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How can Children and Adolescents Mental Health Services and Educational Psychology Services work together more effectively to address the mental health needs of young people in school?

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Dedication

This thesis is dedicated to my brother. With special thanks to my husband, children and parents. Without your support I wouldn't have been able to write this or undertake the training. Thank-you.

To the teaching staff on the Sheffield University D.EdCPsych and the Educational Psychologists, with whom I have worked, my thanks for restoring my faith in education.

Abstract

Following the current Prime Minister Theresa May's January 2017 announcement, that mental health support should be delivered in 'classrooms' and the 2015 Department for Health and National Health Service England paper 'Future in Mind', which sets out the government's strategic plan to improve Children's Mental Health, the message from policy and politicians is clear that school staff need to respond to the mental health needs of Children and Young People (CYP). There has been some recognition that the established Child and Adolescent Mental Health Services (CAMHS) services cannot respond to rising need. However school staff have to endure:

> "*constant professional challenges….in trying to make sense*
>
> *of competing legislation and policy pressures, while straining*
>
> *to maintain their own passion and purpose."*
>
> Corcoran and Finney 2015

In the face of these professional challenges and cuts to education, school staff are concerned that they do not have the capacity or the skills to meet the demand for mental health support (Kidger et al, 2010).

Educational Psychology is a small but thriving profession, that has sought to define its purpose since its creation (Fallon et al, 2010), but is primarily concerned with supporting children, young people and families to realise their learning potential and increase their well-being. The training, that Educational Psychologists receive, gives them the ability to support staff to deliver effective well-being interventions and to provide direct therapeutic or systemic work with schools and families. In addition to this, Educational Psychologists are familiar with school systems, routines and educational terminology.

This research investigates the title question through the gathering of interview data from representatives of CAMHS, EPS (Educational Psychology Services) and school. Research questions that formed the basis of semi-structured interview schedule were:

- What affects the mental health of CYP?
- What is effective support for CYP's mental health needs?
- What are the barriers to effective joint work?
- What are the facilitators of effective joint work between school, CAMHS and EPS?
- What implications do examples of effective practice in joint work have for EPs?

Analysis of the data was performed using Thematic Analysis, as described by Braun and Clarke (2006). Data was sought from representatives of three different stakeholder groups, who were working together as part of the jointly launched NHS England and Department for Education; Mental Health Services and Schools Link Project.

The data gathered and the themes identified reflect the many influences and systems which shape mental health in young people and the response to mental health needs e.g. pressure to achieve in school, social media, knowledge of mental health, access to support services and resources, to name only a few.

Three main themes were identified, the first titled 'Joint Working', identifies common facilitators of joint work and barriers to joint work, as well as areas the participants identified as areas for development. The second theme; 'Mental Health in Schools', highlighted stressors and supporters of Children and Young People's (CYP) Mental Health. The third theme; 'Educational Psychologist's (EPs) Role in Supporting Mental Health', considers the role of EP and looks at both the functions of the role and others' understanding of it.

The data from this research would suggest that issues of language, understanding of one another's roles and professional boundaries (Salmon,

2004) can be overcome through joint work and consultation. There were even instances, within the data, that suggested that the joint work increased school staffs' capacity to respond to CYP's mental health difficulties. Referrals to specialist services were improved when school staff were given the opportunity to discuss cases with specialists.

The act of joint work appeared to remove the barriers to effective joint working. The new concepts and understandings that developed supported effective working between professionals and shared 'goals' for action emerged.

Contents

Introduction

I was motivated to research the topic, of mental health and young people and how to support them, for both personal and professional reasons.

Both my brother and I suffered from diagnosed mental health difficulties at school age, more specifically secondary school age. I received support from school staff, health services and my family. I succeeded academically. This has contributed to my personal development and self-esteem. Achieving GCSE's and A-Levels had a significantly positive effect on my future and without this experience, I feel I may have been defined by my difficulties, as opposed to my successes. This experience was my motivation for working with children and young people.

I trained as a teacher because I wanted to work with children and young people, I didn't particularly want to teach, and not in the manner that 'teaching' is practiced in the current British state education sector. I also did not like the secondary school system and found it hypocritical, restricting and undermining of originality and self-expression. I found my purpose in supporting students to survive and where possible thrive within the system. My father described school as a 'social rite' that children need to experience to gain knowledge and passage into a slightly more autonomous adulthood.

I worked with Key Stage 3 children at risk of exclusion and quickly found that behaviour was a form of expression and was only symptomatic of some greater difficulty or disorder that the child was experiencing. Some of these difficulties were environmental, social, emotional or physical and some children had developed ingrained patterns of behaviour. Other children were stuck, their behaviours were not achieving a satisfactory end and they became ill with depression, eating disorders, self-harm and even psychosis. I felt, as a teacher, inadequately supported and trained to be able to help these students. I tried, but was concerned that I didn't have the necessary skills and therefore I sought training and took advice from the authority Educational Psychologist. I found this

very useful and confidence building but I was also aware that this support was not generally available to teaching staff.

I spent 12 years working with Children Looked After and found during this time that the school system does not respond well to their needs. I talked to school leadership staff and to colleagues. Everyone expressed a desire to help and support young people in need, but balanced this against the need to teach without disruption and the need to ensure the best outcomes for the majority of pupils. As government/OFSTED placed increased pressure upon schools to uniformly raise attainment, teachers were less able to tolerate disruptive behaviour in the classroom and their workload increased. The time for extra-curricular or artistic endeavour was reduced and many reported being stressed and unhappy.

As a SENCo (Special Educational Needs Co-ordinator) in a mainstream secondary school, I encouraged parents to seek referrals to CAMHS for their children and developed a relationship with local psychiatrists through e-mail and occasional face to face meetings. Only in one particular case, did I feel that we, as a school, were working effectively as part of a multi-agency team with CAMHS. Children were frequently discharged before school could communicate with the CAMHS worker and contact was poor. Subsequently, the school took out a contract with the CAMHS service to have a CAMHS worker on site for one day per week. This was a productive arrangement but the CAMHS worker quickly found herself overwhelmed by the referrals and sought to make systemic change in the school response to mental health need. Unfortunately this was not well received, although as the CAMHS worker herself acknowledged, the referrals were appropriate and school staff did not feel able or willing to manage the young people without any CAMHS intervention.

A particularly frustrating case involved a very quiet, but angry Year 10 girl, who regularly attempted to overdose during school. She was referred to CAMHS but would not engage and was discharged. However, she continued to attend school and every few months would overdose on paracetamol, after which the school

was obliged to call an ambulance. Eventually she made it to Year 11 and left school.

While I recognised how over stretched the CAMHS service was and is still, I genuinely felt that there had to be a more effective way for schools and CAMHS to work together. During my training on the Doctorate course for Child and Educational Psychology, it struck me that Educational Psychologists are very well placed to support both CAMHS and schools in developing an understanding of one another and how to address presenting need. Consequently, I jumped at the chance to be a part of the CAMHS/School link pilot project in Westfield authority. (Westfield is a pseudonym, as are all names used in this thesis). The experience has been a very positive one and I have enjoyed exploring research in this area.

In January of this year, Prime Minister Theresa May, delivered the annual Charity Commission lecture and announced what the government refers to as a 'comprehensive package of measures to transform mental health support in schools, workplaces and communities'. For schools this means an additional audit of practice, the offer of mental health first aid training and further trials on strengthening the links between education and health. Mrs May professed an intention to 'transform' the response to mental illness 'not in our hospitals, but in our classrooms.'

The issue of increasing mental ill-health among children and young people (DOH & NHS, 2015) has reached the attention of government and policy makers. However, as yet, there are no plans to establish why this is occurring, no plans for further investment and only reviews and training for school staff. There is a forthcoming green paper on Children and Young People's Mental Health and hopefully this will be more than just an acknowledgement of need.

I intend to use the findings of my research to inform my own practice. I will feed it back to the team of EPs at Westfield and will ask for an opportunity to share the findings with the CAMHS transformation lead and representatives of the Clinical Commissioning Group in Westfield. The CAMHS/School link pilot project in Westfield was one of the few to include Educational Psychologists and hopefully

the authority will continue to lead on ‘joint working’ for Young People with mental health needs.

1. Critical Literature Review

1.1 Introduction

How can CAMHS and EPS work together more effectively to address the mental health needs of children and young people in school?

This literature review will consider the need for more effective mental health services for children and young people, identify barriers to provision of an effective service, the current role of Children and Adolescent Mental Health Services (CAMHS) and the current role of Educational Psychology Services in supporting Mental Health. It will also look at National strategies to improve young people's mental health currently being used in schools. The review will examine recent literature to find how a co-ordinated CAMHS and EPS response to the mental health needs of children might be most effective. Finally the review briefly considers whether education and more specifically school is the 'right' environment in which to address mental health needs. The review also touches upon wider socio-cultural issues such as funding, governance and national institutions. The factors influencing the mental health of young people today are extremely wide ranging and this review seeks to place in context the research and data that follows, so that a reader unfamiliar with education or mental health might be able to contextualise the findings.

Mental health services primarily provide for those with diagnosed mental illness. Diagnosis is generally defined by either the American DSM IV (Diagnostic and Statistical Manual of Mental Disorders), or the European ICD 10 (International Statistical Classification of Diseases). However the definition of mental health has broadened considerably and the World Health Organisation (WHO), now describes mental health as being 'a state of well-being', which supports the ability to cope with life's stressors and work productively towards the realisation of one's potential (WHO, 2013). In the research question I refer specifically to the mental health needs of young people. Educational Psychologists work with children and young people with or without a diagnosis of a recognised mental illness.

Diagnosis is in most cases dependent upon accessing specialist mental health services and many children and young people have no diagnosis, but do have a recognisable absence of mental health. Some, if not many of these young people would meet diagnostic criteria, but have no official diagnosis, therefore, in order to include this group I am using the term 'mental health needs' (Friedman, 2006).

1.2: The need for more effective mental health services working with children and adolescents

In the recent Department of Health and NHS England review of mental health provision for children and adolescents; 'Future in Mind' 2015, the following reasons were given for children's mental health to become a national priority:

- Over half of those diagnosed with a mental illness suffered onset before the time they were fourteen, with this rising to 75% in evidence before the age of 18. (Murphy and Fonagy, 2012)
- Children and Young People with identified mental illness are twice as likely to leave school with no qualifications
- The life chances of children and adolescents with mental illness are significantly reduced in terms of their physical health, educational attainment and employment opportunities (Murphy and Fonagy, 2012)
- Mental illness in adolescents and children costs the state between £11,030 and £53,190, annually per child. (Suhrcke at al 2007)

The outcomes for adolescents and children with mental illness are significantly poorer than their peers. Those with mental illness in their youth frequently suffer in later life and cost the government ever more as their illness persists (Goodman et al, 2011). The case for early and effective intervention is clear. How to provide an effective service is a far more complex task.

Despite the government stating that mental health services should have parity of esteem and funding to match physical health services, CAMHS remains a Cinderella service. With only a very small proportion of the total mental health

service spend going to CAMHS. In fact, in real terms, the funding for CAMHS services has remained static since 2008-2009 (Parkin, 2015). A Centre Forum Commission report (Taggart et al 2014), focused on perceptions of mental health in schools and made reference to the recent cuts in CAMHS services;

> "A *freedom of information request by Young Minds found that two thirds of local authorities have cut their CAMHS budgets and the largest cuts have been to early intervention services….£160 million is spent on smoking cessation. Less than £40 million is spent on mental health… This disparity of funding continues at a national level as NHS England only allocates 0.6 per cent of the total NHS budget to CAMHS.*" (Taggart et al, 2014)

One of the effects of these cuts to CAMHS has been to ask schools and other public and state funded services such as General Practitioners within the NHS and the police to address and contain the mental health needs of children and young people (Nancarrow and Borthwick, 2005). Schools are considered a 'front line' or 'chalk face' service and the general rhetoric is that funding is protected for these organisations. Workload, on the other hand, is not a protected entity. In tandem with a reduction in CAMHS services there has been a reduction in education support services. Those additional services that specialised in literacy, numeracy and behavioural or emotional difficulties have been axed by the majority of local authorities and the emphasis has been placed directly upon teaching and school staff to address the needs of those pupils (Abrams, 2017, Finney, 2006). At the same time the government agenda to improve attainment and attendance across the board without reference to social or economic disadvantage has meant that teachers focus increasingly on academic outcomes and the pressure from OFSTED and senior management means that they have little capacity to consider the child in a more holistic manner (Thornton, 2015). In reality this means that an increasingly over loaded pastoral team in school

assumes a position of responsibility for the mental health and well-being of an entire school population. Added to this is the fact that school attendance is compulsory and absence from school is punishable by law. Attendance at CAMHS is voluntary. In addition CAMHS do not generally engage in direct work with children '*in crisis'*, but at the same time these children's attendance at school is compulsory. There is a fundamental operational difference between education and health care services. Education provides for all i.e. an allocating service, whereas health care services respond to need i.e. a commissioning service (Salmon, 2004). As resources are stretched in healthcare services, the needs of one child are balanced against another's and resources are allocated to where they are likely to be most effective. (Nancarrow and Borthwick, 2005) (This is also in evidence within the education services, but is more likely to be related to potential academic achievement). Competing needs at point of access to mental health services, lack of specialist knowledge and resources, increasing accountability in schools for academic achievement and mental health and a relatively low recovery rate for CYP mental health (Wolpert et al, 2017), all mean that at any one time there are likely to be a significant number of children attending school who are mentally ill, or who have significant mental health needs which are not being addressed (Friedman, 2006).

