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**Item 8**

**Mental Health Paper to Schools Forum**

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| **Forum asked to decide / steer / be informed** | **To agree a pilot programme is established with funding made available from the DSG ‘carry forward’** |
| **Time Needed** | **XX mins** |

1. Background
   1. Since 2011 there have been six deaths of B&NES children and young people (0-18) by hanging or ligatures. The youngest was aged 11 and the eldest was aged 16. If we expand the age range to include 19 year olds, the number of deaths rises to seven.
   2. Specialist CAMHS services in B&NES have been provided by Oxford Health NHS Foundation Trust (OHFT) since 2010. Additional, less specialist, services (PCAMHS) were commissioned from the same Trust in 2011. The funding, and hence the caseloads, for both services have remained fairly static since then. During 2013/14 approximately 550 children and young people were receiving P/CAMHS services at any one time.
   3. A breakdown by referral agency is given below:

GPs 52%

Community Paediatricians 18%

School Nurses/Schools 13%

Social Care 7%

Other 9%

* 1. A range of other provision is available to meet the emotional and behavioural and mental health needs of young people. However, it is increasingly clear that there is a mis-match between the demand arising from schools and settings and the capacity of P/CAMHS. Within this there are a significant number of inappropriate referrals (24%) where the CYP requires support but does not meet the clinical criteria of P/CAMHS or where there is no evidence of any previous support being given by other agencies e.g. school nurse.
  2. At both a local and national level there is clear evidence of a rise in both emotional distress and mental ill-health within the 0-18/25 population. Many young people are experiencing problems which adversely affect their own learning, as well as the learning of their peers, and can be challenging to address within the school setting. This increase in need is placing great strain on both the pastoral systems of secondary schools and upon P/CAMHS (and other) services. Schools are struggling to meet the needs of some students and are asking for support to help ‘contain’ their needs. However, for many children, presenting behaviours occur outside of the school rather than within and the requested ‘containment’ can be perceived by the young person as invasive. Nevertheless that does not mean that every such presentation requires a P/CAMHS or Children’s Social Care intervention.

1. Basic Proposal

2.1 In discussion with Secondary School Head Teachers it has been mooted that it may be possible to address some of the above problems through the development of a new approach which bridges the school-based pastoral system and P/CAMHS system.

The proposal is to establish a system of school-based counsellors who are supported by mental health practitioners from the local CAMHS service. (note CAMHS are not able to provide clinical supervision of staff employed by other agencies, nor do they employ ‘counsellors’).

Counsellors would act as an internal ‘Tier 2’ service within the school. The tiered approach is outlined below:

**Tier 4**

* Inpatient beds in Marlborough House, Swindon. Community Family Assessment and Safeguarding Service (FASS)

**Learning Disability**

Intensive Intervention Service

**Tier 3**

Multi-disciplinary integrated team including Learning Disability Professionals.

**Assertive  
Outreach Service**

Crisis and Home Treatment

**Tier 2**

**Oxford Health NHS Foundation Trust**- PCAMHS

**Relate**- Counselling Service

**Cruse**- Bereavement Counselling

Community-based short-term early interventions for children and young people who are experiencing mild to moderate mental health problems

**Single Point of Access for NHS BaNES**

Consultation, training, support and joint working for and with Tier 1 professionals

**Referrers**

GPs, Primary Care Teams, Voluntary Sector, Education, Social Services and other Health Providers

2.2 Some schools already commission or employ school counsellors. Where possible, it is recommended that schools commission an external provider to deliver the counselling. ‘A suitably qualified and experienced local provider is likely to offer reassurance to a school’s governing body that the counsellor is properly trained, supported, clinically supervised, insured and working within agreed policy frameworks and standards. From the perspective of students, an external provider is also more able to offer continuity of the counselling relationship beyond term time and the “school gate”. It can also be a way to offer students who do not want to access in-school provision the alternative of seeking a counselling service in their local community. See Appendix 1 for checklist of considerations. Locally, Off the Record, Relate and Place-to-Be are already commissioned to provide counselling services.

Where schools do decide to employ their own counsellor, governing bodies should be made aware of their direct responsibilities for the clinical governance of the provision. Governors will need to ensure the counsellor is suitably qualified and clinically supervised by a qualified practitioner. This will include holding a contract between the school and the person or organisation providing the counsellor’s clinical supervision and checking that both super-visor and counsellor are covered by suitable professional indemnity insurance. Schools should also consider the capacity of a lone counsellor to build effective links with specialist P/CAMHS and other local services. These relationships can be crucial to the overall effectiveness of the service to individual students. In the case of long term absence by a single employee, schools also need to consider how they will maintain service continuity during the period. (A contracted service provider should have a contractual obligation to provide such cover). Governors should be aware of the need to have a confidentiality statement for the use of students and parents. The British Association for Counselling & Psychotherapy (BACP) provide further information for schools.

