

4.1 Childrens Mental Wellbeing (Revised)

Note – see underlined text for changes to this revised version.

Improvement Project Title: Improving Children and Young People’s Mental Health
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Aim statement: Increase the confidence of school-based staff to recognise and respond to children who require support and directing them to the school Nursing Service to 90% by 2021. Increase the support provided by the school Nursing service to children and young people with escalating mental wellbeing concerns by 50% by 2022 Increase the confidence of parents and young people to recognise and seek support in response to deteriorating mental wellbeing by 2022.
Link to Local Outcome Improvement Plan: Strech Aim 4: 90% of children and young people will report that they feel mentally well by 2026 This project also links with the following projects: Increase the number of young people who effectively transition from primary school to secondary school by 2021. 100% of schools have a progressive, cohesive and relevant substance misuse curriculum by 2021. Increase the number of staff, including carers who report increased understanding and skills to respond to children who have adverse childhood experiences (ACE) by 20% by 2021. Reduce the rate of teenage pregnancies [under 16s] across the city by 3%, by 2021. Reduce the number of children and young people who are exhibiting self-harming behaviours by 2022. Reduce the number of young people identified as having indicators of being at risk of being excluded from school by 2021. Also links to Aberdeen City achieving Child Friendly City status.
Why is this important: Background In the context of partnership working and in the spirit of Getting it Right for Every Child these three projects have been amalgamated to ensure that roles, responsibilities and participation are in equal measure for school staff, parent/carers, children and young people. This is also reflected in the composition of the project team where time efficiencies have been created to make best use of resource.

National Context

The overall vision of Scotland's Mental Health Strategy (2017) is that people get the right help at the right time, with an emphasis on preventing mental health problems from developing or intervening early if they do. This is key to minimising the prevalence and incidence of poor mental health and the impact of poor mental health in the longer term. The majority of mental health problems in adults start before the age of 18. Longitudinal studies evidence early intervention and prevention are the most cost-efficient vehicles to promote and maintain good mental health.

Good Mental Health for All (NHS Scotland 2016), encourages schools and local authorities to ensure teachers and other staff are trained to identify when children show signs of emotional, social and mental health problems and offer appropriate interventions as part of a whole school response.

The Scottish Government publication Chief Executive Letter (CEL) 13 (NHS) aims to refine the school nursing role with a continued focus on early intervention and prevention, whilst covering 10 priority areas, including mental health and wellbeing, with associated intervention pathways. The need to make best use of the wider school health team is also highlighted. A pilot was carried out with findings indicating that the mental health and wellbeing pathway was the most frequently used pathway. Whereas nurses referred complex mental health cases to CAMHS, they felt less equipped to deal with low to moderate cases. A referral system was introduced to formalise practice and ensures that school nurses received relevant referrals. However the referral process was designed for school staff and parents to refer children and young people.

Research undertaken in Scotland by the Mental Health Foundation (2018) revealed that 49% would talk to a friend at school if they were feeling worried or sad, as compared to 36% who would talk to a teacher. They recommend that every school should adopt a peer-led mental health programme and that all teachers be trained in mental health and adolescent brain development by 2020.

The Education (Additional Support for Learning) (Scotland) Act 2004 in its Code of Practice, the most recent revision December 2017, emphasises the need to engage with children, young people and their parents in planning for any additional supports.

Local Context

The Pan-Grampian Child and Adolescent Mental Wellbeing group was established in 2018 to highlight areas where a collaborative approach is required. The group undertook a mapping of existing mental health and wellbeing activity. The findings of the mapping exercise and ongoing work of the group will continue to inform this improvement project.

All schools across the city are identifying mental health and wellbeing as a priority area; evident in School Quality Improvement Plans and Pupil Equity Fund spending. Many schools have already been delivering interventions to support the mental health and wellbeing of pupils and as such there are good practice examples across the city. Secondary schools are reporting that there are challenges in supporting the mental health and wellbeing of pupils and acknowledge this is not about doing more but doing things differently, using capacity already within schools and being innovative in developing new approaches.

Aberdeen City HSCP has invested in a permanent Immunisation Team to release capacity for school nurses to take forward the CEL 13 model. This has resulted in a surge in mental health consultations at levels 1 and 2, mirroring the findings from the SG pilot site evaluation. The school nursing service plans to introduce a more inclusive referral system to formalise practice and ensure that school nurses receive relevant referrals from C&YP as well as teachers and parents. Through a working group

the pilot site referral has been modified and renamed as “Seeking Assistance” as this was felt to be more appropriate and less threatening for C&YP in particular. The referral system will be introduced and tested locally as part of the overall project.

The rationale for the project is to adopt and extend existing good practice being demonstrated by schools whilst at the same time assisting schools to generate their own evaluative evidence. A second aspiration is to share good practice to avoid duplication and to be effective and efficient with finite resources. In addition, the referral system will encourage appropriate referrals to the school nurse, allow the school nurses to review each individual case, prioritise need, make a decision about the best way forward and manage their workload accordingly. Once embedded, this system will empower C&YP to self refer, enable school nurses to better focus and prioritise those most vulnerable. Outcomes will be able to be audited.

Rationale for the Project

Four schools have been identified to take part in the project: Bridge of Don Academy, Bucksburn Academy, Hazlehead Academy and Aberdeen Grammar School. They were chosen on a range of criteria which included:

- prior experience of mental health projects
- NHS engagement to support learning
- partnership working across staff, parents and pupils
- geographical and demographic spread
- Additional Support for Learning facilities on site.