1.3: Children and Adolescent Mental Health Services

In response to two key documents 'A Handbook of Child and Adolescent Mental Health' and 'Together we Stand', Children and Adolescent Mental Health Services were developed as part of the National Health Service. A four tier framework for planning, commissioning and delivery of the service was established. A key element of the recommendations, from both documents, focused upon inter-professional and multi-agency working in service commission and delivery. The four tiers of CAMHS provision were conceptualised as follows:

- Tier One

  Tier one consists of professionals working for primary care trusts, across services and within the voluntary, private and public sector. These are largely non-mental health professionals who are able to identify and address early signs of mental health difficulties through regular contact with children and young people. In this framework intervention and support provided from teachers and pastoral staff who have identified mental health needs in young people would be considered a tier one intervention, but this is not a term that is used in education.

- Tier Two

  Tier Two consists of CAMHS specialists who work directly with young people, receiving referrals form general practitioners, schools and other front line services. This work is likely to be uni-disciplinary, in the sense that the practitioner is not working as part of a team to address the child or young person's needs. An Educational Psychologist's assessment and intervention would be widely considered a Tier Two provision.

- Tier Three

  Tier two and three are often merged in health services and many practitioners work across both tiers. What differentiates tier 3 from tier 2 is that practitioners are required to work as a multi-disciplinary and agency team, offering assessments and treatment recommendations from more than one practitioner. Staff working at tier 3 are expected to train and support staff at tier 1.

- Tier Four

  This is the provision of specialised services for young people with severe and protracted mental illness. This provision can be delivered as an in-patient, as part of a specialist unit or hospital, but could also be delivered on a day patient basis. Included in tier 4 are secure forensic adolescent

> units, eating disorders units and specialist teams addressing the needs of those who have specific neuro-psychiatric conditions or who have experienced sexual abuse and trauma. These services often operate across regions. (DCSF, 2010)

Stafford et al, 2014, describe 5 possible outcomes from an initial consultation at CAMHS: failure to attend and the case is closed, the child is assessed and there is no further treatment and the case is closed, the child is placed on a waiting list for intervention, the child receives intervention or appointment for further initial assessment. So an initial appointment with CAMHS does not guarantee any form of intervention and often those chaotic and unpredictable families, with children in dire need, fail to attend official appointments.

As outlined in the introduction, the challenges facing mental health services from lack of capacity due to funding cuts and a high of level need means that CAMHS, social services and education providers now need to develop work across disciplines, in order to utilise the presence/attendance of children and young people within the school system.

1.4: Barriers to Multi-agency working

The call for co-ordinated working can be found as early as the Children Act of 1989. The only logical reason for it not to have been more effectively practiced, must be significant barriers exist to practical operation. One of the difficulties with multi-agency working is that there is no defined model or models or operation to follow (Sloper, 2004). As individual services already operate in manners defined by locality, context and history, the amalgamation of these services is likely to be just as idiosyncratic. Bureaucratic, organisational and historical barriers stand in the way of good multi-agency practice (Bullock and Little, 1999 in Salmon 2004). Specifically within children's services identified barriers include (Easen, Atkins and Dyson 2000):

- differences of opinion regarding the nature of intervention
- differences of opinion about who holds responsibility for intervention
- poor communication and differences in prioritisation of liaison and communication,
- varying timescales for action
- differences in prioritisation of cases

Specific to CAMHS services in the United Kingdom, barriers to effective multi-agency working have been identified as (Miller and Ahmad, 2000);

- Continued domination of a medical model of working that looks for child pathology and focuses less on environmental factors.
- A lack of understanding between partner agencies regarding professional culture and roles.
- A lack of acceptance that effective multi agency work needs input from stakeholders, at both strategic and operational levels.
- Difficulties in maintaining clear professional roles whilst collaborating in assessment, intervention and provision.

There is a clear need for multi-agency working in addressing the needs of children and young people because there will always be a need for more than just one professional or profession to meet these needs (Williams and Salmon, 2002). The individual skills and knowledge that key professionals bring to provision are essential. However the art of multi-agency working is in sorting which unique contributions can be made and by whom, which constructs of profession are unhelpful and which stand as barriers to collaboration. An identified risk of multi-agency working is that of professionals feeling de-skilled and at risk of losing their identity. There could be a potential fear of being ‘absorbed’ into another agency’s organisational culture (Pettit, 2003). There are in addition to this, organisational differences in pay, recruitment and retention, status, policy and strategy change,

which all combine to make a shifting foundation for the development of a cross professional team.

Every Child Matters (ECM), the 2003 Green Paper (DfES, 2003) and the subsequent publications; Every Child Matters: The Next Steps (DfES, 2004a) and Every Child Matters: Change for Children (DfES, 2004b) form the guidance which is underpinned by the legislation of The Children's Act of 2004. Every Child Matters takes many of the recommendations of Lord Laming's 'The Victoria Climbie Report' (2003) and generalises these to form national guidance. The report places emphasis on multi-agency working and increased communication between services involved in supporting CYP and their families, in the hope that no other child's abuse will be hidden.

The increased emphasis on multi-agency working, offered opportunity for Educational Psychologists to facilitate communication between external services and schools. The ECM agenda encouraged all services to work to five outcomes for children; being healthy, staying safe, enjoying and learning, making a positive contribution and economic well-being (Straker 2009). ECM as an explicit policy ceased to exist following the change of government in 2010.

In 'An exploration of the implementation of the Every Child Matters agenda', Ainslie et al used a mixed methods case study with primary schools and external services to identify difficulties in multi-agency work. The two main challenges that Ainslie et al identified were;

- 'Aspirations into practice' – this related to the operational challenges involved in turning shared aspirations into policy and practice
- 'Pressures and Anxieties' - these related to the concerns that involved professionals had regarding the audit and inspections related to their professional performance. Ainslie et al felt that these 'pressures' led to some professionals being defensive and perceiving a threat to their autonomy and integrity.

Straker and Foster (2009), using focus group interviews to elicit data on how professionals involved with implementing ECM a) dealt with the challenges of multi-agency working and how to translate the rhetoric underpinning the ECM agenda into reality. Through analysis of their data Straker and Foster found that participants viewed the implementation of the ECM agenda as having led to improved preventative work with families and children and easier access to services. Participants identified that successful implementation of the agenda required commitment from professionals and belief in the underpinning principles of the agenda. In addition to this Long term commitment from the government to supporting the principles of the ECM agenda to become working practice was identified as pre-requisite to long term successful implementation. Participants identified the need for consistent policies and implementation of this policies as key to their success. Unfortunately the ECM agenda was not consistently implemented after the change in government in 2010.

More recently; 'The Future in Mind' review of 2015, identified challenges for CAMHS as being significant gaps in data collection and analysis and a low take up rate with only 25%-35% of those children and young people with diagnosed mental health conditions accessing support (Green and McGinnity, 2005 in DOH, 2015). Access to services was highlighted as an area for concern, with increased referrals being recorded, higher numbers of complex and severe problems in existence and longer waiting times following referral. The complexity of commissioning arrangements and variations between authorities, together with a lack of leadership and accountability were also identified as barriers to effective provision.

The key themes for moving forward, identified in the report, for the improvement of mental health services were as follows:

- Promoting resilience, prevention and early intervention
- Improving access to effective support
- Care for the most vulnerable

- Accountability and transparency
- Developing the workforce

The area's most pertinent to joint CAMHS and EPS work include promoting resilience, which already has a high profile within education (SEAL, ECM) and improving access, which could be done by taking the service to young people and developing the work force. This last point is key because the expertise and knowledge from CAMHS need dissemination to those first tier workers if they are confidently going to be able to support children and young people in schools. Many of the recommendations in recent reviews of mental health provision (CMO, 2012, DOH, 2015, DCSF 2007) call for educators to take a more active role in identification and provision. The House of Commons Health Select Committee recommended, in its 2014 report on Children and Adolescents mental health and CAMHS, that the Department for Education should audit mental health provision and support and that OFSTED should assess this provision as part of their inspections. Without a confident and qualified workforce, in or directly supporting schools, this increased responsibility is not going to lead to effective intervention and support.

1.5: The Role of the Educational Psychologist

The role of the Educational Psychologist, as an applied psychologist, can be variable but there are key functions which are generally recognisable in most instances. The Educational Psychologist is usually responsible for assessing children who experience difficulties in learning or accessing school due to a range of either learning needs or social, emotional and behavioural difficulties. Most psychology services are based within a local authority or have their work commissioned by a local authority. Usually these services have a statutory responsibility to provide advice to the local authority, when it is assessing a child's special educational needs (SEN), in consideration of whether to issue an Education, Health and Care Plan (EHCP).

An Educational Psychologist can also advise school on systemic change, work directly to consult with parents, school staff and young people and provides training and staff development. Educational Psychologists also engage in direct therapeutic work with children and families, but the extent to which this is practiced varies between services and authorities. One possible reason for this may be the variation in training for therapeutic work provided on Educational Psychology doctorates and another may be that individual practitioners have varying degrees of confidence in their ability to carry out this work (Wade, 2017).

There is no longer a requirement for those applying to train as Educational Psychologists to have qualified and practiced as a teacher, but many Educational Psychologists have previously been teachers and the majority are familiar with the school environment and state education. All training programmes for Educational Psychologists teach and encourage multi-agency working skills. With inclusion on training courses of professionals from social services and mental health, there is in an increasing diversity and range of knowledge in the profession.

The 2014 Special Educational Needs Code of Practice (SEND CoP), suggests that schools refer to Educational Psychologists in order to assess and provide for a child's special educational needs. Within the guidance Educational Psychologists are only referred to as one of the possible sources of support for assessment and provision. CAMHS are also referenced. This fits with the general purpose of the guidance, which includes social, emotional and mental health difficulties as a category of special educational needs, as opposed to the category it replaces which was social, emotional and behavioural difficulties. The new code has sought to join education, health and social care in commissioning, planning and provision for children and young people with special educational needs or disabilities (SEND).

The profession of Educational Psychology is relatively small and although it has been rooted, through the various education acts, in assessing and advising on SEN, it also has community psychology roots through practice in Child Guidance

clinics (Squire and Farrell, 2007 in Fallon et al 2010). It is also characterised by being involved in and advising on the education system, but existing separately from the institutions of schools and colleges. This provides the profession with a unique, meta-perception of the systems within which it works (Beaver, 2011). The multi-faceted evolution of the profession puts it into an ideal position to move between the interconnected systems of multi-agency work with fluidity and flexibility, while maintaining the necessary priority of serving the child and family. The emphasis on multi-agency work is a movement that Educational Psychologists are primed to utilise. This is not a new development, but arguably the benefits of this position have not yet been fully exploited, as this quote by Loxley 1978, in Fallon et al 2010, shows:

> "*Although educational psychologists are a somewhat inconspicuous group, they do occupy a strategic vantage point in terms of the social and educational scene. Their observations ought, theoretically, to be of value in facilitating the responsiveness of the education service to the community's needs and in particular the needs of the under-privileged."* Loxley 1978 in Fallon et al 2010

The Children's Act of 2004, has seen the creation of Children's services and Children's Trusts within local authorities and they have the remit of commissioning multi-agency services to meet the needs of children and young people. As funding is removed from local authorities and placed directly with schools, schools too will have a greater role in commissioning services to meet need. For this reason it is important that both these commissioning services have an understanding of what educational psychologists can offer and the unique position they occupy.

Beaver (2011) sights two main elements to the role of applied psychologist. The first is the psychological skill needed to engage with people and to develop and facilitate effective and functional relationships. The second is the psychological

knowledge which supports the hypothesising and selection of appropriate interventions. These two core elements are evident in both educational and applied psychology. What Educational Psychology has, that is unique to the profession, is an outsider role that promotes systemic work and insider knowledge of the education system. It is the link that can bridge effective multi agency work with CAMHS and schools, utilising the skills and knowledge of both establishments.

An example cited by Fallon et al 2010, of developing multi-agency work within the EP role, was of a local authority which took the decision to deploy two educational psychologists, within service to various health or social services team. CAMHS were included in this. Particularly in reference to CAMHS, the EPs were able to develop their work in providing a post diagnosis service for Autistic Spectrum Disorders, joint work on Attention Deficit Hyperactivity Disorder diagnosis and the development of Infant Mental Health Services, working closely with clinical psychologists and health visitors.