Most counselling services build effective relationships with local specialist CAMHS and other services relevant to young people’s needs, which can help when appropriate, with effective consultation, signposting and referral.

2.3 CAMHS practitioners, from Oxford Health NHS Foundation Trust will support each school on a monthly basis by offering a package of consultation, training and telephone support. It is envisaged that each school create a pastoral ‘hub’ comprising of the school based counsellors, pastoral leads and the school nurse who will be supported by the CAMHS proposed package. In addition, where appropriate the CAMHS practitioner may be able to offer joint training and perspective from a young adult (previous CAMHS user).

2.4 This model is built on an informal model that has been provided to Chew Valley School during their experience throughout a crisis period: feedback on this arrangement has been very positive and although initially based on a needs led initiative following a series of sudden deaths of pupils this package of support has been a unique model of care provided to teachers, pastoral support school nursing and pupils.

The model was designed to provide a range of support that ensured some sustainability by the school staff to continue supporting pupils at 'normal' times.

Supervision provided on a regular monthly basis to the key hub staff, (as described)

Providing training sessions to the wider school team about emotional resilience, key signs and symptoms and managing coping strategies for behaviour problems.

In addition ad hoc consultation by phone to discuss problem behaviour.

Some direct work where recognised has also been picked up through this package but generally these are either referred in formally to the appropriate service or signposted to counselling. If counselling is provided 'in house' this would be a seamless pathway.

1. Finance

CAMHS Package

* + A baseline package per school could be calculated as follows
  + Monthly supervision to the school hub x 3 hours per month (inc travel time) x 13 secondary schools = 39 hours/per month, over a year = 468 hours
  + 4 training sessions per year per school (full day or 8 half days) 1 or two per term 7.5 x 4 x 18 = 540 hours per year
  + Plus Ad hoc consultation
  + Based on the above recognised need a whole time post would be sufficient to provide the required amount of time to support the described functions to all 13 secondary schools.
  + Cost for wte band 6 practitioner post = c.£41,000

1. Costings and estimates of number of sessions. Number of pupils. Number of sessions per pupil etc. Info from Relate (via OHFT) and OTR.

Currently costs for counselling sessions are £30k for a total number of 200 sessions per year (this is based on 2010 figures).

Difficult to estimate need as no figures available in schools in Banes, however, would be able to do a comparison figure from the counselling package Relate provide in schools in wilts.

The proposal would be to pilot year 1 and review the number of anticipated counselling sessions required. The total number could be offered over a number of schools I.e by schools sharing a counsellor therefore increasing the capacity and the flexibility but also sharing the governance structures required to ensure consistency and safe working practices.

One of the local providers, Off the Record, also currently runs “Listening Support” sessions - a 20 minute ‘first step’ intervention/preventative service – in six secondary schools. They have found that 97% of the young people who have attended have not needed to move into formal counselling. These sessions are provided for £3500 per year and provide 2 hours per week (giving six appointments). Such a service may be able signpost to the counsellor when appropriate rather than sending every young person straight to counselling. Both listening support sessions and counselling sessions are initially offered for six sessions.

1. It is proposed that a pilot programme is established with funding made available from the DSG ‘carry forward’.
2. Timescale

To be confirmed

* 1. The pilot would run from \_\_\_\_\_date\_\_\_\_\_\_\_\_\_\_ until \_\_\_\_\_date\_\_\_\_\_\_\_\_\_\_
  2. A evaluation of the pilot will begin \_\_\_\_date\_\_\_\_ and conclude by \_\_\_date\_\_\_\_ with a report to BASCL/Schools Forum by \_\_\_\_date\_\_\_\_\_
  3. Subject to a positive evaluation it will be for Schools and/or Schools Forum to decide whether to fund the service on an ongoing basis. In effect schools could opt ‘in’ or ‘out’

1. Conclusions
2. Recommendations
3. Appendices

(i) Checklist for commissioning a counselling service

(ii) Evaluation Criteria (Drawn up between Schools/LA/CAMHS/CCG)

*Appendix 1*

Thinking about commissioning a counselling service for young people?

Quick Checklist

Does the service have:

Policies on child protection and confidentiality?

Qualified and accredited counselling staff, with specific training to work with young people?

An established cycle of regular clinical supervision for counselling staff?

A policy on the line management of counselling staff?

A process for assessing young people’s needs and risks?

A process for measuring the outcomes of its work with young people?

A system for monitoring and analysing service take up, including data on demographic and presenting issues?

Opportunities for young people to comment and offer feedback on their ex-perience of the service?

Opportunities to be involved in other aspects of the service planning and delivery?