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UNIVERSITY OF BIRMINGHAM

Early experiences of Mental Health Support Teams in schools and colleges

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Providers that we support

Mayden's mission is to create digital technology that changes what's possible for clinicians and patients

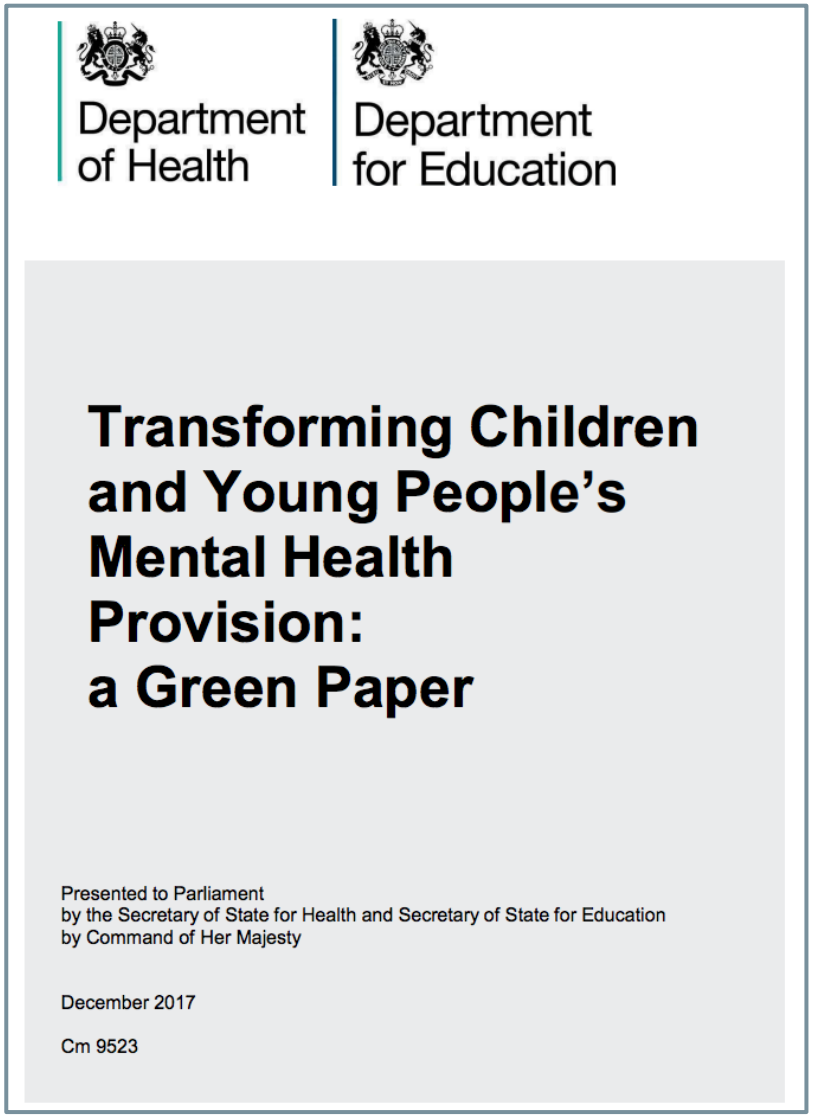
We work with providers of all sizes and backgrounds

Mental Health Support Teams

Government committed to establishing MHSTs to cover at least 20-25% of the country by the end of 2022/23

58 MHSTs initially set up in 25 Trailblazer sites, first MHSTs fully operational Jan 2020

The programme has been implemented in 11 waves, with 400 teams working in schools and colleges attended by almost 3 million pupils



Department of Health | Department for Education

Transforming Children and Young People's Mental Health Provision: a Green Paper

Presented to Parliament
by the Secretary of State for Health and Secretary of State for Education
by Command of Her Majesty

December 2017

Cm 9523

Core functions of an MHST

- Delivering evidence based psychological interventions for mild to moderate mental health issues
- Working with school and college staff to promote emotional well
- Supporting and advising staff and parents to help children access other services and stay in school

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Early experiences of mental health support teams in schools and colleges

Dr Jo Ellins

Senior Fellow, Health Services Management Centre & Deputy Director of the NIHR BRACE Rapid Evaluation Centre