A reported challenge to the work pertained to EPs professional competencies and confidence. The change in nature of the work inevitably led to the need for increased specialised training and supervision (Fallon et al, 2010). If EPs need to consider their competencies in order to undertake joint work with mental health services it is understandable that education staff might consider themselves under qualified.

American School Psychology has been exploring the provision of school based mental health centres since the 1970's (Perfect and Morris, 2011). In a consideration of the training and ethical issues which arise from such practice Perfect et al, recommend some revision of the training competencies required to qualify in school psychology. If Educational Psychology is to take on more direct therapeutic work with children and increased involvement in mental health services, these suggestions are relevant to training providers in the UK. Perfect and Morris suggest that training should cover crisis intervention or, as it is often referred to in the UK, critical incident response. Competencies should cover an

understanding of paediatric psychotropic medicines and their side effects. Although Educational Psychologists do not commonly diagnose mental health conditions and they never prescribe they should, when considering the whole child and the systems around them, include the effects of medication and how these impact on the child's functioning in various environments. In a 2006 study of school psychologists' caseloads, Carlson et al found that 25% of the children and young people with whom they worked, were taking psychotropic drugs.

With regard to therapeutic interventions Perfect and Morris suggest that there should be an undertaking on the part of all school psychologists to only practise interventions in which they have had formal training or have access to direct supervision from someone with formal training and experience.

1.6: Mental Health and Well-being in Schools

Despite government recommendation that schools address children and young peoples' mental health needs, through broad brush policies such as Every Child Matters, National Healthy Schools and Social and Emotional Aspects of Learning, there is very little research which shows what strategies schools employ and how effective these strategies are (Kidger et al, 2010). A research study, surveying emotional well-being provision in 599 primary schools and 137 secondary schools across England, conducted by Vostanis et al and published in 2013, is the first of its kind. The survey asked identified individuals in school to answer a series of detailed questions about well-being and mental health provision in schools. Provision broadly fell into two categories, either universal provision with a preventative emphasis or reactive mental health support for those developing or with identified mental ill health.

Social and Emotional Aspects of Learning (SEAL), were designed as:

> "*a comprehensive, whole school approach to promoting the social and emotional skills that underpin learning, positive behaviour, regular attendance, staff effectiveness and the emotional health and well-being of all and work in schools*" DCSF, 2007

SEAL was conceptualised as a loose framework, where schools were encouraged to identify their own priorities for improvement. The national evaluation of the SEAL programme found that it had no significant impact upon pupil's social and emotional skills, mental health or behavioural difficulties (Humphrey et al, 2010). The evaluation work was able to identify that some schools were more successful than others in improving outcomes for pupils and variables included; school attitude towards the programme, (whether they agreed with the principles behind it or felt it was a box-ticking exercise) and how well the school was able to sustain the associated activities and initiatives. Recommendations from the review included that there should be greater emphasis on use of literature and research to inform 'what works' to promote mental health. This reflects the findings of the wider national survey (Vostanis, 2013), that schools did not report making use of evidence based interventions, using instead locally developed programmes.

The nationwide survey (Vostanis, 2013) also found that the majority of schools were reactive in their mental health provision with 71.2% of secondary schools reporting that they focused support on those with developing or existing poor mental health. This may be because, when presented with students who express their mental distress through disruptive behaviour, school staff have no choice but to address the effects of their mental health difficulties. The survey did find that school staff shied away from addressing causes of mental illness such as family systems or environment. This runs the risk of addressing only the symptoms of mental illness and implying that the responsibility for change lies within the child, when they may in fact have no agency within their wider ecology.

A reticence to approach systems or family therapy is not surprising when the survey also found the staff most likely to deliver emotional well-being and mental health interventions have little or no training in this area. In addition to this, few schools utilised specialist training, consultation or counselling to address mental health needs. There was also only a minority of schools that provided support or training for parents. A possible reason for this is, that despite devolved funding and government guidance, schools do not view mental health as core to their role in educating children. A separate TaMHS 'Targeted Mental Health in Schools' evaluation of four local authorities (Cane and Oland, 2015) found that time constraints, cover for key staff, lack of space in school and workload management all presented obstacles to successful work.

Another governmental strategy for promoting mental health in schools was the 2008 DCSF (TaMHS). The TaMHS projects were to utilise evidence based interventions, but again each local authority had the freedom to create their own model, making national evaluation of the initiative very difficult.

Using the premise from earlier research (Fonagy et al, 2002), that showed that a range of school based approaches, including individual and group cognitive behavioural therapy, nurture groups, social skills programmes, peer mentoring and development of behaviour management strategies, all had positive effects on the mental health of children and adolescents. This gave authorities and schools a very wide remit and made the selection of interventions varied. Unfortunately the evaluation of the TaMHS project (DFE 2011) found that there was no statistically significant improvement for primary or secondary children with regard to their emotional difficulties. Behavioural difficulties were found to show improvement for primary school pupils, but not secondary school pupils. The details of the evaluation are what hold ideas for future intervention and support.

The TaMHS evaluation examined inter agency working and found that only 1 of 41 schools made referrals directly to CAMHS in 2010. This often related to local referral protocols. The services that schools did refer to were authority behaviour support teams and educational psychology services. The report highlights how

educational psychologists are a key group to support schools to develop mental health provision and links with CAMHS. School staff themselves welcomed the additional manpower and resources that TaMHS workers provided the school.

1.7: Children, Young People and Parents/Carer's views

The TaMHS review found that parent's viewed school as a key contact should they have any concerns about their child and they were most likely to approach a teacher should they have concerns, this was in preference to their GP, or a mental health professional. This is concerning, as in many authorities a GP referral is the most direct route to a CAMHS referral. School staff reported that prior to the TaMHS project they perceived parent's as being uncomfortable with the stigma attached to mental health services and professionals. The TaMHS project worker's close links with school promoted the idea that the worker was 'part of the school' and this made their support less stigmatising.

Parents also valued good communication between themselves and the involved professionals. Closer working between CAMHS and schools promoted effective communication.

Following the TaMHS work children and young people showed an awareness of the different approaches to support mental well-being in school. They reported particularly positively about self-help and information leaflets, perhaps reflecting a need for greater education on the subject. This finding was supported by the National Children's Bureau (NCB, 2015), where pupils highlighted a lack of education on mental health and they felt that this education should be available to them and at an earlier age.

The TaMHS review found that children appreciated 'helpful' conversations with staff. The NCB also found that young people made reference to specifically supportive teachers or areas within school where they could access support for mental health issues. Paradoxically they also reported that some teachers

appeared to be ‘scared’ of mental health issues and often dismissed symptoms of mental illness as ‘hormones’ or ‘bad behaviour’.

The 2012 Annual report of the Chief Medical Officer surveyed young people accessing mental health services and found that they wanted the following:

- For mental health to be taken as seriously as physical health
- Health promotion and teaching in schools to combat the stigmas associated with mental illness
- Confidential mental health services that could be easily and quickly accessed
- Approachable, skilled personnel who can provide continuity of support
- More information regarding mental health, mental illness and treatment
- Access to counselling services in school

In a thematic analysis of children and parents perceptions of CAMHS, Bone et al (2014), identified three main themes, which echo the findings of the Chief Medical Officer in 2012. The three themes were; ‘Fear of the Unknown’, which related to the emotional apprehension children and parents experienced due to the uncertainty about what CAMHS do. The second theme was; ‘Therapeutic Engagement’ and this referred to the development of trustworthy relationships and feeling heard. The third theme was ‘Making Services Accessible’, this referred to the accessibility of services and children’s ability to access the sessions offered.

A thematic analysis conducted by O’Reilly et al (2013), into how children and parents with educational and mental health difficulties viewed multi-agency working, found the following three themes:

1. Positive aspects of joint work; participants reported that joint working was a positive thing in term of supporting their own or their child's mental health.

2. Issues affecting joint work; participants identified a variability in the levels of communication, between themselves and professionals and between professionals and they felt this affected how useful communication was. In addition to this the interviewees cited budgets and resources as being a barrier to joint work, as was resistance from schools. Participants spoke about how some schools were resistant to working with and meeting with outside agencies. The last identified sub-theme in this category was 'changing teacher behaviour', participants identified changing teacher behaviour as a key part of joint working. One child referred to a CAMHS worker as 'making every single teacher not shout at me.'

3. Impact of joint working; for joint working to be effective it should have an impact upon the young person and their family (Pettit, 2003). Children and parents interviewed identified that joint working improved pupils' behaviour and well-being but O'Reilly et al concluded, in their analysis of this data, that impact was tempered by a lack of resources, information sharing, training and lack of time and that this was reflected in some of their data.

1.8: The Way Forward

In Pettit's comprehensive report on joint work between schools and CAMHS (Pettit, 2003), she outlines some very clear recommendations for improving this area of work. At a national level, she recommend that greater emphasis is placed by government departments on early intervention mental health services, that CAMHS develop a plan for multi-agency working and that schools should receive clear and consistent advice support and training.

Pettit makes specific reference to the role of Educational Psychologists in recommendations. She suggests that training for school staff should be

developed jointly between CAMHS and EPs and that there should be 'formal integrated linkages' between the two services and wider support services.

Pettit's clear and prescriptive conclusions and recommendations were echoed in Weare's 2015 paper for the Partnership for Well-being and Mental Health in Schools series. Weare writes primarily about creating supportive schools and classrooms where discussions about feelings and emotions are part of the ethos and any extra support can be easily accessed and offered.

Weare also refers specifically to EPs and their role in schools. She suggests that new interventions and programmes for use with young people are initially led and overseen by specialist staff such as EPs. This would provide training opportunities for school based staff and help to ensure that evidence based interventions are delivered with the best chance of effect.

Importantly Weare places a lot of emphasis on addressing the mental health needs and well-being of teaching staff and cites NUT statistics from 2013.These showed that 80% of surveyed teachers experienced job related stress, anxiety and depression and that 50% of those surveyed felt that this stress was severe. Weare suggests that Senior Leadership teams in school should only make realistic demands of their staff, encourage a work life balance that allows time for rest and recuperation and offer counselling when needed.

All of the recommendations that Weare and Pettit have made require the head teacher, governors and senior leadership to be committed to addressing well-being and mental health as a priority, not just in rhetoric but in financial planning and time management. Pettit suggested joint budgets should be established between health and education to support joint working. The new Special Needs Code of Practice (DFE & DoH, 2014), made much of joining services together, but funding streams continue to be separate and there is a dearth of money for preventative work. In an infrequent recognition, (in literature exploring joint work), of services carrying a cost, Weare recommends specialist support:

> "*Having specialist staff such as educational psychologists work with the young person at school is an approach which both national and some local evaluations of TAMHS showed to be transformative in many cases. Schools may wish to commission such staff directly themselves, depending on local authority arrangements.*" (Weare, 2015)

A set of resources and guidance entitled "A whole school framework for emotional well-being and mental health" (Stirling and Emery, 2016), also written as part of the NCB series Partnership for Well-being and Mental Health in Schools, provides schools with a detailed guide to achieving many of Weare's recommendations. The document is designed to provide an aid to action for schools, but the recommendations firmly place the responsibility for establishing a 'network of mental health support' at the schools' door. It asks schools to develop relationships with health commissioners and boards, and to 'shape external' services through commissioning.

Stirling and Emery also suggest the idea of a 'team around the school', which offers more potential for support and the opportunity for specialist services to be more active in supporting schools. This support will be needed, as Stirling and Emery allude to the DFE and OFSTED developing criteria for schools to meet in relation to school well-being and mental health provision. Stirling and Emery refer to embedding mental health support as a priority and refer to the risk that staff may consider it 'another do more with less' initiative. They do not reflect upon the possible reasons for this attitude, or the possibility that their set of recommendations may in fact require staff to do more in less time or with less money.

The fact that Pettit was writing about almost the same findings in 2003 as Weare was in 2015, supports the assertion that various research and pilot projects have furnished the health and education sectors with the information needed to work

collaboratively. It must be a something other than knowledge that presents a barrier to the advice and guidance being acted upon.

1.9: Should Schools be Addressing Mental Health Needs?

As a trainee Educational Psychologist, the link between psychology, learning and school is assumed and is part of the fabric of my epistemological position. My training for this doctorate has encouraged me to consider the purpose and effects of any intervention or consultation I might offer CYP and their families. Within this context I felt it was appropriate, even essential, that the wider interventions of psychologists and CAMHS, in supporting CYP's mental health and well-being in school, should be scrutinised. What are the potential effects of providing this support in school?

In my desire to be an EP, I had in many ways already accepted the symbiotic nature of education and psychology. However the ways in which psychology is used in education has led me to reflect upon its position within the education system. This is not a new concern and has been expressed and written about by many EPs before me (Williams et al 2017). Psychology, like education, has in the past and continues to be used a means of marking individual difference and deficiency in children and young people. This is generally at odds with its stated and intended purpose, as an enabling and life enhancing tool. Ansgar Allen (in Williams et al 2017) writes, about Binet's creation of a tool to rank and order children's cognitive abilities, as a landmark case in the 'educationalisation of psychology' which Allen interchanges with the 'psychologicalisation of education'.

