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BRIEFING PAPER

Mental Health Support Teams: How to maximise the impact of the new workforce for children and young people

Introduction

Children and young people's mental health and psychological wellbeing is one of the most challenging issues facing families, schools and wider society.

- Of teachers who had taught for more than five years, 94 per cent had seen an increase in pupils presenting with mental health problems.¹
- One in eight children and young people have a diagnosable mental health condition.²
- 35 per cent of teachers do not feel confident knowing how to support young people with mental health issues.³

The government has recognised the scale of this challenge and the need for better support in schools to tackle it. In December 2017, the *Transforming Children and Young People's Mental Health Provision* green paper introduced a new policy to create Mental Health Support Teams (MHSTs) to work with children and staff in education settings. The aim of these teams is to provide extra capacity to deliver evidence-based psychological interventions in schools and create better links with wider services. This is a welcome step that has the potential to make significant improvements to children and young people's mental health.

To make the biggest impact for children, MHSTs must be developed, implemented and evaluated in the right way. The current phased approach presents an opportunity to develop and refine a system that genuinely delivers the additional support schools require to meet some of the increasingly challenging mental health needs of their pupils. It is vital the government and NHS England get this approach right now, before the wider roll-out of the teams. Otherwise, a significant chance to shape better mental health provision for children and young people could be missed.

This briefing draws on the expertise of the BPS Expert Reference Group on Children and Young People's Mental Health, which is made up of psychologists who work with children, parents, teachers and their local communities and services. It sets out the BPS' assessment of progress to date on the MHSTs, identifies gaps and potential unintended consequences, and makes recommendations for how these issues can be addressed to maximise the positive impact of the MHSTs.

Core recommendations

- 1 The government must commit to reaching 100 per cent of children, while ensuring the phased approach to the MHSTs does not create a postcode lottery of support.
- 2 Co-production with young people and partners crucial. The input of young people themselves, must be sought as well as from experts already working with children and young people in education and health bodies and local authorities, including Psychologists.
- 3 The MHSTs must be seen as an addition to the support available for children and young people's mental health – they should not be viewed as a replacement for existing provision. This must be reflected in the funding provided for both the MHSTs and wider mental health support.
- 4 Mental health must be seen as everyone's responsibility. The MHSTs and Senior Mental Health Leads must engage with all school staff to truly co-produce and embed mental health support across the school community.
- 5 The Education Mental Health Practitioners (EMHPs) and Senior Mental Health Leads should be trained on how to effectively map local needs and consider education settings' differing contexts. This must be a priority at the start of this process so MHSTs can co-produce their approach with pupils and parents.
- 6 All education settings in an MHST area must be able to apply to take part regardless of type of provision or Ofsted rating.
- 7 EMHPs must be recruited from diverse backgrounds, reflecting the diversity of pupil demographics and ensuring all young people feel able to engage effectively with the MHSTs.
- 8 An appropriate level of clinical supervision for EMHPs should be mandated as part of commissioning and service design. Supervisors must have clear, psychologically-based training and expertise, and this should be assessed as part of the recruitment process.
- 9 A clear career pathway must be developed so the EMHPs can continually build their skills and progress within the new structures rather than being obliged to leave in order to further their careers elsewhere.
- 10 To ensure rigorous evaluation and accountability for the effective and timely delivery of the MHSTs, the BPS recommends establishing a baseline and 'control' sites, using a mixed methods approach and incorporating an embedding process into evaluations to appropriately inform and support effective roll-out in the future.