Other secondary schools will be included in future phases of the project. The Project Leads are aware of capturing St Machar and Lochside in due course when upscaling of activities can be confidently undertaken.

The 4 schools identified have a range of demographics and the project team is conscious that there will likely be variations within and across the individual schools. This will help assess the robustness of any hypotheses posed during the project for internal and external consistencies of data gathering. Each school has existing mental health projects/activities running at present for pupils. The team plan to extend the focus to include staff and parent/carer requirements to aid pupils in direct support and to facilitate their self-efficacy in identifying need and seeking support in due course, from appropriate staff and agencies. Some staff have Mental Health First Aid (MHFA) training. There are schools which will need to build capacity to manage staff turnover and succession planning for skills-based training. Other schools would benefit from staff training, to know when to direct information to those with MHFA training and/or, School Management Team. School nurses will be trained in the Decider Skills model.

The intention is to facilitate existing programmes and scaffold evaluations of the projects. Another activity is to consider the information pathways and reporting mechanisms in place through SEEMiS and “On the Button”. In particular, identify if there are consistent processes in place such as a robust referral system and whether these are adhered to by all staff. Ensuring consistency of information which is transferable across establishments, should pupils transfer to another school.

Measures:

Outcome

- Number of school-based staff who self-report increased confidence to recognise and respond to children who require support in relation to mental health.
- Number of children and young people who self-report increased confidence to recognise and respond to deteriorating mental health

- Number of parents who self-report increased confidence to recognise and respond to children who require support in relation to mental health.
- Number of and type of mental health referrals to school nurse
- Number of Children and Young People who self refer

Process

- Number of schools who have written processes for responding to concerns about mental health
- Number of schools introducing referral system
- Number of school-based staff attending Mental Health First Aid training
- Number of parents attending Mental Health sessions
- Number of children & young people attending Mental Health sessions

Balancing

- Number of children & young people getting the right help at the right time in relation to mental health.

Change ideas

- Develop a process (or pathways) visual to help increase understanding of what help is available, by whom and when.
- Mental Health First Aid training for key staff within each school.
- Basic level mental health training for all school staff.
- Develop approaches (universal & targeted) to support parents' understanding e.g. Emotion coaching.
- Test a range of tools to support pupils to deal with exam stress.
- Decider skills programme for parents to support their children to cope with stress when choosing subjects.
- Online programmes for parents and staff to support parents to access advice and support outwith a school setting.
- Events in the community (off school premises); library.
- Peer mentoring programmes.
- Accreditation for peer mentoring programme for S5/6 pupils to recognise efforts in supporting younger pupils.
- Enhance Personal and Social Education curriculum to include mental health and wellbeing.
- Use of Education Social Work to deliver parental skills workshops.

Potential risks and/or barriers to success & actions to address these:

- Continuity of staff in schools
- Engagement of parents
- Duplication of effort – need to value what is already working.
- Competing priorities in schools.
- Sensitivities around mental health and peer pressure for children and young people.
- Impact of mental ill health of adults around children
- Balance between upholding children's rights and increasing parental involvement.

Project Team:

- Bill O’Hara – Principal Educational Psychologist, Aberdeen City Council
- Dr Elaine Allan Lead Nurse School Nursing ,Aberdeen Health and Social Care Partnership
- Elsbeth Clark – Public Health Co-ordinator, Aberdeen Health and Social Care Partnership
- Lauren Mackie – Health Improvement Officer (Schools), Aberdeen Health and Social Care Partnership
- Emma Cameron –Services Development North Region Lead, The Spark (and third sector rep)
- Donna Cuthill – Parental Engagement Development Officer, Aberdeen City Council
- Sacha Will - Improvement Programme Manager, Aberdeen City Council
- Rep from each school (Bucksburn Academy, Aberdeen Grammar School, Hazlehead Academy, Bridge of Don Academy)
- Parents/carers, children and young people will be consulted with throughout the process.

**Outline Project Plan - Set out your initial plan about the timeline for your project.
(This should be reviewed regularly)**

Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	<p>Mapping and comparison of current processes in each school.</p> <p>Gathering information about parent, young people and school staff needs in relation to mental health understanding.</p> <p>Explore Personal and Social Education curriculum – content & variation across schools, including who delivers.</p>	November 2019
Designing and Testing Changes (Project Score 4-7)	<p>Evidence of pathways which identify key points in decision making for staff to enhance support for pupils and parents in order to critique their validity.</p> <p>Gathering data held by school and school nursing service.</p> <p>Identifying which change ideas will be most relevant to each establishment.</p> <p>Consider systemic change which could be piloted across the four test schools.</p>	End January 2020
Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	<p>Sustainability of budget and resource for mental health training.</p> <p>Ensuring that school and authority policies and guidelines are robust and adhered to in order to support the project.</p>	<p>October 2020</p> <p>August 2020</p>

	<p>Recording and consistency of information generated by school, school nursing service etc. e.g. SEEMiS</p> <p>There could be implications arising which might necessitate discussions with SEEMiS over data fields.</p> <p>Numbers of recorded referral to School Nurses</p>	<p>August 2020 (each school)</p> <p>TBC following discussions with local SEEMiS team</p> <p><u>August 2021</u></p>
<p>Spreading Changes (Project Score 9-10)</p>	<p>Revised and established policies and procedures are supported by key agencies.</p> <p>Sustainability of budget and resource is supported by Community Planning.</p> <p>Upscaling of project to all 11 secondary schools taking a phased approach.</p> <p>Support and quality improvement measures provided by senior management.</p>	<p>December 2021</p>