include mental health specifically in our weekly Pastoral Team meetings. We now have a designated member of staff who is a fully trained counsellor to pick up any concerns or MH issues at an early stage. We feel more confident in identifying MH issues and acting upon them. As a result, we reached to and worked with more students via our early intervention unit 'Ivy Cottage'.

We now have Pastoral Briefings every week where we can discuss MH, alert staff to issues and increase vigilance and awareness around school. This has resulted in a whole school ownership of MH. We also now include the SEND team in our weekly meetings due to the training. I feel it has also made us think more about the 'grey middle' who don't always show the more obvious signs of MH problems. In short, it has made us take nothing for granted. The training also made us look at staff needs and the effects of an incredibly stressful job on us as staff. CPD has been tailored to staff wellbeing with a real drive on our team.

There has been a palpable impact with a staff BBQ and other social events. I really feel there is more of an emphasis on team work and solutions rather than the 'toxic staffroom' and culture of complaining that some schools have. The athlete mentor from Youth Sport Trust also had a huge impact on our students. He was enthusiastic, outgoing and incredibly funny and the students took to him straight away. To have such a streetwise and successful mentor was a real boost to our chosen students. I observed several of the sessions and I saw students' confidence growing before my eyes.

They were really keen for the follow up sessions to come around. We couldn't attend the Etihad event because it clashed with our Sports Day. We were disappointed to miss out on this especially when the feedback from the schools that did attend was so positive. I have to say that we, as an Academy, feel that the pilot has been a huge success and we would like to see it continue and develop.

RECOMMENDATIONS

The evaluation made several recommendations that will help to shape any future delivery and inform the creation of a model for the delivery of the Green Paper, Transforming Children and Young People's Mental Health, objectives.

Many of these are based on the feedback the partners received through the delivery of the pilot but have been added to through the direct feedback and surveys conducted through the training and formal evaluation.

- 1 For future training, ensure each setting is organised and ready to receive the training and allocate enough time for planning and arranging the training event/workshop.
- 2 For improving success and enjoyment of workshops, ensure students are fully aware of why the workshops were taking place as some young people did not understand the link between physical and mental health and why an Athlete Mentor was delivering the workshops.
- 3 The impact on whole school was limited due to the short time-frame of the rapid pilot. Despite this, students felt hopeful and optimistic that it will help change things in the future in their school, suggesting further investment into the programme would ensure early momentum from this pilot is continued into future academic years.
- 4 Consider running sessions at start of academic year to ensure sufficient time and motivation to implement any changes.
- 5 Consider training YMHCs at an earlier age than Year 5 to enable young people to do the role for longer than one year and embed the process in schools. Alternatively, consider a peer mentoring model to enable the older YMHCs to train up younger cohorts to ensure lasting impact.

RECOMMENDATIONS

6

Allow more time for trainers across different organisations to work together and plan activities for the sessions.

7

The training and workshops should be adapted for different schools and environments depending on the needs of the school (e.g. SEN schools, PRU).

8

A designated contact person should be put in place in each school and engaged early in the delivery of the programme to ensure the programme runs smoothly and all organisations have a point of contact. Clear timetables, schedules and preparations should be made for trainers and facilitators.

9

The evaluation team should be engaged early before the beginning of the programme. Clear procedures for assessing the delivery and impact of each component of the programme need to be in place and communicated with the training organisations, trainers and schools before the start of the programme.



CONCLUSIONS

It is evident that the Mentally Healthy Schools pilot, the resources, training and workshops and general communication and support from the partners was highly valued by teachers, schools and young people despite the limitations of the timescales and rapid delivery.

Schools are places of education and have limited capacity or resources to deal with the evident decline in pupil wellbeing and mental health, therefore they value the additional support and access to expertise and programmes. This approach gives school leaders time to think, to understand and to take action with the added value of inspirational training and innovative approaches to engaging young people.

It also places a huge value on mobilising young people as mentors, activists and influencers. It places the voice of young people at the heart of what schools provide to improve the physical and emotional wellbeing of young people and allows them to create a positive ethos of wellbeing across the whole school.

It is evident that this type of partnership approach to addressing the physical and emotional wellbeing of young people is an effective mechanism for longer term change. This approach also addresses mental health issues arising from low level stress and anxiety which can, undetected, manifest themselves as mental health issues in later life.