Background

The government's response to the Transforming Children and Young People's Mental Health Provision green paper set out plans for providing a more joined-up approach to mental health support, across health, education and wider services. It confirmed plans for 'a multi-agency approach focused on collectively understanding and meeting the needs of children and young people in an area'.⁴

There are three core elements to this approach:

- 1 The creation of new MHSTs, which includes funding, recruiting, providing training courses, and deploying and embedding new staff resources. The teams will provide extra capacity for psychological interventions and ongoing help in schools.
- 2 A scheme to incentivise and support all schools and colleges to identify and train a Senior Mental Health Lead. This includes a new offer of training to help the Leads support staff to deliver whole school approaches to promoting better mental health.
- 3 Trialling a four-week waiting time for access to specialist NHS children and young people's mental health services in a selected number of sites.⁵

In December 2018, 25 trailblazer sites were announced by the government to develop the first 59 MHSTs. The aim is for them to be fully operational by the end of 2019, ahead of meeting the government's commitment for the MHSTs to be rolled out to cover at least a fifth to a quarter of the country by the end of 2022/23. When the commitments from the green paper are fully implemented, the MHSTs will support a population of approximately 470,000 children and young people.⁶

HOW WILL THEY WORK?

Each MHST will include four EMHPs – New members of the mental health workforce who will be trained to deliver evidence-based psychological interventions in, or close to, schools and colleges. Their focus will be on addressing 'mild to moderate mental health difficulties'. Each team will support up to 8000 children and young people and will be responsible for a cluster of between 10 and 20 education settings – Including schools and colleges as well as settings such as alternative provision, pupil referral units, special schools, home school networks and work-based learning.

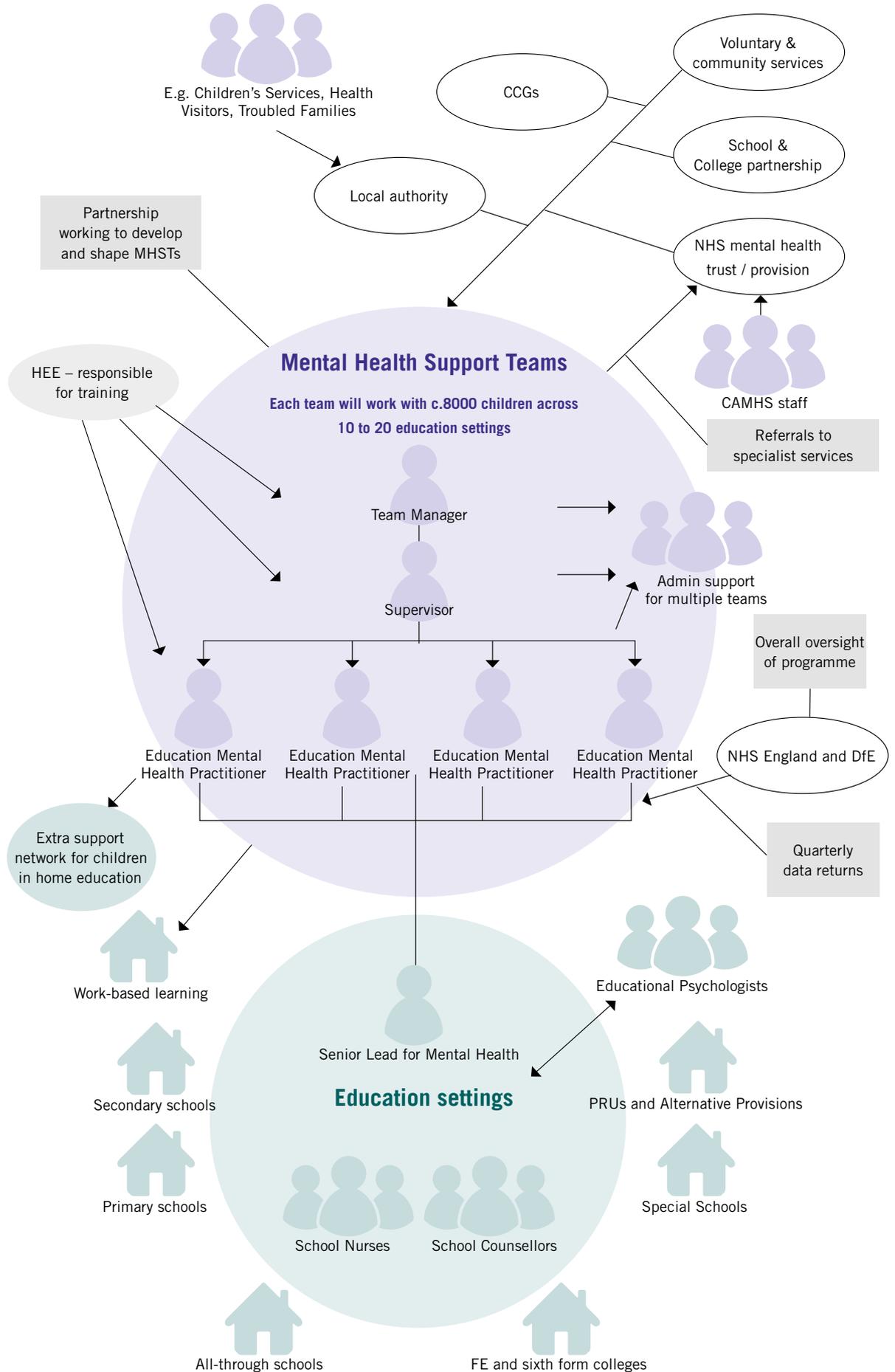
Each MHST will have three core functions:

- Delivering evidence-based interventions for mild to moderate mental health issues.
- Supporting the senior mental health lead in each education setting to introduce or develop their whole school or college approach.
- Giving timely advice to school and college staff, and liaising with external specialist services, to help children and young people to get the right support and stay in education.

The MHSTs will be funded by Clinical Commissioning Groups (CCGs) to provide a 'core offer' of evidence-based mental health support, with flexibility to design interventions according to local need and existing provision. Current funding is set at a basic level of £360,000 per annum per team, with additional funding for higher cost areas. Schools and colleges, along with local authorities and other local bodies, are expected to work in partnership with CCGs in the application process and to design and lead delivery.

The current available information on the MHSTs in terms of structure and links to external bodies creates a complicated system. The diagram below seeks to set this out in an accessible way, although the inherent complexity is clear.

Mental Health Support Teams: Expected Structure



WHAT WILL THE EMHPS BE TRAINED TO DO?

The 12 month training programme for EMHPs consists of academic and supervised practice learning across mental health services and educational settings, in primary and secondary schools and further education colleges. Training includes a minimum of 18 placement days, spread across a 9–12 month period with EMHPs being classed as a Band 4 role while training, becoming Band 5 once qualified. The programme covers what good mental health interventions look like and how psychological interventions can meet the needs of specific groups of young people, including those with more complex needs.

The EMHPs' work will include a range of interventions such as:

- Individual face-to-face work such as brief, low-intensity interventions for children, young people and families experiencing anxiety, low mood, friendship or behavioural difficulties;
- Group work for pupils or parents, such as Cognitive Behavioural Therapy (CBT) for young people for conditions such as self-harm and/or anxiety; and
- Group parenting classes to include issues like conduct disorder and communication difficulties.⁷

The established psychological evidence base should be clearly reflected in the training for EMHPs and the Senior Mental Health Leads.

WHEN AND WHERE WILL THE MHSTS WORK?

Recruitment for the first set of EMHPs and supervisor trainees was undertaken in Autumn 2018, with training rolling out in January 2019. The first wave of locations, known as trailblazer sites, were announced in December 2018. Six Higher Education Institutions were initially selected to deliver training for the new EMHPs.⁸ It is expected that the first full MHSTs will be operational in December 2019.

Recruitment for 2019/20 EMHP trainees began in June 2019, with additional higher education providers delivering EMHP training from September 2019 and January 2020. The second wave of locations for 2019/20 were confirmed in July 2019. The criteria for this second wave of sites included targeting need and inequality, extending coverage into new areas, and encouraging the establishment of MHSTs that will cover a range of education settings.