Children and Young People's Mental Health: The Path to Recovery, April 2023

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The evaluation

- Focused on the development, implementation and early progress of the first 58 MHSTs in the programme's 25 'Trailblazer' sites
- Collaboration between two National Institute for Health and Care Research (NIHR) funded units: the BRACE Rapid Evaluation Centre and Policy Innovation and Evaluation Research Unit
- Ongoing collaboration with the University of Birmingham Institute for Mental Health Youth Advisory Group, including co-production of focus group research with CYP
- Fieldwork from November 2020 to February 2022
- A full impact and economic evaluation of the programme is to follow, starting summer 2023

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Data collected

- **Surveys**
  - Education settings (299/159 responses; 30%/17%)
  - Key people involved in local design and implementation (76/65 responses; 30%/27%)
- **Interviews**
  - 71 interviews across five case study sites
  - 40 regional leads
  - 21 people involved in national programme design/implementation
- **Focus groups with children and young people**
  - Five focus groups, three in primary schools, two in secondary schools; 32 CYP
- **Analysis of programme monitoring data and documentation**

Key findings

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Differing views on the purpose of MHSTs

- Two different interpretations of the purpose of MHSTs:
  - An extension of CYP mental health services into new settings
  - Strengthening the promotion of wellbeing in schools and colleges
- A view among some interviewees – at all levels – that the programme was too NHS/health-dominated
- Average proportion of time on each of the 3 core functions:
  - Delivering interventions: 52%
  - Supporting whole school approaches: 24%
  - Signposting/helping children to access other services: 23%

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MHSTs' scope and services

- Schools and colleges universally welcomed MHSTs, but many frustrated about mismatch between what MHSTs were offering and what was most needed
- A substantial number of children and young people are falling in the gap between 'mild to moderate' mental health problems and thresholds for specialist services
- MHSTs were being asked to provide help for CYP with more serious or complex needs; some teams held a firm line around their formal remit, others were providing support beyond it
- Concerns that the standardised CBT intervention MHSTs were offering was not effective for some groups (e.g. children with special educational needs or neurodiversity)

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Education mental health practitioners

- Diverse backgrounds and different motivations
- Mismatch between training programme and reality once in the role. Several EMHPs reported practising beyond their remit and training
- Training gaps – content and process gaps, especially around adapting approaches and working with diverse groups; additional training is being provided locally
- Retention problems were widely reported, and teams were frequently under-staffed

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Early impacts

- Schools and colleges survey (% agreeing or somewhat agreeing):
  - 75%: staff are more knowledgeable and confident about mental health and wellbeing issues.
  - 75%: staff are better able to respond to CYP mental health needs
  - 66%: better joint working with mental health services and other local partners
  - 70%: MHST is embedding into my setting
- CYP who had been in contact with an MHST all reported a positive experience [NB. assessing MHST delivery and impact from a CYP perspective was <u>not</u> an explicit aim of this study]

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For more information on the study and key outputs: https://www.birmingham.ac.uk/research/brace/projects/children-and-young-people%27s-mental-health-trailblazer-programme.aspx

This presentation presents independent research commissioned by the National Institute for Health and Care Research (NIHR). The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

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www.iaptus.co.uk

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- Integrated video appointments
- Measure outcomes and learn from your data

- Report data to the MHSDS
- Cloud based, work from anywhere

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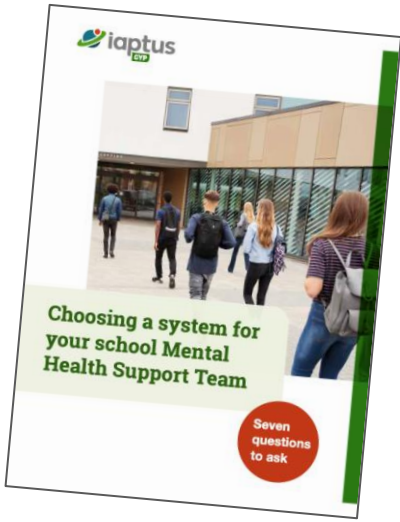
- Join us at our stand to chat to Dr Jo Ellins, pick up a copy of the BRACE evaluation infographic and QR code to the full report
- Book your place at our guest speaker webinar for MHSTs on 23rd May
- Pick up a copy of our guide to choosing a system for your school Mental Health Support Team
- Enter our prize draw for a luxury hamper



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Thank you

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