Both education, science and medicine have been recognised to have been used as a method of social control (Billington, 2000). In the 'psychologicalisation of education' we have the combining of these two forces and the implications of psychopathologising children carries considerable risk. Billington describes how by psychopathologising children, the assisting professional can wittingly or unwittingly;

- Exclude a child from their existing social relations, such as school
- Through this exclusion and removal separate a child from future social, educational and economic opportunities
- Separate the child and their behaviour/illness/identity from their environment and context
- Reduce and label a child, separating them from their abilities and intelligences, as well as their disabilities and problematic behaviours

On the face of it, responding to an overwhelming need and genuine distress among school aged children, appears necessary and benign. However Kathryn Ecclestone (2004) argues that this focus on identifying and treating mental ill health in young people, reduces their agency and resilience and simultaneously deflects attention from the possible causes of their lack of well-being. It shifts the focus onto the individual and not the environment and context, which may raise questions about wider social issues such as economics and politics.

Ecclestone warns that there is a real and present danger that 'despite a rhetoric of emancipation and empowerment' those endorsing therapeutic applications in education will cease to look for social change and political responsibility.

Mills (2017) argues that the current 'modern epidemic' of children with mental disorders in Western countries, is based upon the diagnosis and treatment of disorders such as Attention Deficit Hyperactivity Disorder (ADHD) and Oppositional Defiant Disorder (ODD) or Pathological Demand Avoidance (PDA). None of these disorders are identified by means of biological testing but rely on the child's symptoms and reported symptoms matching a description of the disorder. The description does not ask for contextual information and consequently, as Mills suggests, they may be explained by a lack of sleep, stimulus, food or other physiological experiences.

In the UK at present the diagnosis, of a particular disorder or condition, may support an application for additional educational or financial support for the child and this can motivate parents to seek such a diagnosis. Once a diagnosis has been given, one form of treatment is through medication and psychopharmacology is a profit making industry, which markets its products and their effects.

For parents a diagnosis may represent an opportunity to access support. While diagnosis often brings distress and readjustment, it can also bring an opportunity for parents to distance themselves from the context in which the issues arose, by placing a 'blameless' responsibility with a medical/biological explanation that exists within child. (Milligan, 2012. Moldavsky, 2013)

It is the critical reflection encouraged amongst EPs that makes the profession particularly well suited to responding to children's, parents' and staff needs, whilst also promoting environmental change and acknowledging the potential outcomes of diagnosis and intervention. Williams, 2017, calls for psychologists to 'try to hold political realities and psychological problems in focus at the same time'.

1.10: Summary and Conclusions

The need for a more effective response to mental health needs of CYP is clear from the increased numbers of CYP being identified as in need (DOH, 2015) and the simultaneous lack of funding for CYP Mental Health Services (Parkin, 2015 and Taggart, 2014). Education services are rapidly becoming the caretakers for a large number of young people with poor well-being and mental health issues (Abrams, 2017, Finney, 2006). It makes sense for CAMHS and education services to share expertise and resources to address this need. Particularly as CYP and their families often need to access a range of services to achieve well-being (Williams and Salmon, 2002).

There are barriers to multi-agency working, such as a lack of a clearly defined model of working (Sloper, 2004), organisational and bureaucratic barriers

(Salmon, 2004), however there is a necessity to overcome these barriers and provide effective support to young people and their families.

CYP and their families, have through research expressed a preference for support and education on mental health to be offered in/or through schools (CMO, 2012). School staff can feel under qualified to provide this (Corcoran and Finney, 2015), but are often willing to learn and be supported by professionals with more specialist knowledge.

Given the need for effective support for mental health issues, the need for specialist knowledge and support in school and the organisational barriers to multi-agency working, Educational Psychologists could be viewed as being in an excellent position to facilitate joint working and provide direct support to teaching staff and CYP (Fallon et al, 2010). EPs have training in systemic change and therapeutic practice (albeit to varying degrees of confidence, Perfect and Morris, 2011). The profession has developed an excellent knowledge base about the organisational structures, language and procedures involved in the education system (Beaver, 2011) and could support mental health practitioners from a CAMHS background to negotiate and understand the context in which schools operate.

As increased funding levels for Mental Health provision for CYP has not been forthcoming in recent years the challenge is to work more effectively with existing resources. I have in my working life experienced multi-agency working which has been effective in meeting the needs of the young person and multi-agency working which has not. My research is intended to explore themes within the data that might highlight how effective joint work might be achieved.

1.11: Research Questions

From the literature review and the starting point of the title question the following research questions arose:

- What affects the mental health of CYP?
- What is effective support for CYP's mental health needs?
- What are the barriers to effective joint work between school, CAMHS and EPS?
- What are the facilitators of effective joint work between school, CAMHS and EPS?
- What implications do examples of effective practice in joint work have for EPs?

These initial research questions formed the basis of the semi-structured interview schedule used to guide interviews with participants.

Chapter 2- Methodology

"The infinite variety of the human condition precludes arbitrary definition"

Ian McEwan, The Children Act, 2015

2.0 Introduction

The subject of study in this research is based on "Child and Adolescent Mental Health Service and Schools Link Pilot Scheme" (2015, DFE, ref 0603). The researcher is positioned as an 'insider' working on the project with colleagues from CAMHS, the Educational Psychology Service (EPS) and school staff. This insider position afforded the researcher easy to access to participants, as they were part of a pre-defined group and had knowledge and experience relevant to the research question. Data have been gathered through semi-structured interviews, with six participants working on the project. The chosen method of analysis is Thematic Analysis.

2.1 Epistemology and Ontology

The purpose of making transparent the epistemological position of qualitative research is to enhance the 'coherence' of the work. Holloway and Todres (2003) propose 'coherence' and 'consistency' in qualitative research as alternatives to validity and reliability found in quantitative research. Coherence, in this instance refers to the extent to which the knowledge generated by the research matches the studies' intended aims. Consistency can be traced through research from the epistemological position of the researcher, which in turn influences the nature of the research question, the understanding of the knowledge sought and the choice of method selected.

This research is positioned within the 'critical realism' approach to research, as it attempts to get closer to the answers that the researcher seeks, but does so while knowing that participants views are and the researcher's own view are subjective.

‘Critical realism acknowledges an objective and intransitive reality which exists independently of knowledge’. (Bhaskar, 2008). Critical realism separates ontology from epistemology. Critical realists retain an ontological realism, in the belief that there is a real world which exists regardless of perception, theory or construction. However epistemology within Critical Realism stems more from constructivism and interpretivism, with the belief that how we come to know reality is always determined by one’s own conceptual understanding and perspective. In qualitative research from a critical realist perspective the interpretation and experiences of participants, together with our own interpretation, form part of the world/reality that the researcher seeks to understand. The researcher can achieve an understanding that is more or less correct, but not correct in itself (Maxwell, 2012). Concepts and perspectives are generally expressed through language and qualitative methods of research lend themselves to detailed examination of language

2.2 Insider Research

As a Trainee Educational Psychologist (TEP), on placement in Westfield Authority, working as part of the Educational Psychology Service (EPS) and named TEP for one of the secondary schools working as part of the CAMHS/School link project, I am positioned as an Insider Researcher. Sikes and Potts (2008) define an Insider Researcher as a researcher that has existing involvement with the institution in which their investigation is based.

There are many benefits to being an Insider Researcher, such as having ease of access to the participants and information. Through emersion in the area of research, as an operative, the researcher has a large amount of ‘pre-understanding’ (Coghlan and Brannick 2002, 2005 in Sikes and Potts, 2008). This can lead to a greater and deeper understanding of the research topic. There is also the ‘unexamined common sense’ knowledge of the research area as an area of work, which can extend the researcher’s knowledge (Robson 1993, Sikes and Potts 2008). Although depth and detail in data gathering is a feature of qualitative

research, in the case of an Insider Researcher, it can be criticised for lacking in 'objectivity'. Qualitative researchers, do not believe that objectivity is possible, but they do aim to achieve 'credibility' and this is sought through self-reflection and reflexivity. The Insider Researcher needs to remain sufficiently self-aware throughout the research process to identify and explicitly state where their bias and experiences may be affecting their research, interpretation or analysis. Regular, supervision of the research process from an 'outsider' and the maintenance of a research diary, are ways to support this reflection.

There are also ethical concerns specific to Insider Research. There are issues relating to the researchers 'power' in their operational role. As a TEP, I have little operational power or influence within the Westfield EPS but the role of TEP has allowed me ease of access to information and I am unlikely to have direct influence over any operational decisions within the EPS. However my role as a school's TEP and my working relationship with the CAMHS worker, could potentially yield information of a sensitive nature and have implications for the continuance of joint working. Smyth and Holian (in Sikes and Potts, 2008), suggest that the ethical researcher should plan for the emergence of such sensitive information. Planning should involve clarity in the stated purpose of the research, attaining informed consent, offering genuine opportunities for withdrawal, ensuring confidentiality and anonymity as far as possible and being clear about how far this extends.

2.3 Child and Adolescent Mental Health Service and Schools Link Pilot Scheme (CAMHS/School Link Pilot)

The research question is: *How can CAMHS and EPS work together more effectively to address the mental health needs of young people, in school?* The phenomena being studied is the: *Child and Adolescent Mental Health Service and Schools Link Pilot Scheme (CAMHS/School Link Pilot)*. It has been designed, conceptualised and conducted in Westfield Local Authority. Through studying the pilot scheme in depth, I hope to find answers to my research question. The CAMHS/School Link Pilot involves joint work between the EPS, CAMHS and school staff of Westfield authority to find an effective model of support for young people in school with mental health needs. As such it represents a good case to study in order to explore the 'how' of the research question and the case represents fertile ground for learning to take place.

In 2014 the Government established the 'Children and Young People's Mental Health Taskforce'. The taskforce report 'Future in Mind' (2015), identified that there were barriers between services addressing the mental health needs of Children and Young People (CYP) and that services were difficult to access. In order to promote ease of access the report called for named person to act as a point of contact within CAMHS and a corresponding lead member of staff in schools. The idea being that named lead in school would have a responsibility for development of mental health and a close working relationship with the CAMHS lead. Through the development of these relationship and roles it is hoped that CYP would benefit from timely and appropriate referrals to services. The report also identified a need for joint training programmes for both the lead roles.

In response to these recommendations NHS England and the Department for Education invited Clinical Commissioning groups across the country to submit applications to be one the 15 authorities piloting a project based on the recommendations from the taskforce report. (Please refer to appendix 1 for more detail about the design of the pilot project). Each authority was asked to identify 10 schools to participate in the project.

Ostensibly the pilot project makes no mention of EPS. In Westfield Authority the EPS was already seeking to develop working relationships with CAMHS and had regular access to and meetings with the Clinical Commissioning Group. Consequently when the pilot was proposed the EPS were able to take an active part in the design and implementation of the pilot project.

2.3.1 The CAMHS/SCH Link project and the Emotionally Friendly Schools Programme

The CAMHS/School link project in Westfield was led by the nurse heading the CAMHS transformation project, a Senior EP and representatives from the Clinical Commissioning group. The project employed a fulltime CAMHS nurse with education experience and a fulltime Associate Educational Psychologist. The project involved 10 schools, four secondary schools and six primary schools. All the schools were identified as having a high number of students accessing or referred to CAMHS.

The project offered each school access and support in developing a whole school audit and review tool called the 'Emotionally Friendly Schools' programme. In addition to this, each school was allotted a half day meeting with the CAMHS every week and once a month the allocated Educational Psychologist would attend school to be part of a joint consultation.

The 'Emotionally Friendly Schools' programme, is an unpublished framework for supporting schools to improve well-being in schools. It was devised by a neighbouring authority and Westfield EPS was given permission to adapt it to their locality and use it as part of the pilot project.

The 'Emotionally Friendly Schools' programme offers schools 1.5hrs of whole school awareness training from an EP, a whole school audit tool evaluating staff attitudes and knowledge relating to the four key areas of the Manual, joint action planning and review meetings and a manual which recommends evidence based research and resources. The manual and the audit focuses on four key areas;

Staff-well-being and ethos, Classroom practice, Assessing Children's needs and Supporting Individual children.

Staff Wellbeing: The manual provided to schools provided information about six essentials of staff wellbeing, including references for research articles, and practical books and resources;

- Developing core values as a school
- Feeling valued, accepted and supported
- Encouraging a team and sense of cohesion
- The staffroom environment
- Actively supporting staff well-being
- Increasing staff expertise

Classroom Practice:

- Classroom Engagement
- Improving Children's Well being
- Effective social-emotional development programmes

Assessments: The manual provides a systemic approach to effectively identifying children's needs. The assessments section contains a range of practical tools and reading recommendations for assessing children's needs on both individual and whole school levels. This section describes some of the available approaches to helping children express their feelings and emotions and also considers;

- Processes for sharing sensitive information
- Information gathering
- Exploring the child's voice

Supporting Individual Children: This chapter aims to provide guidance on problem solving and creative ways to meet children's needs, briefly describing core approaches, interventions and information on specialist programmes and training.