Mental Health Support Teams: Timelines

YEAR	EVENT																																																		
December 2017	CYP MH Green Paper published. Sets out plan for MHSTs to cover up to ¼ of the country by 2022/23.																																																		
July 2018	Government response to CYP MH Green Paper published. Confirms MHSTs plan and timings for them to be operational by end of 2019.																																																		
Autumn 2018	Recruitment of first cohort of trainees.																																																		
November 2018	Pre-procurement notice for Senior Mental Health Lead training published – but procurement subsequently delayed.																																																		
December 2018	MHSTs Trailblazer areas announced for 2018/19. 25 areas identified, covering 59 MHSTs. 12 areas also piloting 4 week waiting time for specialist CYPMH services.																																																		
	<table border="1"> <thead> <tr> <th colspan="5">Trailblazers by region (number of MHSTs)</th> </tr> <tr> <th>North</th> <th>Midlands & East</th> <th>South West</th> <th>South East</th> <th>London</th> </tr> </thead> <tbody> <tr> <td>Newcastle (3)</td> <td>Hertfordshire (2)</td> <td>Gloucestershire (4)</td> <td>Buckinghamshire (2)</td> <td>Camden (2)</td> </tr> <tr> <td>Northumberland (2)</td> <td>Stoke on Trent (2)</td> <td>Swindon (3)</td> <td>Berkshire West (2)</td> <td>Tower Hamlets (2)</td> </tr> <tr> <td>South Tyneside (2)</td> <td>Nottinghamshire (2)</td> <td></td> <td>Oxfordshire (2)</td> <td>Hounslow (2)</td> </tr> <tr> <td>Liverpool (3)</td> <td>South Warwickshire (2)</td> <td></td> <td>North Kent (2)</td> <td>Haringey (2)</td> </tr> <tr> <td>Doncaster & Rotherham (4)</td> <td>North Staffordshire (4)</td> <td></td> <td></td> <td>Bromley (2)</td> </tr> <tr> <td>Kirkless (2)</td> <td></td> <td></td> <td></td> <td>SW London HCP (3)</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>West London (2)</td> </tr> <tr> <td colspan="5">Greater Manchester (3)</td> </tr> </tbody> </table>	Trailblazers by region (number of MHSTs)					North	Midlands & East	South West	South East	London	Newcastle (3)	Hertfordshire (2)	Gloucestershire (4)	Buckinghamshire (2)	Camden (2)	Northumberland (2)	Stoke on Trent (2)	Swindon (3)	Berkshire West (2)	Tower Hamlets (2)	South Tyneside (2)	Nottinghamshire (2)		Oxfordshire (2)	Hounslow (2)	Liverpool (3)	South Warwickshire (2)		North Kent (2)	Haringey (2)	Doncaster & Rotherham (4)	North Staffordshire (4)			Bromley (2)	Kirkless (2)				SW London HCP (3)					West London (2)	Greater Manchester (3)				
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January 2019	First EMHP training begins. Delivered by: – University of Exeter – University of Reading – University College London – King's College London – University of Northampton – University of Manchester – Northumbria University																																																		
April 2019	Recruitment for 2019/20 Trailblazer areas.																																																		
June 2019	Recruitment for 2019/20 EMHP trainees. Additional HE training providers announced (to deliver EMHP training from Jan 2020).																																																		
July 2019	£9.3 million additional training for education staff announced. Second tranche of 124 MHSTs across 48 trailblazer sites announced. Senior Mental Health Leads procurement announced.																																																		
September 2019	First wave of 2019/20 EMHP trainees begin.																																																		
December 2019	2018/19 MHSTs to be operational.																																																		
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April 2020 onwards	1/3 to 1/4 of country to be covered by MHSTs by 2022/23.																																																		

Making the most of the MHSTs: How to maximise impact for children and young people

There are significant benefits to be gained from the MHSTs programme and embedding the principles that underpin it. However, in order to ensure they are a success, it is essential the current roll-out is properly evaluated and adapted so that benefits can be maximised and potential unintended issues can be addressed. Our policy analysis and recommendations are set out below.