There is much to be learnt from the Mentally Healthy Schools rapid pilot that provides a holistic approach to many of the challenges laid out in the Transforming Children and Young People's Mental Health Green Paper. Whilst the objectives of the Green Paper will help to address the shortfall in services and getting the right support to the right young people, the pilot has demonstrated that a more sustainable and transformative approach can improve outcomes from young people in the longer term.

This is a summary report based on an initial independent evaluation by the University of Manchester:

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**Greater Manchester
Mental Health**
NHS Foundation Trust

Greater Manchester Mental and Emotional Health and Wellbeing in Education Settings Standards 2018-2023

Introduction

We know that our mental health and wellbeing are vital to our ability to thrive and achieve. One in ten young people has some form of diagnosable mental health condition, and we know that children with a mental health problem face unequal chances in their lives, particularly where childhood mental health issues continue into adulthood. *

We want children and young people to get the best out of their years in education and achieve their academic potential growing into emotionally strong and resilient adults.

In 2015 the Department of Health and NHS England published Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing. This strategy outlined a national ambition to dramatically improve children and young people's social emotional mental health by 2020. It urges whole systems to work together and identifies the opportunity that education settings provide for achieving this ambition, including the recommendation that those who work with children and young people are trained in child development and mental health, understand what can be done to provide help and support for those in need and develop a whole school/college approach to promoting mental health and wellbeing.

In December 2018 the government published a green paper on 'Transforming Children and Young People's Mental Health Provision'. The paper further extended the government's commitment to deliver on the ambitious vision set out in 2015's Future in mind and 2016's Five year forward, and set out their ambition to go further to ensure that children and young people showing early signs of distress are always able to access the right help in the right setting, when they need it.

As part of the next steps in the reforms the government has agreed to support the following three key *elements*:

- 1. We will incentivise every school and college to identify a Designated Senior Lead for Mental health to oversee the approach to mental health and wellbeing. All children and young people's mental health services should identify a link for schools and colleges. This link will provide rapid advice, consultation and sign posting.*
- 2. We will fund new Mental Health Support Teams, supervised by NHS children and young people's mental health staff, to provide specific extra capacity for early intervention and ongoing help. Their work will be managed jointly by schools, colleges and the NHS. These teams will be linked to groups of*

primary and secondary schools and to colleges providing intervention to support those with mild to moderate needs and supporting the promotion of good mental health and wellbeing.

- 3. As we roll out the new Support Team, we will trial a four week waiting time for access to specialist NHS children and young people's mental health services. This builds on the expansion of Specialist NHS services already underway.*

We know that half of all mental health conditions are established before the age of fourteen with 75% developing by the age of 25 and we know that early intervention can prevent problems escalating and have major societal benefits. Informed by widespread existing practice in the education sector and by a systematic review of existing evidence on the best ways to promote positive mental health for children and young people, we want to put schools and colleges at the heart of our efforts to intervene early and prevent problems escalating.

GM Mentally Healthy Schools Pilot and current locality based mental health provision

Following the publication of the Green Paper 'Transforming Children and Young People's Mental Health (Dec 2017), it was agreed that Greater Manchester Health and Social Care Partnership (GMHSCP) would deliver a 6 month rapid pilot at pace to provide additional mental and emotional wellbeing support to children and young people across the region.

The Green Paper establishes a clear ambition to develop the workforce and ensure senior leaders are committed to creating a positive environment for mental health in schools and that young people are quickly supported and signposted into additional services. It also lays out the need for mental health leads that target resource and intervention for those that need it most and start to create a prevention philosophy in their school. (Youth Sport Trust).

A key component of the programme was to deliver a pilot which linked to Green Paper and demonstrated reform 1

'We will incentivise every school and college to identify a designated senior lead for mental health to oversee the approach to mental health and wellbeing.

Our Goal

Our Ambition

Mental and emotional health and wellbeing in Education Settings (Indicators of good practice)

This paper contains the standards for the delivery of the programme which include:

1. Our principles
2. Our commitment to the development of effective standards for Mental Health in Education Settings across GM
3. The standards for the development and delivery of emotional wellbeing health and support across GM.

Our commitment to development of GM Standards for Mental Health in Education Settings

The Greater Manchester (GM) standards for Mental Health in Education Settings will include

1. Development and monitoring of these standards
2. Co-ordinate GM wide training to support local providers and commissioners with the involvement of service users.