2.3.2: My Role within the Westfield CAMHS/Sch Link Project

As part of my Trainee Educational Psychology work placement, I had been allocated Highfield High School. Highfield High was working with CAMHS as part of the pilot project and as the school's EP, I jointly led the initial meetings with school staff and the identified CAMHS practitioner. I led the whole school training to launch the Emotionally Friendly Schools Programme and to describe to staff how the pilot project was operating. I attended the joint consultation meetings for school staff, CAMHS and social services representatives. I also undertook direct consultation work with a young person and his parents. Although there was not the capacity within my working hours to offer more direct work, I found that the consultations informed how schools then selected cases for referral to the Educational Psychology Service. The CAMHS/Link pilot offer to schools is included in the Appendices, as Appendix 2.

Through attendance at the meetings, additional phone calls and planning with the CAMHS lead practitioner, I found I developed positive relationships with both CAMHS and schools staff. There were many informal conversations and development meetings where the project and its efficacy were discussed.

The fact that I had previously discussed the project with the participants chosen to take part in my research, I think, put them at ease and helped them to add to the detail in their answers. However it may also have meant that the participants did not point out concepts or ideas that they thought I might already 'know' or of which I might be aware.

The following table shows a timeline for the implementation and roll out of the pilot project and my research:

Date	Sch/CAMHS Link Pilot Project Timeline	Research Timeline
April 2016	Joint Consultation EPS, CAMHS and schools	Methodology write up – Ontology and Methodology

	Introduction of the Emotionally Friendly Schools Programme (EFS)	
May 2016	Joint (EPS,CAMHS) training for schools	Ethics Application
June 2016	EMF action plan developed Rolling programme of half-termly joint consultations with CAMHS, EPS and schools EFS whole school training EPS work commissioned through consultation	Ethics Approval
September 2016	Cntd half termly joint consultations CAMHS/EPS led training	Interview data gathered
October /November 2016	EPS work commissioned through consultation	Interview data gathered
December 2016/ January and February 2017	Review of EMF Action planning, new Action Plan developed Rolling programme of half-termly Joint consultations with CAMHS, EPS and schools	Data Analysis
March 2017	CAMHS/Sch link Pilot project ends	Write up of analysis/discussion
April/May/June	EMF reviews and new schools commission EMF from Westfield EPS	Write up of analysis/discussion Submission of Thesis

2.4 Data Collection: Participant Selection

This research takes place in the field and does not seek statistical generalisability therefore it uses a non-probabilistic sample (Guest et al 2006). The sample is purposive in design as it seeks to select participants who have the necessary knowledge and experience of Mental Health practice in schools and joint working between EPs, CAMHS and schools. The sample has been drawn from those working within CAMHS, practicing Educational Psychologists and school staff. The selection of the participants was further narrowed to those with experience of working on the case, "The CAMHS/School Link Project". Two participants were selected from each of the three disciplines involved. By using participants from each profession it is hoped that the data achieved might be 'triangulated' through use of various sources (Denzin 1989 in Flick, 2009). I approached Educational Psychologists within the Westfield Team, who were taking an active part in the pilot project, at first verbally and then using the information and consent forms included in the appendices at appendix 2. I also asked the two members of CAMHS staff with whom I worked as part of the project, at first verbally and then by e-mail with the information and consent forms. The same process was followed for two of the members of school staff working as part of the project team. From the Educational Psychology team, I approached members that had experience of working either on the management of the pilot project, or that were working in a similar role to myself, as the EP on a school team.

The decision was made not to include service users such as young people and their parents, as it was anticipated that their views would be more representative of their personal experiences and relate less to methods of inter-professional collaboration.

The number of participants included in the sample, was restricted to six, primarily due to time constraints. There is a constant tension in qualitative research, where in this instance, several 'voices' need to be represented, but the data also requires in depth analysis (Flick, 2009). The concept of 'theoretical saturation', is widely used in literature on qualitative studies (Guest et al 2006) as a guideline to help

researchers determine their sample size. Theoretical saturation refers to the point at which the collection of new data does not contribute anything new to analysis. Guest et al suggest that saturation might take place at the point where new data does not require a change in coding. The saturation point and emergence of codes is an interpretative act on the part of the researcher and is therefore subjective. Consequently there are few researchers that would recommend a prescribed number of participants.

2.4.1 Recruitment and Ethics

The field of potential participants was determined by involvement in the CAMHS/School link project. Participants were asked if they were able to and willing to be interviewed and supplied with the research question. When participants indicated that they were willing, they were given an information sheet regarding the research (an example forms Appendix 2) and a time and date for the interview was arranged. Directly prior to the interviews participants were asked to sign a consent form (an example forms Appendix 3). Ethical clearance was obtained through Sheffield University School of Education Ethics review and guidelines such as those described in the British Psychological Society Code of Ethics and Conduct (BPS, 2009) and the British Psychological Society Code of Human Research Ethics (BPS, 2014).

2.4.2 Participants and Roles

The ethics of insider research require the researcher to be aware of, make explicit and plan for possible imbalances of power that may exist between the researcher and their interviewees. To this end I include the following table which describes the participants, their professional roles, relationship to the researcher and how this may influence their contribution. Please see table on the next page.

Participant	Participant's professional role and relation to the researcher/Time in Post	Participant's role within the CAMHS/SCH link project	Possible influence on data
Educational Psychologist 2	Maingrade Educational Psychologist working with TEP researcher. 4yrs as EP, 12 months in current post	Working on the project with responsibility for two schools	Shared reference points and language may encourage detailed data
Educational Psychologist 1	Senior Educational Psychologist (SEP) and supervisor of the researcher as TEP. 10 yrs as EP, 2 yrs part-time secondment to CAMHS. 5 yrs in post as SEP	SEP worked with CAMHS staff to design and manage the project	Shared reference points and work may encourage detailed interview data. SEP may withhold some views as there may be a concern to maintain some professional boundaries
CAMHS Worker 2	CAMHS worker with sole responsibility for the day to day CAMHS provision for the project. 5 yrs as mental health nurse practitioner, 6 months in post as CAMHS lead for the project.	CAMHS worker employed on temporary contract to act as the identified CAMHS link practitioner	CAMHS worker's future employment may be influenced by success of this project, so she may wish to report positively.
CAMHS Worker 1	Tier 3 manager responsible for operational management and, supervision of CAMHS worker 2. The researcher has little direct contact with this participant.	To oversee delivery of the pilot project and to evaluate its efficacy	CAMHS worker 2 may be tempted to report positively and downplay barriers to effective working to encourage relationships between the two services but also pursue recommissioning of the project

	Qualified Adult Psychiatric Nurse since 1999. CAMHS worker since 2007, Head of Westfield CAMHS transformation for 18 months.		
School Worker 1	Assistant Head teacher at Westfield School. Responsible for involvement in the project. The researcher is also the allocated EP for the school. Ass Headteacher in post for 12 years, Head of PE for 5 yrs prior to that. All at Westfield School.	Responsible for school's involvement in the pilot attends consultations and organises the staff training	School worker 1 may be reluctant to identify barriers to working with EPS and identify these with the researcher due her role as allocated TEP
School Worker 2	Pastoral support worker line managed by School worker 1. Researcher is known to School worker 2 through the project involvement. 8 years as Pastoral Manager at Westfield School, 2 years prior to that as Learning Support Assistant.	Attends consultations and carries out the recommendations in school. Attends training	School worker 2 may be influenced by her position in school to report either positively or negatively and may not want her views to go to her manager

2.4.3 Semi-structured Interviews

Semi structured interviews were used to provide the researcher with sufficient structure to keep the research questions in mind, but also allowed the flexibility to follow the interviewee's lead. A balance should be struck between the interviewer's control of the interview and the interviewee's ability to explore the topic and generate new insights. An initial interview schedule was designed (Appendix 4), but was adapted for each participant, sometimes to change the order of the questions asked or to ask probing questions which encouraged participants to go into more detail. Adaptations to the agenda were also necessary to reflect the varying professional roles of the interviewees. The goal of qualitative research is to explore the opinions and experiences of participants, consequently standardisation is not desirable (Mertens, 2015).

An advantage of conducting semi-structured interviews as an insider researcher, is that rapport between interviewer and interviewee has been pre-established. Rapport between interviewer and interviewee, is necessary to encourage a willingness to disclose with less inhibition. It is also possible that as an insider researcher, prior experience of working together, designated roles or plans for future joint work, could act to inhibit an interviewee from being candid (Sikes and Potts, 2008).

In designing the interview agenda and preparing for the interviews, consideration was given to the type of questions selected. Spradley 1979 (in Willig, 2009), has formulated different types of interview questions. The first is the *'descriptive'* question, which requires the interviewee to share biographical information. An example from my interviews would be; '*When have you worked effectively with CAMHS to support a young person?'* Alternatively this might be categorised as a 'theory-driven' question as it relates directly to the research questions (Flick, 2009). The second category Spradley calls '*structural',* these questions require the participant to make sense of the categories they use to order their world. An example might be *'What do you understand to be the role of an Educational Psychologist?'* The third category, is '*evaluative',* these explore the interviewees

thoughts or feelings about someone or something. An example from this research would be; '*Why did you think this was effective practice?'*

A criticism of the use of interviews has been the researcher's acceptance of what is said as being at face value and that all translation or transcription involves interpretation. The use of recording equipment, to record the interview, means that it is preserved to be re-visited, but the presence of the machine can also inhibit interviewees. The purpose of the interviews conducted in this research has been to uncover the interviewees 'subjective theory', this refers to the cache of knowledge, about the studies phenomena, that the interviewee holds (Flick, 2009). It is the tool of questioning that is designed to support the interviewee in articulating their explicit assumptions and exploring their implicit assumptions.

2.4.4 The Pilot Interview

The purpose of a pilot interview is to help the researcher practise their interviewing skills and to test the efficacy of the interview questions, aiming to elicit detailed and comprehensive answers. The interview conducted with EP 1 acted as my pilot interview. This interview elicited a lot of detailed and relevant information and I felt it was important to include this. It also confirmed the appropriate choice of interview questions.

The pilot also helped to prepare me for future interviews. I realised that the choice of venue was important. Interruptions, such as doors being opened, conversations being held close by and the presence of a recording device all served to be distracting for both myself and the participant. The questions used covered broad areas of experience and time consequently required the interviewee to form a plan of response and to maintain a train of thought. Therefore distractions needed to be kept to a minimum. This need had to be balanced against ease of access and interviews taking place in a location that didn't require the participants to be inconvenienced.

I was pleased with the responses the questions encouraged, but became increasingly aware of the skill in using prompts to uncover points of interest that

the interviewee touched upon. This raised the issue of how to prompt for elaboration, without leading the interviewee to respond in a particular or disingenuous way. The pilot interview served to heighten my recognition of how important the interviewer's skill is and how the interview schedule and anticipated responses should not be allowed to influence or inhibit the interviewee's responses.

2.5 Data Analysis: Thematic Analysis

Thematic analysis has been seen as a 'foundational method' for qualitative research (Braun and Clarke, 2006). The majority of qualitative research is concerned with thematising meaning. This has led some researchers, to suggest that more specific methods of analysis are required. However Braun and Clarke, writing in 2006 set out a method of thematic analysis which they hoped added rigour to the process. The advantage of using thematic analysis is that it is relatively free of epistemological constraints. For this reason it suits a Critical Realist position, which has separated ontology and epistemology. Thematic Analysis (TA) can be used to identify the reality of participants or to examine discourse around events. Braun and Clarke refer to TA as being able to take a 'contextualist' position, which recognises individual meaning making and a broader social context.

Thematic analysis is particularly suited to my research aims, as it allows me to identify themes across the data as a whole, referred to as the 'data corpus' and within specific parts of the data, referred to as 'data sets'. For example the majority of codes appeared across all of the interviews the 'data corpus', but some codes were particular to only the CAMHS workers and School staff. The use of Thematic Analysis will allow me to analyse the data corpus, but also to separate the data into sets, defined by the participant's profession and look for similarities and differences in the themes that are found within the different sets.

Attride-Stirling (2001), writing about an alternative method of Thematic Analysis, recommends that qualitative researchers should be detailed in their description of methods and procedures, to add rigour and transparency to the research

process. With this in mind I have provided an account of the six phases of Thematic Analysis, as designed by Braun and Clarke and the choices I made which make the mode of analysis specific to my research question.