Unless all children ultimately have access to MHSTs there is a significant risk mental health inequality will increase.

- The phased roll-out of MHSTs is appropriate for a programme of its size and complexity, to allow learning, evaluation and improvement before issues become entrenched.
- The government's stated commitment is only that 'at least a fifth to a quarter' of areas will have MHSTs by 2022/2023. Further support beyond this has not been set out. Unless a commitment is made, this approach risks creating a postcode lottery of mental health and psychological wellbeing provision for children and young people, with the support available varying across the country. Care must be taken to ensure the MHST model does not fragment delivery of services more broadly or limit the spread of best practice – and wider roll-out must be informed by learnings from the trailblazers on what does and does not work.
- In the areas of the country where the MHSTs are not currently planned, the government and the NHS must ensure that effective mental health and wellbeing services are in place so the remaining 75–80 per cent of children who will not have immediate access to a MHST are not left behind.
- Estimates suggest that to fully roll-out MHSTs across the whole country would require up to 8000 new members of mental health staff. This would significantly increase the size of the children and young people's psychological professions workforce, which is currently around 14,857 whole-time equivalent staff.⁹ The BPS welcomes the move to expand the psychological workforce and will be working alongside government departments and the NHS to support this expansion.

Recommendations

'The government must commit to reaching 100 per cent of children, while ensuring the phased approach to the MHSTs does not create a postcode lottery of support.'

It is appropriate that EMHPs will focus on mild to moderate mental health conditions, but local commissioners and service managers must take care to ensure strong links and a clear pathway to appropriate and sufficient specialist services so that children and young people with more complex or severe issues are supported.

- As part of the psychological professions workforce, EMHPs are able to approach mental health from a psychological perspective that works with the child or young person within the context of their relationships, social circumstances, life events, and the sense they have made of them.
- There is no single agreed definition of a mild, moderate or severe mental health condition, and judgements about the type of support required can be subjective. Appropriate training, experience and supervision is required in order to ensure these judgements are as accurate as possible and the right type of support is sought for each young person.

- EMHPs will be able to intervene early to prevent problems from escalating and maximise the chances of a positive outcome for pupils. This will help enable young people to remain in education, rather than having to take time out to seek more specialist support. This should also tackle the stigma associated with seeking help, showing young people support can be provided in-school, without requiring them to be differentiated from their peers.
- However, no guidance has been published on what good delivery looks like, with limited publicly available information on the types of interventions they will undertake, and how they will deliver these for different groups of young people (e.g. to specifically support vulnerable groups such as refugees, looked after children or those with physical health needs).
- At the same time, it is important there is a clear pathway for children and young people who present with more complex or severe mental health and wellbeing needs. EMHPs should refer young people with more severe needs to specialist provision, but they also need to be appropriately trained to identify and manage more complex needs within the school environment on a day-to-day basis.
- Drawing on their experience of working in health and education settings, members of the BPS Expert Reference Group have identified a potential risk from individual cases where a child's needs go beyond the mild to moderate level for which EMHPs will be trained but are not severe enough to enable a swift referral to specialist support. This is a particular risk given the high thresholds for access to Child and Adolescent Mental Health Services (CAMHS). While in the longer term the MHSTs may help to reduce pressure on CAMHS and thresholds, in the meantime specific provision and clear pathways must be made for these instances so young people access sufficient support.

ALL PARTNERS INVOLVED IN THE ROLL-OUT OF MHSTs MUST SEIZE THE OPPORTUNITY TO DEVELOP GENUINE COLLABORATIVE, JOINT-WORKING BETWEEN HEALTH AND EDUCATION AT NATIONAL, REGIONAL AND LOCAL LEVELS.