Standard 1: Staff Development, health and well-being

Element	Comments
<ul style="list-style-type: none"> • Staff are supported in relation to their own health and wellbeing and to be able to support student wellbeing 	
<ul style="list-style-type: none"> • All Staff should be provided with CPD opportunities around mental health and teachers should have a working knowledge and understanding of mental wellbeing - this can impact on their classroom management and to help them promote an inclusive classroom which promotes resilience and supports learning 	
<ul style="list-style-type: none"> • There is a clear commitment to staff emotional health and wellbeing 	
<ul style="list-style-type: none"> • Specific and regular training enables staff to support their own, pupils/students and others EHWB 	
<ul style="list-style-type: none"> • All staff are supported in managing the wellbeing needs of pupils/students and others are actively included in wellbeing discussions 	
<ul style="list-style-type: none"> • Use of a wide range of e-learning platforms 	
<ul style="list-style-type: none"> • Training is provided to staff so that they have the knowledge, understanding and skills to deliver a curriculum that effectively integrates the development of social and emotional skills within subject areas. 	
<ul style="list-style-type: none"> • Training is provided to staff to support children and young people's social, emotional and psychological wellbeing. This includes identifying and signposting around the early signs of anxiety, emotional distress and 	

behavioural problems (including primary school children) using Shared Decision Making as part of the THRIVE model.). Staff have capacity in the education setting in order to assess whether a specialist should be involved and can make an appropriate request using the graduated response	
<ul style="list-style-type: none"> Support is provided to enable staff to reflect on, and take actions to enhance, their own wellbeing and by promoting a work-life balance for staff. 	
<ul style="list-style-type: none"> The workplace charter provides a set of national standards for workplace health (including mental health) (www.wellbeingcharter.org.uk). 	
<ul style="list-style-type: none"> A system is in place for assessing and monitoring the mental wellbeing of staff as part of professional development and performance reviews. This includes using staff attitude surveys, open conversations to provide feedback and investment in training. 	
<ul style="list-style-type: none"> Supervision is in place for staff, linked to educational/clinical psychology input (where possible) 	

Standard 2: Management, Leadership and Governance

Element: Management, Leadership & Governance	Comments and Evidence
<ul style="list-style-type: none"> The school or college providing visible senior leadership for emotional health and wellbeing that includes i-THRIVE for both staff and students 	
<ul style="list-style-type: none"> There is a named Senior Emotional Well-being Lead in every Education setting who promotes EHWB for all and leads a team of staff to disseminate and implement EHWB to all 	
<ul style="list-style-type: none"> Emotional and mental well-being is recognised priority in the education setting development plan and there is an understanding of the impact on wider outcomes 	
<ul style="list-style-type: none"> The school can demonstrate an active involvement in ensuring the emotional and mental well-being of all the school community is recognised and supported 	
<ul style="list-style-type: none"> The school has policies and procedures in place which reflect both local and national guidance which are integrated into the schools/college practical procedures which includes the principles of THRIVE. 	
<ul style="list-style-type: none"> Senior leadership ensure efforts to promote emotional health and mental wellbeing are accepted and embedded within the school or college 	
<ul style="list-style-type: none"> An emotional health and mental wellbeing policy for all children and young people and staff has been developed using a whole school/college approach. (This should reflect national policy and guidance, THRIVE and include how mental health is dealt with in the 	

school/college, how it is taught, and guidance for staff when dealing with mental health issues).	
<ul style="list-style-type: none"> There are clear lines of accountability to Governors around Emotional Health and Wellbeing and Governors understand their role in challenging and championing emotional health and mental wellbeing issues, and support this agenda. 	
<ul style="list-style-type: none"> There is commitment from SLT and Governors to address social, emotional and mental wellbeing which is referenced in school or college improvement plans. Pupils/students, staff and parents are involved in developing policies (such as; personal, social, health and economic (PSHE) education; social, moral, spiritual and cultural (SMSC) education; behaviour and rewards) so that they remain 'live' documents that are reviewed and responsive to the evolving needs of the school/college community 	
<ul style="list-style-type: none"> There is clear understanding and knowledge of the external support services that are available to provide additional targeted mental health based on the THRIVE model 	
<ul style="list-style-type: none"> The quality assurance framework for commissioning emotional health and well-being services has been implemented to ensure school /college commissioned external support services are: <ul style="list-style-type: none"> Safe and effective Employ qualified practitioners Value for money and minimise risk to the school or college 	