Phase 1 – Familiarising yourself with the data

A process of familiarising yourself with the text occurs as a researcher transcribes the data. Thematic analysis does not require transcription to be at such a detailed level as it should be for discourse analysis or content analysis. It does however require verbatim transcription and punctuation that does not change the intended meaning of the participant. Some non–verbal utterances may also have relevance and need recording. It is most important that the transcript retains the information and that it is as 'true' to the spoken interview as possible. I have transcribed the participant's interviews verbatim and checked the transcripts against the original recordings to ensure that the meaning of the participant, as I heard it, is conveyed in the written form.

Phase 2 – Initial Codes

In the second phase of analysis, the transcripts are re-read and the data is coded for repeating patterns or issues of interest. The data extracts that pertain to certain codes are collected together. This process involves identifying the data as belonging to a code and storing this data together. This was done through use of highlighting and notes on transcripts, then the data extracts were collated on file cards.

It is at this point that the researcher needs to identify if they are conducting an 'Inductive' or 'Theoretical' analysis. A theoretical analysis is driven by the researcher's theoretical or analytical interests and may be informed by existing literature and theory. I have chosen an inductive method of analysis, whereby the whole of the data set is scrutinised and codes are not pre-determined by the researcher. Braun and Clarke recognise that inductive analysis does not occur in an 'epistemological vacuum', as researcher presence is evident in choice of codes. In inductive analysis this is not planned or explicitly sought.

At this point coding was applied to as many potential themes as possible and data extracts could belong to several different codes. The data extracts, included some contextual information, so that meaning was not lost.

Phase 3 – Themes

Once the data has been coded and the coded extracts collated, the codes are sorted into potential themes. The researcher analyses the codes and looks for an overarching theme into which the codes fit. Sub-themes can also be identified, should the codes require more definition. At this point the researcher can create a 'thematic map', which shows the relationships between the themes, sub-themes and codes.

What constitutes a theme is determined by the researcher but it should have some level of pattern within the data and be relevant to the research question. Prevalence of codes is not as important to the determination of a theme as its relevance and importance, in relation to the research question. This is at the researcher's discretion and gives them flexibility to follow patterns of interest.

I will be using a semantic approach to identifying themes, following what is explicitly expressed in the data and not looking for latent meaning. However the analytic process is a journey from description to interpretation and I will be theorising as to the significance of the patterns in the data and their meanings.

Phase 4 – Reviewing the Themes

At this point the researcher is required to review the themes for what is described as internal homogeneity and external heterogeneity (Patton, 1990 in Braun and Clarke 2006). Internal homogeneity is when the data items in the theme cohere and external heterogeneity is when the data within each theme is sufficiently distinct from other identified themes.

It is at this point that researcher can draw up a thematic map which can help to clarify the relationships between themes and sub themes.

To check the validity of the themes, Braun and Clark suggest that the researcher return to the original data corpus and ensure that the identified themes hold true to the meanings conveyed in the data. This is also an opportunity for the researcher to code any additional data that has been missed.

Phase 5 – Refine and Define the Themes

The researcher should identify the essence of each theme and be able to state clearly what aspect of the data each theme encompasses. This is not purely description of the theme, but identification of what is of interest and its implications for the research question. The thematic map is refined and finalised and sub themes identified.

Phase 6 – Write up and Analysis

In writing up the analysis the researcher should provide vivid examples of the data to illustrate the prevalence and relevance to the research question. It is at this point that the researcher needs to make an argument for the utility of their findings, analysis and interpretation.

2.6 Quality Research

The traditional quantitative standards of quality empirical research are not directly transferable to qualitative research. If as in this case, there is an epistemological belief in multiple views of reality and data gathered is temporal and contextual, then seeking to repeat the research and expecting the same results would be counterintuitive, as would the quantitative model of generalizability. Qualitative research include defined and specified methods of action but it also encourages creativity and flexibility of thought and action. Consequently some researchers feel that individualised standards of quality should be designed and applied (Whittemore et al, 2001 & Tracy, 2010). Others feel that standards of quality should be applicable to most if not all Qualitative research (Yardley, 2000 & Tracy, 2010). Criteria for quality in Qualitative research provides a framework for

practice, encourages rigour and helps to strengthen the argument that the research has more value than just anecdotal evidence or opinion. It also offers some assurance to novice researchers and readers of research that the research is 'believable' and situated in a developing history of research practice.

Tracy, 2010, has suggested eight criteria which should be applied to research. I have chosen to use Tracy's eight criteria to guide my research and reflect upon as I gather data, analyse, interpret and record.

Tracy first asks if the research is **'worthy',** the subject should be of interest and significance. To educators and policy makers across England and further afield, the question of how to support young people with mental health needs is important on a moral, political and economic scale (NCB, 2015, DFE, 2015). The research is relevant on a micro-level to my practice, on a wider level to the pilot project and the findings of the national pilot will be relevant to future government policy.

Next Tracy considers '**Rich rigour'.** The richness of the data should be evident through the analysis, the data obtained should be detailed and relevant, and this requires skill, effort and time on the part of the researcher. The theoretical backdrop to the research should not conflict with the methods chosen. Transcripts should be detailed and 'match' the interviewee's responses. The integrity of the meaning in a transcript can be checked with interviewees by showing them the transcript. This is what I have chosen to do. Tracy calls this 'member reflections', as the interviewees are checking that the transcript represents their meaning as conveyed at the time of the interview. I have also been explicit in describing the organising, coding and thematising of data.

'Sincerity' is the next criterion Tracy suggests. This involves reflection and reflexivity on the researcher's part. A recognition of one's own positionality in relation to the research topic, the participants and the process. This can be clearly stated, as in the introduction to this research, but also interwoven within the writing. Through being transparent about bias and influence on the data the researcher can hope to achieve a level of 'transparency' in the work.

‘Credibility’ can be achieved through the inclusion of contextual information and presentation of findings rather than conclusions. In my research I have sought to ‘triangulate’ the data by including participants from different professional backgrounds and employment to express their views on the project and the research question. In this way I am attempting to achieve ‘multi-vocality’.

‘Resonance’ for me, this criterion related to the purpose of my research. In qualitative research formal generalisations are not sought, but it is hoped that this research will resonate with other practitioners and be to some extent transferable into the practice of others. It is hoped that readers of the research will apply or transfer some of the information gained from the research to their own context and experience.

> “Good Qualitative research captures how practitioners cope with situated problems and provides implications that may help participants develop normative principles about how to act.” Tracy, 1995

‘Heuristic significance’ refers to the research’s ability to signpost future areas of study that may be of use. Also it’s possible influence and uses. This research will inform my practice. I hope to be able to present it to the commissioners of this project and that it will form part of the evaluation of the pilot project. Commissioners will be considering the sustainability of the project beyond the pilot phase.

‘Practical significance’ Tracy asks how useful is your research? This research is small scale and has modest ambitions but through recording, analysing and interpreting the interviews of stakeholders it is hoped that the information uncovered will be of use in directing future joint work between CAMHS and EPS.

Chapter 3: Analysis

"*Analysis can tell us what is required, but it cannot make us act."*

Mary Frances Berry

3. Coding the data and finding themes

Coding each data extract took considerable time and patience. The fact that the participants were all adults in professional roles may have contributed to them giving full and detailed answers. In addition to this, their answers were in the main directly relevant to the research questions. Consequently it was possible for many of the data extracts to be coded for two or more meanings. Appendix 4 shows an example of how data extracts were coded for units of meaning. Appendix 5 shows initial, draft thematic maps plotting the codes into loosely themed groups. The data was examined and re-examined to ensure that any grouping of data extracts had internal homogeneity; that they related to the main theme, and external heterogeneity; that they were different to the data included in other themes. This was in part complicated by the fact that I had coded data as relating to 'time' but then had to make the distinction between time as a resource that could be used and time being a scarce resource that was not available. Often participants would refer to both conceptualisation of time within the same answer to a question, meaning careful analysis of meaning and division of data extracts. For example:

> "There perhaps wasn't time and now this is investing time.
>
> Investing in the two agencies working together."
>
> School staff 2 Interview Page 181, line 56-58

Lack of time represents and fits into barriers to joint working and investment in time fits the sub-theme of facilitators of joint work.

The final thematic maps arrived at are displayed on page 62.

The participants will be referred to as detailed in the table below:

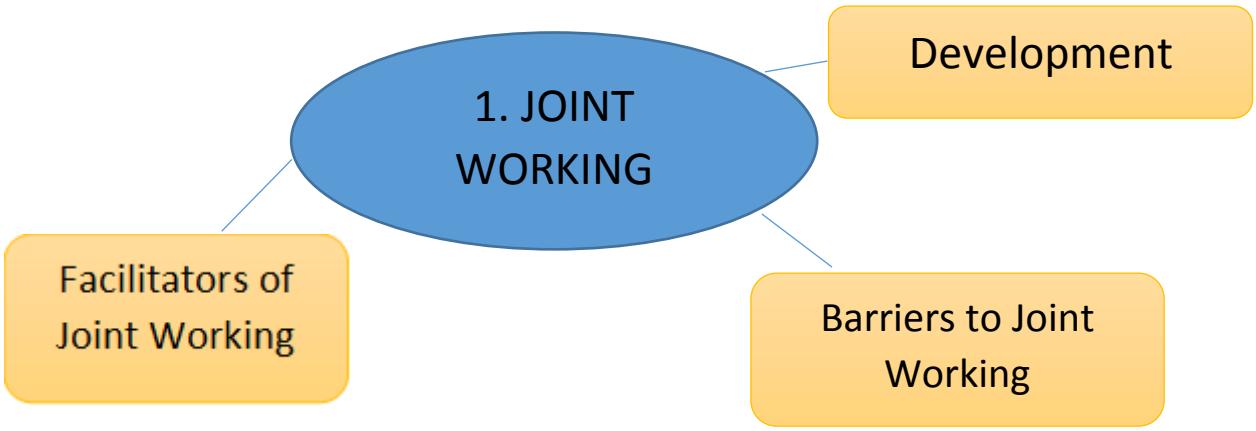
Title	Code
CAMHS Worker 1	CW 1
CAMHS Worker 2	CW 2
Educational Psychologist 1	EP 1
Educational Psychologist 2	EP 2
School Staff 1	SS 1
School Staff 2	SS 2

In Phase 4 of analysis Braun and Clarke (2006), describe how the themes are refined through further analysis of the data, how some themes do not have enough data to support them and can be collapsed into another theme and how some include too much data and need to be broken down. This was the case in my research, as several sub themes shared data sets and were able to come together under a wider sub theme. For instance, in the theme Mental Health in Schools the sub themes of school culture and management combined with resources and pressure under the sub theme i.e. Pressure to raise attainment. I made the decision here to split the data sets relating to resources or time, into those references which spoke positively about the subject facilitating joint work and those that referred to a 'lack of' time or resources to facilitate joint work. Example of early codes, which formed sub-themes, then collapsed or were re-named and are included as Appendix 6.

The data I gathered came from representatives of three distinct groups; CAMHS, School staff and Educational Psychologists. This was in order to explore ideas and opinions about joint working from three perspectives. Consequently any significant differences within the data sets for these groups were also of interest to me and are commented upon during analysis and discussion.

In the following section a thematic table is included for each theme and the analysis follows, a thematic map showing the major themes and subthemes follows:

Final Thematic Map: Theme 1



Final Thematic Map: Theme 2

Final Thematic Map: Theme 3

3.1 Thematic Table: Theme 1 Joint Working

Theme	Sub-themes	Sub-theme categories
Joint Working	Barriers to Joint Working	• Fear of Risk • Resources and Time (lack of) • Communication (lack of) • Differences and Ownership
	Facilitators of Joint Working	• Communication • Understanding of other's roles • Motivation and Shared Purpose
	Development	• Ease of Access • Capacity Building • Consultation

A table which shows prevalence of the themes as they appear across the data set for Theme 1: Joint working, is included in the appendices as appendix 7.

3.1.2: Thematic Map 1: Joint Working; Barriers

Sub-theme: Joint Working; Barriers to Joint Working between EPs, CAMHS and Schools

Time and Resources (lack of): All the participants identified the lack of time afforded to them as being a barrier to joint work. School staff referred to a lack of EP time, time available to see young people, time waiting for EP reports and waiting lists for EP time. Interestingly EP1 felt that the change to a partially traded service had increased the scope of the EP service to work to address mental health needs, but SS 1 directly refuted this saying:

> "If you are in a school like ours that doesn't have much money, when you've used up those slots (EP time) you have to pay for them. How is that in the best interest of the child?" SS1 Page 174, lines 162-164

The school staff referred directly to a lack of staffing affecting their ability to support children's well –being.

CW1 also felt that a lack of resources and EP availability led directly to inappropriate referrals being made to CAMHS:

> "I know there are young people who don't get seen by EPs because
>
> of their time constraints and because the school can only get so
>
> much time with the EP and then they have to pay. Then
>
> those people get sent through to CAMHS."
>
> CW1 Page 198, line 235-238

CW 1 went on to add that a lack of clarity, about the role of EPs and CAMHS, on the part of the referrers, also contributed to inappropriate referrals.