- Mental health and education are intrinsically linked. It is positive the Department of Health and Social Care, NHS England and the Department for Education are working together closely on the MHSTs. They have been clear that the MHSTs should work with a range of organisations locally across health, education and the wider community to enable effective joint working.
- To ensure they meet local needs, the MHSTs must aim to co-produce their approach and directly involve organisations and professionals that are already working with children and young people in the local area, including teachers, school nurses and existing NHS mental health workers, as set out in the operating principles for the MHSTs.

'In Northamptonshire, schools that are part of the Targeted Mental Health in Schools (TaMHS) programme already receive early intervention support from CAMHS. This follows assessment and engagement by Educational Psychologists, working collaboratively with the schools. Psychologists working in education and local authority settings have a vital role to play in designing effective systems, and it is essential their expertise is taken into account.'

- Although the training programme is not yet in place, the creation of Senior Mental Health Leads in every school as the 'go-to' link between the MHSTs and the wider school environment is potentially very positive. The role should focus on ensuring the needs of each setting are articulated and met, building on existing provision in the school, and providing clear leadership to embed a whole school approach to mental health. For a whole school approach to work

everyone must see mental health and wellbeing as their responsibility, rather than over-burdening the Senior Lead.

- As these are new teams and roles, clear guidance is needed to set out how education settings and MHSTs can work together, in particular how the MHSTs should interact with the Senior Mental Health Lead, but also other teaching staff and wider staff such as school nurses. This should feed into the process of embedding a whole school approach to mental health.

Recommendations

- Co-production with young people and partners crucial. The input of young people themselves, must be sought as well as from experts already working with children and young people in education and health bodies and local authorities, including Psychologists.
- The MHSTs must be seen as an addition to the support available for children and young people's mental health – they should not be viewed as a replacement for existing provision. This must be reflected in the funding provided for both the MHSTs and wider mental health support.
- Mental health must be seen as everyone's responsibility. The MHSTs and Senior Mental Health Leads must engage with all school staff to truly co-produce and embed mental health support across the school community.

CHILDREN AND YOUNG PEOPLE WILL NOT USE A SERVICE IF THEY DO NOT FEEL IT IS FOR THEM. THE MHSTs MUST WORK TO REDUCE STIGMA AND ENSURE SUPPORT IS ACCESSIBLE FOR ALL YOUNG PEOPLE, INCLUDING DIVERSE AND VULNERABLE GROUPS.

- Every education setting will be different, and it is essential the MHSTs have a robust understanding of pupil demographics and the wider local community context, including, for example, levels of deprivation and unemployment, and different cultural backgrounds and beliefs about mental health. Mental health provision will need to be tailored accordingly. Without fully understanding and responding to the needs of young people in an area, trailblazer sites implementing MHSTs risk unintentionally excluding some vulnerable children.

'Right Here, a five-year programme instigated by the Paul Hamlyn Foundation and the Mental Health Foundation, engaged young people with and without mental health difficulties in wellbeing-informed projects. This made it possible for young people to form relationships with their peers who may have had different life experiences and improved their understanding of mental health issues.'

- School is the place where most young people (59 per cent) experience mental health stigma, with more than half saying this came from their friends.¹⁰ The presence of EMHPs in schools provides an opportunity to create a school environment that encourages young people to be more open to talking about their mental health, tackles the stigma of mental health issues, and provides a positive presence within the school to both support and inform wellbeing for young people.