Standard 3: School/College Ethos and environment

Element	Comments
<ul style="list-style-type: none"> The school or college's culture promote respect and value diversity and recognise the need to consider the impact/effect of Emotional Health and Wellbeing in those with protected characteristics 	
<ul style="list-style-type: none"> There is a clear and shared vision across the school/college community of the importance of promoting positive emotional health and well-being 	
<ul style="list-style-type: none"> The school promotes good emotional health of all children and young people and how to keep them well 	
<ul style="list-style-type: none"> The school/college will take into consideration the impact of the physical school environment considering an EHWPB ethos. To include consideration of space for time out for mental wellbeing, messaging around school/college, mental first aid stations etc 	
<ul style="list-style-type: none"> The school/college promotes good emotional health of all children and 	

young people and can demonstrate how it keeps them emotionally well.	
<ul style="list-style-type: none"> The senior leadership team provides clear leadership to create and manage the physical, social and emotional environment as these impact on staff and pupils/students emotional and mental health wellbeing 	
<ul style="list-style-type: none"> There is a safe environment which nurtures and encourages young people's sense of self-worth and self-efficacy, reduces the threat of bullying and violence and promotes positive behaviours and embeds Shared Decision Making. 	
<ul style="list-style-type: none"> There is a culture of inclusiveness and communication that ensures all staff and young people's concerns can be addressed (including the concerns of those who may be at particular risk of poor mental health). 	
<ul style="list-style-type: none"> There is dedicated staff training, sign posting information (staff and students), PSHE/Tutorial and library resources and targeted mental health campaigns (including tackling stigma and discrimination). 	

Standard 4: Curriculum, teaching and learning

Element	Comments
<ul style="list-style-type: none"> What focus is given within the curriculum to social and emotional learning and promoting personal resilience, and how is learning assessed? 	
<ul style="list-style-type: none"> The school/college should have a comprehensive personal, social and emotional health and well-being 	
<ul style="list-style-type: none"> All staff should develop an environment that promotes Emotional Health and Wellbeing and which enables all children and young people to learn. 	
<ul style="list-style-type: none"> Schools/colleges' teaching and learning policies should reflect an inclusive and graduated response model which enables all C&YP to learn with Shared Decision Making at the heart of it. 	
<ul style="list-style-type: none"> There are extracurricular opportunities for C&YO to support their wellbeing 	
<ul style="list-style-type: none"> Wellbeing is a key driver across the education setting and this is reflected in policies, the emotional experience of learning is recognised. Social and emotional skills development are integrated within all subject areas (these skills include problem solving, coping, conflict management / resolution and understanding and managing feelings). 	
<ul style="list-style-type: none"> The curriculum promotes positive behaviours and successful relationships and helps reduce disruptive behaviour and bullying. This includes targeted programmes and interventions which: <ul style="list-style-type: none"> Ensure implementation of high-quality programmes and 	

<p>interventions</p> <ul style="list-style-type: none"> ▪ Integrate this learning into the mainstream processes of school or college. 	
<ul style="list-style-type: none"> • 	
<ul style="list-style-type: none"> • Personal, social and health education (PSHE) and sex and relationships education (SRE) are embedded across the curriculum and culture of the organisation. The school/college's approach seeks to build emotional skills as well as knowledge, and parents are involved. 	

Standard 5: C & YP Voice

Element	Comments
<ul style="list-style-type: none"> • How does the school or college ensure all students have the opportunity to express their views and influence decisions? 	
<ul style="list-style-type: none"> • All C& YP are actively involved and can access high quality professional support to manage their own EHWB. 	
<ul style="list-style-type: none"> • There are clear systems in place around shared decision making 	
<ul style="list-style-type: none"> • All C&YP are actively included and involved in managing their own EHWB and in supporting the wellbeing of others 	
<ul style="list-style-type: none"> • The senior leadership team recognise children and young people have a powerful voice in learning, decision making, peer led approaches and development of strong social networks (regardless of age and ability). 	
<ul style="list-style-type: none"> • There are a variety of strategies in place to ensure all children and young people are able to contribute to decisions individually or collectively that may impact on their social and emotional wellbeing (regardless of age and ability). 	
<ul style="list-style-type: none"> • Young people and staff work in partnership to formulate, implement and evaluate organisation-wide approaches to promoting social, emotional and mental wellbeing 	
<ul style="list-style-type: none"> • Children and young people are actively engaged in discussions about emotional health and mental wellbeing provision in their school or college. 	