CAMHS staff referred to a lack of time affecting waiting lists and the ability professionals have to reflect upon their practice and in particular managing risk;

> “People say why didn’t I see it? But it’s not having time to reflect,
>
> because you are constantly on that hamster wheel.”
>
> CW2 Page 216, line 269-271

CW2, explained that there needed to be an equal commitment of time from all professionals involved and EP2 described the pilot project as being ‘not joint in the truest sense of the word, it’s not like 50-50’. This he ascribed to the lack of time, to which he had been allocated, to take on work generated by the joint consultations.

Most emotively described was the school staff’s description of not having enough time for students when they sought them out or enough time to lead group work on managing anxiety or developing social skills. The member of school staff described how the conflicting demands on her time meant that she had to neglect some of her duties.

> “I have a timetable and if a child comes crying to you and
>
> a child comes wanting to speak to you and you’re then
>
> juggling, thinking I’m supposed to be in such a place now and
>
> there is no one to cover me…. to me the child always comes first”
>
> SS1 Page 175, line 184-188

EP1, reflected that she expected that schools would cite time as a barrier to joint work but that she felt that joint work between services and schools would save time and was a more efficient way of working.

Both participants from CAMHS and the EPS in management roles, (notably school staff did not allude to this), referred to the school’s already having existing resources in staff and that schools needed to shift focus and priority of work rather than take on additional work. SS2 explained that she had staff skilled in supporting mental health and well-being but that they did not have the capacity to carry out the work.

"Do you think that you've got the skills set in your staff to be

able to offer that (somebody to talk to)?" Interviewer

"Yes, but not enough. Yes we've definitely got it, but it's very

intense and we need more, that's again your finance, your budget."

SS2 Page 189, line 292-294

Interestingly CAMHS worker 1, recognised this push for frontline staff in schools to take on additional work, whilst also advocating that they receive training and support to do additional work.

"I worry that we can't facilitate the schools taking on everything,

which I think there is a bit of a push at the moment."

CW1 Page 217, line 276-278

Time and resources were discussed as effecting the ability of school staff to respond to student's needs, to educate in relation to mental health and to access other services. Lack of time and resources were reported to hamper professional's ability to engage in joint work and to reflect upon managing risk.

Fear of Risk: Participants referred to a lack of 'confidence' in working with and assessing risk for children with mental health needs, or a desire to stick to professional guidelines or a specific fear of risk. CW 1 expressed her views on risk, very clearly:

"It's scary because it's mental health, because they say scary

things and if we get it wrong someone could die. If they don't

do the right thing then this person could kill them self and that's

scary for people when it's not your job. It's scary for professionals

when it is your job! Because death is terrifying."

CW1 Page 201, line 344-347

CW 2 expressed her concern about school staff's ability to manage the risk associated with mental illness, without adequate support and supervision:

"So if they ….miss that child that says 'I'm suicidal'. They don't

make that a referral or they haven't had the right governance

or supervision around it and that child does something"

CW 2 Page 217 line 281-283

EP 2 made mention of how EPs might have similar concerns about managing direct therapeutic intervention and how this might have implications for the EP in managing risk and providing direct mental health support:

"I think some EPs maybe get a bit fearful, they want to act

Within their remit ……but at the same time we do have good

training in generic approaches around mental health and

therapeutic interventions and I think we should feel confident in

at least trying some of those." EP 2 Page 160 line 47-50

School staff didn't refer directly to managing risk, but instead referred to prioritising children for referral. Possibly this is because they do not think of themselves as assessing risk. SS1 stated:

"How can you say that such a body is more urgent than such a body?"

SS1 Page 174 line 159-160

It was evident that the three different professions referred to risk as being at different levels. The CAMHS workers seemed most accepting of risk and how to manage it, EPs appeared to recognise the risk inherent in working with those with mental health needs and school staff thought about risk in terms of referrals to specialist services, in the main CAMHS.

Communication (lack of): Within this sub, sub-theme I have included the use of language as a barrier to communication. All the participants recognised communication as a facilitator of joint working and conversely, lack of communication as a barrier to joint working. All participants valued the joint work taking place in the school. The joint meetings facilitated joint working and effective communication.

Both CAMHS workers and one of the school staff discussed how language can act as a barrier to the mutual understanding needed for joint working. Both a school worker and a CAMHS worker remarked upon the EPs use of language as being a barrier to understanding.

> "Educational Psychologists come from a psychology
>
> background…., some of them can get lost in the words and
>
> they lose the professionals around them because they are
>
> not using everyday language." CW1 Page 195, line 156-159

School Staff 1, described how this had been her experience and extended it to include her experience of working with CAMHS.

> "Being sat in a room with an Ed Psych or CAMHS worker
>
> and talking the medical terms they use. They're using
>
> all the terminology that they would use within their office….,
>
> ask someone who works in school and it's very difficult
>
> to understand." SS1 Page 177-78 line 249-252

An additional point relating to language was raised by both school staff and CAMHS staff relating to language affecting the efficacy of mental health support and interventions. The school worker explained that she needed to be able to translate concepts into a language that school children could access and the CAMHS worker identified that the heavy reliance on 'talking' in psychology interventions was not appropriate for students with language difficulties.

Communication between professionals was also referred to by all participants. Both school staff and EPs referred to the difficulty they had found in establishing or maintaining communication with CAMHS workers. While the EPs made reference to having to make contact with CAMHS workers in order to share information, school staff conveyed a feeling of being ignored and that their opinion was not valued:

> "Not knowing how the meetings gone. And the thing that
>
> frustrates me more than anything is when they just believe what
>
> the young person tells them, instead of ringing up the school."
>
> SS2 Page 183 line 137-140

While school staff were frustrated by the lack of communication they ultimately felt that it made support for young people less effective.

> "Not knowing what the child is saying how can we help them?"
>
> SS2 Page 184 line 153-154

Communication related not only to whether or not discussions were taking place but also to the language and quality of communication taking place in those discussions.

Difference and Ownership: The six participants work within three different organisations and wider systems; school and education, CAMHS and health and Educational Psychology Service and the Local Authority/EP Profession. The varying priorities and differences in management between these systems can sometimes act as barriers to effective joint working and this was identified by all participants. The CAMHS workers acknowledged that they needed time from fellow professionals and that provision of this time related directly to the whether the school or the EP service prioritised the work. EP2 felt he could have contributed more to joint work, but his service had not made provision within his

time allocation. School staff equally felt that the time needed to meet with professionals and provide direct support for children was not always prioritised by the Senior Management team in school.

CW 1 felt that Senior Leadership teams in school were crucial to the success of effective joint working.

> "The buy in from SLT (Senior Leadership Team) is essential
>
> because it will flow down. If you're just a small pastoral team
>
> that is seen as separate… you're not going to make any changes."
>
> CW2 Page 212, line 124-127

EP2 also acknowledge that since the EP service had moved to a traded service, EP involvement was commissioned by schools, consequently the value that a school places on EP services will directly affect the involvement of EPs with young people.

> "Schools commission our services….they felt their commission
>
> had been completed with my final report. I assume that
>
> CAMHS continued to work with her." EP2 Page163 line 121-124

Within the data CAMHS was also represented as having a systemic method of working that appeared to present barriers to joint working.

> "The worst thing about them going to CAMHS is them (students)
>
> going off site and not knowing if they turned up or how the meeting
>
> went, us not knowing until 2 or 3 weeks later when you get a
>
> report and they've been signed off." SS2 Page 183 line 124-127

All the participants alluded to how prior to the pilot project, they had had a lack of understanding of one another's roles. The reported degree of understanding or

lack of, varied between individuals and related directly to their previous experience of working jointly with one or both alternative services.

EP1 had had previous experience of working directly with CAMHS and consequently had a good understanding of their role. She also appeared to feel that schools' perception of CAMHS was a barrier to their supporting need in school.

> "I still think that we've got stigma and in some schools, not all, that
>
> (mental health) is seen as the job of CAMHS and that is a barrier,"
>
> EP1 Page 156, line 125-127

This was confirmed in the account of school staff 1, who referred to how she had previously considered referrals to the EPS.

> "My referrals to the Educational Psychologist has been for behavioural
>
> issues…. more behavioural/learning issues." SS2 Page 179, line 23-25

CW1 referred to how CAMHS had very little 'on the ground' experience of schools. She also referred to a reticence in handing over responsibility for training school staff over to professionals who do not have direct experience of the topic, in this instance she was referring to self-harm. She also alluded to how some of the perceived differences between CAMHS and the EPS could be direct barriers to joint work:

> "CAMHS get bogged down in their way of doing things and
>
> EPs get bogged down in their own way of doing things and
>
> then they start to put up barriers and that's not very helpful."
>
> CW1 Page 199, line 269-271

EP 2 talked about a more general perception of the CAMHS role:

> "I think there are local views, probably national views about waiting lists for CAMHS and the idea that they maybe 'own' mental health?" EP 2 Page 159, line 24-25

How the participants viewed other professionals' roles was also affected by their previous working experiences. School staff and EPs reported how previously they had found it difficult to contact CAMHS to discuss students and three participants reported how they sought out CAMHS in order to share information. Consequently there was an element of mystery about what CAMHS actually do, which was reflected in the interviews by one of the EPs and the school staff.

> "I think schools often see CAMHS as a magic solution that will solve everything and I think sometimes an EP role could be to de-mystify what CAMHS are actually doing."
>
> EP2 Page 161, line 67-69

3.1.3 Thematic Map 1: Joint Working; Facilitators

Sub-theme: Joint Working; Facilitators to Joint Working between EPs, CAMHS and Schools

Communication: All participants referred to how the involvement in the Pilot Project had promoted effective communication. All participants recalled times when close communication with fellow professionals promoted positive outcomes for young people, but reported that the pilot project had made space and time for this communication to take place on a regular basis. Time was originally identified as a code within this sub-theme but time in itself was not of importance. It was the utilisation of time to meet with other professionals, conduct multi-agency

meetings, participate in training and most importantly to deliver direct work that was valued.

School staff particularly appreciated the communication that joint meetings provided and highlighted how this differed from their previous experiences:

> "This is the first time that we've all come together rather than itty bitty meetings here and there, with Ed Psychs coming in and then ringing CAMHS…....this is good cos there is cross communication." SS1 Page 170, line 56-62

SS1 also felt that the joint consultations that formed part of the project meant that she felt heard:

> "We talk and everyone listens and it's not a case of me being told what I have to do with a child that I don't agree with."
>
> SS1 Page 174, line 147-149

The CAMHS workers appreciated the EPs knowledge of school language and terminology and recognised that their profession had a particular language.

> "What we were finding was what EPs were saying and what CAMHS were saying was more or less the same, but the EPs had this… very visual, articulate way of explaining that teachers liked." CW 2 Page 209, line 69-72

The other CAMHS participant talked about how a joint message, delivered by EPs and CAMHS was more effective and enhanced the credibility of the message.

> "There is one message going out to young people and that means that they'll get a better service, because we're unified in how we're talking rather than confusing people."

CW 1 Page 199, line 277-279

Looking at what the participants reported, it seems that effective communication informs what support is put in place, because it encompasses a variety of viewpoints and then provides opportunity for those communicating to consider how to best to convey information. CW1 talked about how CAMHS have a range of talking therapies. However, in her experience, CAMHS could struggle to help children, with speech and language or cognitive difficulties, to access the therapeutic work. She valued the EPs sharing strategies and tools for working with children of varied skills and abilities.

Facilitators for communication were, resoundingly, ease of access to one another and proximity to one another, in terms of meetings taking place in schools. Resources in terms of time and personnel were also cited as facilitators of effective communication. This is not surprising but the improved levels of communication between the established professionals, within a relatively short time span, perhaps was so.

Understanding of Others' Roles: Despite all participants having had a minimum of 10 years' experience within their fields, all reported having developed a new understanding of the other's roles, through this project. EP1, who had had previous experience of working in a CAMHS led environment reported the least change in view, but still reported that it was the unique combination of roles that led to effective working practices:

> "We've (EPs) got a huge amount to offer CAMHS in our systemic thinking….How to effect change in systems and organisations. CAMHS potentially will have more experience, knowledge and understanding of specific therapeutic approaches"
>
> EP1 Page 158, line 187-194

CAMHS staff reported that through the project they had a greater understanding of the EPs role and scope, as did the school staff.

> "Actually that awareness that educational psychology do
>
> deal with attachment, they do deal with anxiety….."
>
> CW1 Page193, line 91-93
>
> "Quite often my referrals to the educational psychologists have
>
> been for behavioural issues……not specifically mental health until
>
> this project." SS2 Page 179, line 23-25

Where a lack of communication and understanding of roles was described, it created feelings of being cut off from one another and disjointed delivery of services. The increased communication and understanding was referred to making delivery of support more effective.