- It is essential all children and young people within an MHST's area are able to access the team's support, regardless of whether or not they are in a mainstream education setting. This may require dedicated, creative and co-produced approaches to successfully engage young people outside a mainstream setting, as per the government's aim to provide better support across different education settings. The first cohort of MHSTs has included special schools and Pupil Referral Units and this must continue in future cohorts; this is imperative to reducing the exclusion of vulnerable groups.
- Following the co-production principle of 'nothing about us, without us' it is essential that young people are involved in developing the services delivered by each MHST. Mind have been clear that 'Until young people are engaged in designing and delivering services, we risk offering them support that isn't fit for purpose and missing opportunities to tackle mental health problems early on'.¹¹
- Furthermore, parents, carers and families are fundamental to co-production. Co-production needs to go beyond consultation to ensure active involvement from these groups in programme development, delivery and evaluation.
- One member of the BPS' Expert Reference Group working at a trailblazer has successfully included young people in the development of their MHST by hosting a workshop to discuss their views on how support should be provided. This approach could be replicated elsewhere.
- It is concerning that the government is currently excluding schools with an 'Inadequate' Ofsted rating from participating in the second phase of MHST pilots. Mental health problems impact young people regardless of the rating of their school. Given the challenging circumstances in which these schools are operating, it is likely this will exclude a significant number of children and young people from disadvantaged areas and compound these challenges. Access must be equal and should not be impacted by a school's Ofsted rating – indeed the support of the MHSTs should help to improve a school's performance.
- In order to encourage young people to engage with interventions delivered by the MHSTs, training providers should proactively recruit EMHP trainees from diverse backgrounds. This is important so that young people feel that the practitioners will understand their context and life experiences. As the BPS Expert Reference Group's Youth Consultant said: 'If they don't look like me, how are they ever going to understand me?'

Recommendations

- The EMHPs and Senior Mental Health Leads should be trained on how to effectively map local needs and consider education settings' differing contexts. This must be a priority at the start of this process so MHSTs can co-produce their approach with pupils and parents.
- All education settings in an MHST area must be able to apply to take part regardless of type of provision or Ofsted rating.
- EMHPs must be recruited from diverse backgrounds, reflecting the diversity of pupil demographics and ensuring all young people feel able to engage effectively with the MHSTs.

EMHPs will need an appropriate level of clinical supervision from highly-trained Psychologists to guide best practice and ensure continuing professional development. It is essential people with the right experience and expertise are recruited to supervisory roles. High-quality supervision will be essential to the success of the MHSTs and must be prioritised.

- EMHPs will be provided with handbooks and best practice documents to guide their approach to interventions, supported by clinical supervision delivered by highly-trained psychological professionals. Supervisors will have to undertake EMHP supervision training provided alongside the EMHP specific training, delivered by the appointed HEIs. Every local area must ensure that clinical supervision of the teams' EMHPs is provided – both from the commissioner and practitioner perspective.
- The BPS recommends that the EMHPs (who will be employed as band 5 professionals) should have at least one hour a week of supervision from a psychology professional at band 7 or above. This supervision, which is distinctly different from managerial supervision, should include support in making judgements about the type and level of mental health need and the type of intervention required, particularly in relation to children with higher needs.
- It is also essential the MHSTs promote continuous professional development for EMHPs to ensure young people are appropriately supported as new challenges emerge and the evidence base expands and develops. As part of this, it is important supervisors spend an appropriate amount of time working directly with the EMHPs in education settings.
- The BPS sets standards and sets out competencies for Psychologists and other psychological professionals in different roles in the mental health workforce. It is positive that NHS England has stated supervisors will need to be experienced mental health professionals. The BPS recommends supervisors have a minimum of two to four years' experience working therapeutically within a children and young people's mental health setting. It should be clearly stated that psychological training and expertise must be a core component of this experience. It is vital the supervisors have the appropriate level of expertise to deliver high-quality supervision to support and mentor the EMHPs, many of whom will be recent graduates. Applied Psychologists specialising in working with children and young people are ideally placed to take on the supervision role.
- As well as recruitment plans, the government should set out how they plan to retain staff recruited into the new MHSTs. The current structures do not include any obvious opportunities for progression within a career path aligned with the MHSTs. This risks EMHPs leaving the MHSTs in order to progress their careers elsewhere. Clear progression routes will be essential to retaining expertise and ensuring the MHSTs are a longer term success.