Standard 6: Working with Parents and Carers and Community

Element	Comments
<ul style="list-style-type: none"> • The school or college work in partnership with parents and carers to promote emotional health and mental wellbeing as appropriate. 	
<ul style="list-style-type: none"> • All students and, where appropriate, their parents or carers (including adults with responsibility for looked after children) are engaged in 	

genuine participation, including pupils / students whose families may feel blamed or stigmatised.	
<ul style="list-style-type: none"> Parents are provided with information about the school's/college's policies on promoting social and emotional wellbeing and preventing mental health problems. 	
<ul style="list-style-type: none"> Parents, carers and other family members living in disadvantaged circumstances are given the support they need to participate fully in activities to promote social and emotional wellbeing. This should include support to participate fully in any parenting sessions, for example by offering a range of times for the sessions or providing help with transport and childcare. This might involve liaison with family support agencies. 	

Standard 7: Identifying and Monitoring Impact

Element	Comments
<ul style="list-style-type: none"> How does the school or college assess the needs of students and the impact of interventions to improve wellbeing? 	
<ul style="list-style-type: none"> Evidence based outcome and experience measures are used to assess pupil emotional and mental wellbeing (including identifying those who need extra support) outcomes and measuring impact. 	
<ul style="list-style-type: none"> The school/college engages parents and carers to understand the importance of EHWB and how to support their own child's EHWB. 	
<ul style="list-style-type: none"> A systematic measure is used to assess pupil/student emotional health and mental wellbeing (including identifying those who need extra support). Assessment outcomes are used as the basis for planning activities and measuring impact 	
<ul style="list-style-type: none"> Data is used effectively to monitor and act on changes in pupils' patterns of attainment, attendance or behaviour. 	
<ul style="list-style-type: none"> There is an effective pastoral system so that at least one member of staff (e.g. a form tutor or class teacher) knows each pupil/student well and can spot where changes in behaviour may have a root cause that needs addressing. 	
<ul style="list-style-type: none"> Understanding of pupils' needs is used to inform commissioning decisions at school / college level or across school clusters. 	
<ul style="list-style-type: none"> The impact of any support that is put in place is monitored and recorded as per the graduated response 	

Standard 8: Co-ordinated Support

Element	Comments
<ul style="list-style-type: none"> How does the school or college ensure timely and effective identification of students who would benefit from coordinated support through Shared 	

Decision Making and ensure an appropriate graduated response is in place?	
<ul style="list-style-type: none"> The school/college commissions a variety of interventions including evidence based interventions to address need 	
<ul style="list-style-type: none"> There is effective use of the multi-disciplinary workers who interface with the school/college community ensuring that referral processes to specialist teams and effective interventions are provided based on Shared Decision Making 	
<ul style="list-style-type: none"> Specific help is made available for children most at risk (or already showing signs) of social, emotional and behavioural problem with a clear multi agency plan of support to reduce exclusions 	
<ul style="list-style-type: none"> Children who are showing difficulties in managing emotions or behaviour are identified and assessed, using joint problem solving through the Assess-Plan-Do-Review process with the child and their parents/carers and other professionals. An action plan is agreed as the first stage of a graduated response and more intense evidence based work is provided on social and emotional skill development according to the child's needs. 	
<ul style="list-style-type: none"> The need for additional external agency involvement is considered through: Assess-Plan-Do-Review cycles e.g. consultation or targeted support using Shared Decision Making 	
<ul style="list-style-type: none"> Young people receive clear and consistent information about the opportunities available for them to discuss personal issues and emotional concerns. 	
<ul style="list-style-type: none"> Availability of pastoral care and support is well known and easy to access. 	
<ul style="list-style-type: none"> Transitions between settings are planned and have clear communication in place where a need is identified 	

Note:

Young People's Health Working Group

27/06/19

The session was attended by 4 young people, 3 representatives of Mahdlo a youth charity in Oldham, a 42nd Street co-ordinator, Al Ford and Ann Hambleton of GMHSCP. The group were asked to discuss the MHiE school standards with a view to updating these to incorporate the views of the young people and to then review the wording to ensure young people could quickly and easily engage with them. The group ran over time so only Standards 1, 2, 5 and 7 were discussed.