Recommendations

- An appropriate level of clinical supervision for EMHPs should be mandated as part of commissioning and service design.
- Supervisors must have clear, psychologically-based training and expertise, and this should be assessed as part of the recruitment process.
- A clear career pathway must be developed so the EMHPs can continually build their skills and progress within the new structures rather than being obliged to leave in order to further their careers elsewhere.

Evaluation, accountability and improvement

Evaluation of the MHSTs will be an important part of the trailblazer phase. The wider roll-out will be informed by learning and outcomes from the first and second trailblazer cohorts, so it is essential the evaluation and accountability system led by the DfE is timely, thorough and robust. However, there are no publicly available details as to what this will look like.

As it stands, EMHPs will be expected to use outcome measures as a core part of their work and will submit these to NHS England regularly (either via a quarterly monitoring return or to the Mental Health Service Data Set (MHSDS)). NHS England will collect this information, along with activity and referrals data, to support regular reviews of the programmes' priorities and to feed into the wider evaluation process. To promote accountability, it is essential that there is sufficient transparency about what is being measured and when.

NHS England and Health Education England must commit to reviewing the EMHP training on a regular basis to ensure that any gaps identified during the evaluation process are filled in future cohorts.

Recommendations

To ensure rigorous evaluation and accountability for effective and timely delivery of the MHSTs, the BPS recommends:

- Ensuring a proper baseline is established to assess the MHSTs' starting point and to track their progress across the pilot phase, and into the wider roll-out period.
- Incorporating the initial development and embedding process into evaluations to identify successes and challenges and appropriately inform and support effective roll-out in the future.
- Ensuring that the evaluation is based on a rigorous mixed methods approach including not only activity data and outcome measurements, but also interviews and focus groups with key stakeholders (schools, pupils, parents and MHST staff/personnel). There must be a psychologically informed approach to this that frames questions positively, to understand the whole school impact of MHSTs, including regarding pupils' self-esteem and attitudes towards school and learning. The language used should be accessible and appropriate.
- A comparison of the MHST sites with 'control' sites is needed to determine the added value of the MHST model.

ABOUT THE BRITISH PSYCHOLOGICAL SOCIETY

The British Psychological Society (BPS) is the representative body for psychology and psychologists in the UK. We are responsible for the promotion of excellence and ethical practice in the science, education, and practical applications of psychology. We have 72,000 members and subscribers across the UK, ranging from students to qualified psychologists.

We support and enhance the development and application of psychology for the greater public good. We set high standards for research, education and knowledge, and seek to disseminate this to increase wider public awareness of psychology and its importance. As part of this work we want to ensure that the value of psychology to society is recognised by policymakers and used to inform policy development across government.

For further information, please contact Nigel Atter on 0116 252 9508 or at nigel.atter@bps.org.uk

ENDNOTES

- ¹ Young Minds, Teacher survey reveals mental health crisis in our classrooms, 2018.
- ² NHS Digital, Mental health of children and young people in England, 2017.
- ³ Young Minds, Teachers need more support to tackle self-harm, 1 March 2019.
- ⁴ Department for Education and Department of Health and Social Care, Government response to the consultation on transforming children and young people's mental health provision: A green paper and next steps, July 2018.
- ⁵ Ibid.
- ⁶ Department for Education and Department for Health and Social Care, NHS and schools in England will provide expert mental health support, 20 December 2018.
- ⁷ NHS England and Department for Education, Presentation for clinical commissioning groups and education settings, 2019.
- ⁸ The six universities that offered training courses for the first cohort of EMHPs are: University of Exeter; University of Reading; University College London; King's College London; University of Northampton; University of Manchester; and Northumbria University.
- ⁹ Health Education England, Children and young peoples' mental health services, accessed August 2019.
- ¹⁰ YMCA and NHS, I am whole: A report investigating the stigma faced by young people experiencing mental health difficulties, October 2016.
- ¹¹ Louise Clarkson for Huffington Post, Young people's mental health is deteriorating. Here's why it matters to us all, 2 July 2019.



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