Mental Health School Standards: Review each of the eight standards

- Are these right?
- Are we looking for the rights things?
- If things are going well in school (and they are implementing the standards) what activities/ what would the school offer/Mental Health School Standards: Review each of the eight standards (EH & AF)

Standard 1: Staff Development, health and well-being

- All staff (Teachers and NHS Staff) should go on the Mental health 1st aid course so they can recognise the first signs of someone who is struggling
- Also consider Street wise and tod minds
- Unless they've got basic skills to work with young people (Voice of the child) respect young people, training isn't enough
- Could also train care takers, canteen staff as they have that knack of speaking to kids in different ways
- Anyone who gets the training must opt in not be told to go on it, they must want it.
- Train young people as well – many would go to another young people, but they may not be equipped to deal with these sorts of situations, the training could help them help a friend or help younger pupils' transition
- There could be regular training to update on current issues in MH or in the school.
- Could help with teachers who are scared of dealing with MH issues. If teachers feel scared they look scared (MHUK Oldham consultation) They need to be confident and know what they're doing.
- Some teachers will spot signs but would refer and pass it on so there needs to be clear routes to use.
- Elearning platforms most you just flick through – you could get the basic information and advise on there and then go on to f2f training, you could also add in bit of tasters for the training or emerging issues. This would need to be very clear on what to do for the next step – referral pathways – thoughtful manner
- A lot of time getting information is left to the young people with MH issue, they often just want someone to talk to (Oldham consultation) anxious
- Other options could include:
 - Theatre workshop - youth council, 3 characters - looking at teachers
 - Brew club - nice room and friendly setting and want that space in school as well not a clinical room, safe space retreat

Standard 2: Management, Leadership and Governance

- MH is not a priority in schools it's about grades for most schools.
- Most look like they have a support network but it's usually one teacher that maybe went on a course in 2008.
- They won't know how to follow through on the standards and they won't work out of hours for MH.
- If the Teachers don't have the trust of the young person, they won't speak to them
- Some schools are good once they know you have a problem, but they won't go to you and just ask 'are you OK?' you must go to them
- Parents and carers should go to one of those sessions as well, they just see stroppy teenagers, but the parent or carer could be the problem
- Society needs to change to get people away from assuming there's not an issue and its just stroppy teenagers.

- It's wider than schools there's a universal judgement, there needs to be a message to society to keep a look out, young people having mental health issues is not just hormonal.
- It doesn't matter if you've got a high performing school or one that's struggling MH issues don't discriminate.

Standard 3: School/College Ethos and environment

The group didn't have time to review this standard.

Standard 4: Curriculum, teaching and learning

The group didn't have time to review this standard.

Standard 5: C & YP Voice

- In schools' decisions are made by YP that are well behaved or teacher's favourites, how is that representative? Do they ask the rest of the pupils their opinion, they may have the option to do that but?
- Most schools vote on HB and HG but it's not about popularity, it's about how they can represent the rest of the school
- School councils are usually the golden children, they get to go into the staffroom, they're the ones the teachers like so the majority of YP haven't been able to say how the school should be run.
- It's tokenistic and not true youth participation or youth voice
- They shouldn't be elected bodies and encouraged by the staff, but it must have realistic goals, or it may not be able to act on what the YP are saying. They should start small to gain confidence and trust.
- MH week is an opportunity to say something about MH in every school even if it's just a suggestion box, a Youth voice box or Instagram

Standard 6: Working with Parents and Carers and Community

The group didn't have time to review this standard.

Standard 7: Identifying and Monitoring Impact

- If it worked you probably wouldn't have known what the outcome would be in the first place, you have to think about soft outcomes for the YP.
- Could consider:
 - Less detentions
 - More YP attending schools
 - Less referrals
- What can parents do to help monitor impact of MH support.
- You said we did - this is what our pupils say
- Recorded outcomes booklet – 1 to 1 work with a recorded outcome booklet of the 5 things the YP wants to achieve and then 3 months later come back to it or come back to the booklet
- Oldham will revisit all about me /up and down but hope to keep on an upward trend
- Could consider an App to monitor impact like who wants to be a millionaire or MentiMeter, an interactive way is always a win win and can have a laugh about it
- Promoting Oldham as a safe space, wanted to check in a different way so worked with a tech company (Social Sense CIC) so used an app like MentiMeter to ask a series of questions about knife crime and MH&WB e.g. Is knife crime an issue or have you carried a knife

Standard 8: Co-ordinated Support

The group didn't have time to review this standard.

Oldham consultation - MH2K next iteration of this will be launched in August 2019 - who is the lead on this?

APPENDIX D – University MH Service Care Pathway