> "Instead of me having to learn everything as I go, I've got this big
>
> team of who have already got loads of skills and knowledge and
>
> they bring to it methods I might not have heard of."
>
> CW1 Page 192, line 82-84

Motivation and Shared Purpose: At its simplest level all participants acknowledged their purpose and desire to support young people with social, emotional and mental health difficulties. There were differences in how each participant viewed their role within this endeavour but the motivation to take part in the pilot project was this shared purpose.

The EPs acknowledge how the shared purpose facilitated the development of the project. EP1 summarise this shared purpose as a shared responsibility:

"I see this as our joint responsibility because we (CAMHS and EPS)

have got that specialist knowledge." EP1 Page 154, line 62-63

CW1 talked about the joint purpose that the EPs and CAMHS had in delivering a model of support to schools that was driven by the 'Emotionally Friendly Schools' project. School staff reported a shared purpose with CAMHS, but didn't as directly report a shared purpose with the EPS:

"Let's get schools and CAMHS working much much more

closely together to get the best outcomes for young people."

SS2 Page 180, line 49-50

EP 2 described his personal willingness to support young people in school with their mental health needs, but widened this aspiration to the whole of the profession:

"EPs have a role to play within mental health and may be able to offer

therapeutic, maybe with a small 't' work as well, …that's sort of

personal because I'm interested in things like narrative approaches

myself." EP2 Page 159, line 27-30

The personal element of professional working relationships and motivations was also acknowledged by EP1, when she referred to the CAMHS lead for the project:

"She is coming from the same place in terms of value and

principles. Certainly we've got shared purpose with her and

I think that has really facilitated the pilot."

EP1 Page 155, line 111-114

There was some evidence of close working and developing relationships creating a shared purpose, as the participants became aware of the joint potential as a working group:

"working alongside the EPs , showing an interest in each

other's practice…..It's definitely relationships and the opportunity

To shadow, to mirror and put to side those pre-conceived ideas."

CW 2 Page 209, line 45-48

EP 1 reflected upon how the shared experience of working with school staff and providing them with the opportunity to see change affected, provided them with the motivation to continue the work:

"So we can say …. These are the kinds of things that are

going to make a difference to emotional, mental health for

all children in your school and their attainment , but there is

something about actually experiencing that happen."

EP1 Page 156-157, line 142-145

The participants were all united in their motivation to support young people in schools with their mental health and well-being and what they reported was that through working together they were able to assess how this might be done and what skills they had to support the endeavour. The joint work itself yielded positive results which in turn provided motivation for continued joint working.

3.1.4 Sub-theme: Joint Working; Future Development

Ease of Access: Being able to access services quickly and appropriately was reported as being important to all the participants. The participants being able to meet together to discuss referrals was valued as a way to make appropriate referrals to the appropriate agencies, to share workload and reduce waiting lists, with the result that some referrals were not made following advice being given. When participants were asked how they would take the pilot project forward they all referred to the importance of working as a multi-agency team:

"In an ideal world, we would all sit and work together….

and agree things as a team." SS1 Page174, line 152-153

"You'd respond to the young person's need, … you've

got the professionals at the table, … that means they (YP's)

get the right thing." CW1 Page 199-200, line 293-295

"More open discussions and more closer working."

EP2 Page 167, line 249-250

All the participants referred to the waiting lists for CAMHS services and felt that children were not able to access services when they were needed. Participants reported wanting to be able to offer support and intervention before a child is in crisis. EP 1 saw the purpose of the Pilot Project as being an exploration of how CAMHS might provide early intervention and together with CW2, identified early intervention as making support more effective:

"The pilot is to broaden out our understanding of what CAMHS

can do at a much earlier stage and I think the pilot has enabled

us to see that in joint consultation at a very early stage"

EP1, Page 153-154, line 57-59

"We are seen as a mental health service and that definition

alone you have to have a diagnosis under the ICD-10….

you've got to be in crisis." CW2 Page 214, line 174-179

Capacity Building: EP1 and CW2, referred to the strategic goal of building capacity within schools to support children with mental health needs. CW2 talked extensively about moving resources to support teachers and practitioners in schools in managing and supporting children's mental health. She also felt that that school was the appropriate place for this support to take place as it was without 'stigma' and she also felt working in schools meant that the wider family would be more likely to access support meetings.

EP1 talked about improving school systems and developing systemic ways of managing need with school senior leadership teams. She felt that this would be a more time effective way of managing resources, as opposed to responding to individual need. EP1 also talked about providing staff in schools with the training to develop the skills and the confidence to undertake work related to mental well-being, with the ultimate goal being that:

> "They (school staff) are doing that initial bit of the
>
> assessment and planning interventions themselves…..
>
> reducing the need for targeted and specialist services."
>
> EP1 Page 157-158, line 171-173

School staff reported how working with and meeting CAMHS and EPs was what they wanted in the future, but also how the effect of this close working was giving them confidence in their own practice:

> "There's nothing better than when an EP or CAMHS sits down
>
> and says actually the advice you've given that family or that
>
> young person is exactly what we'd do. So it makes you feel that
>
> for the next person who comes along we don't need to ring you."
>
> SS2 Page 185, line 202-205

Interestingly, those participants with management responsibility and responsibility for staff; EP1, CW2 and SS2 all talked about building increased capacity in

schools staff, whereas the other three participants talked about their hopes for capacity building in the future, but made more reference to the obstacles that might prevent this. Namely; time and resources. EP1 referred to how he hoped to have more of his time 'commissioned' for joint work, CW1 referred to being able to have as many EP assessments as needed and SS1 wanted time to do direct work with children:

> "That's my ideal world. To be able to work with the kids…"
>
> SS1 Page 177, line 232-233
>
> "You know just spending time with your kids. That's all
>
> they need sometimes." SS1 Page 177, line 242-243

Another strand of capacity building was training. The training was mentioned by all of the participants at varying points through the interviews. CAMHS and EPs saw themselves as the training providers, but CAMHS put greater importance on the training being delivered having a united message. EP1 talked about how the opportunity to deliver shared training was also an opportunity for EPs and CAMHS to share expertise.

Consultation: While all the participants reported that meetings with one another were useful for promoting understanding between one another and developing relationships, it was the shared consultations that were reported to be most useful in supporting young people. Every participant mentioned the importance of these consultations, where children and families were discussed and the information supplied reflected upon, sometimes group problem solving strategies were used and a plan of action, with roles and responsibilities, was minuted.

> "I think one of the things it (the pilot work), clearly shows is
>
> that it works better when all the professionals are in the same
>
> room having a discussion, that multi-agency way of looking at things
>
> CW1 Page 198-199 line 262-265

Participants also referred to how the consultations directly informed the plan to support young people, but were also a way of sharing knowledge and expertise.

> "The consistent message, the joint consultations, the feedback has been phenomenal….. they feel that something different has occurred." CW2 Page 212, line 130-132

> "So we've offered training around attachment, anxiety… then we're able to draw on that in consultation, so all that skilling up has facilitated things." EP1 Page 156, line 115-117

3.2 Thematic Table 2: Mental Health in Schools

Theme	Sub-theme	Sub-theme categories
Mental Health in Schools	Stressors	• Pressure to raise attainment • Home and Family • Social Media
	Supporters	• Adults who support • Awareness and Skills

3.2: Thematic Map 2: Mental Health in Schools

3.2.1: Sub-theme: Stressors

The second thematic map focuses on mental well-being, health and illness, as it has been referred to in the participant's transcripts. Although mental health is an issue which affects all the environments in which one exists, the transcripts were analysed with particular interest in how mental health and illness is viewed and responded to in schools.

Pressure to Raise Attainment: This was not a code that appeared in everyone's data. Where they did appear, the comments on pressure of attainment had merit of their own but also of interest was where there was a lack of comments on this subject. Neither of the EPs referred to the pressure to improve attainment as a stress which affects young people's mental health. I have two possible explanations for this. One may have been that they were being interviewed by a colleague, although a trainee, still a colleague and I wondered if this stress was so obvious within our work that it wasn't mentioned. Alternatively I thought that possibly we as Educational Psychologists had become so used to accepting this pressure as the norm and something that we were powerless to change that we omitted it entirely, in the pursuit of pragmatic response to need. Both CAMHS workers and the school staff referred to the pressure of raising standards. CW1 described how this pressure felt alien to her:

> "The pressure that OFSTED puts on staff, they've all been
>
> running around like headless chickens responding to OFSTED.
>
> As the CAMHS professional I don't have any experience of that"
>
> CW1 Page 200, line 305-307

SS2 articulated in more detail how she felt this pressure to raise attainment affected children:

"Schools are under so much pressure, then staff are

under pressure…and that's passed on to the students. I know

from questionnaires, when I ask about their (students)

well-being…..they are saying stressed and the teachers

need to be more aware." SS2 Page 188, line 263-267

CW2 commented on how attainment is prioritised over emotional and mental health and made reference to her personal motivation for change:

"We shouldn't just have league tables about academic

achievement, we should also have league tables about emotional

and pastoral support. Because as a mum, I'm keen that my

kid gets good grades, but I'm more keen that he's happy."

CW2 Page 214, line 199-202

Home and Family: All participants referred to home and family life being a possible stress on young people's mental health, some directly and some indirectly as they talked about the need to consider home environment and family dynamics when considering how best to support a young person. CW2 talked about placing young people's behaviour in the context of experiences that they may have had before or after school:

"So Jonny every Tuesday created holy hell in school…they just

deal with that as a behaviour, they are never going to look at

the fact that Sunday and Monday Jonny's….. gone to Dads,

maybe he hasn't had breakfast." CW2 Page 211, line 104-107

School staff reported that part of their role was to support children to be ready to attend school. They also reported the most tension between their own opinions

and those of parents and families. School staff described how parental pressure on children to behave in certain ways negatively affected their well being:

> "Google is a terrible thing, parents start googling looking
>
> for how their child should start behaving and all of a sudden
>
> they are behaving that way." SS1 Page 172, line 108-110

This was an interesting statement as it appeared to refer to the pursuit of a diagnosis by parents, for a child, in a negative light and one which would not result in the best outcomes for the child. It also relates directly to the next identified sub-theme and will be considered in this section too.

Social Media: Social media and general media were identified, by four participants, as being something that could place stress upon young people's mental health. The two EPs interviewed didn't refer to it, but reading through the transcripts this was my fault as an interviewer. I had asked school staff and CAMHS staff what they felt affected young people's mental health and I hadn't asked this directly of the EPs. Again, on close analysis of the data, I feel that I didn't ask this because I assumed a shared knowledge and had on some level predicted their responses, possibly from previous conversations we had had in meetings and informally. In retrospect I acknowledge this as a difficulty that an insider researcher faces and that I might have planned for this by using a more structured set of interview questions.

The CAMHS workers and the school staff identified social media as having a strong influence of young people's understanding and behaviour in relation to mental health:

> "Social media and all that is going on for young people,
>
> it's horrendous, give them a break!" CW2 Page 215, line 204-205

SS1 talked about the impact that social media has in terms of children being able to communicate and antagonise or even bully each other at any point in the day or night and the effect this has on their school attendance:

> “Social media has had a massive impact on mental health and I’m talking about the bullying that goes on and the images on social media…..the constant falling out…you’ve got children who won’t come into school because of what has gone on Facebook the night before.” SS2 Page 188, line 270-274

SS2 went on to describe how the social media interactions has been described as ‘bullying’ at school and how difficult this can be to deal with, but she also reported her frustration that when children are assessed by CAMHS this virtual bullying is cited as taking place at school.

As previously mentioned SS2 made reference to how social media when used to target young people can have a very negative affect, SS1 and CW1 made reference to the negative effects of how mental health is portrayed or classified on social media.

CW1 referred to the direct influence that the media has on young people and how they express themselves:

> “There was something on telly about self-harm and the amount of increase in self –harm was dramatic , because you’ve introduced an idea. Yes we should be talking about it, but it’s about how you do it…..not these chaotic, unhealthy people.” CW1 Page 206, line 483-486

This statement raises several questions, one about how people receive information about mental health and illness and another about how this information should be delivered and received. Some authority, at some point would need to edit the information made accessible. This lack of control over distributed information and contact through social media is part of the environment in which young people now exist. This information and contact, from

reports in participants' data, appears to be having an effect upon children's metal health and well-being.

> "Taking a bunch of tablets because they've had an argument
>
> with their mum, but actually they don't know any other
>
> coping strategies." CW1 Page 206, line 478-480

CW1 introduces an interesting question about where and how young people should learn coping strategies for emotional pain, which is a part of mental health and well-being.

3.2.2 Thematic Map 2: Mental Health in Schools

Sub-theme: Supporters

Adults who Support: Participants identified themselves and other professionals as people seeking to support young people's mental health. References were made to multi-agency working that participants undertook as part of their daily work, but also to the work they were undertaking as part of the pilot project. The work undertaken by the participants fell loosely into two types, work which encouraged mental well-being and work to support those young people already having mental health difficulties:

> "My role in school is… making sure that they (pupils) are happy,
>
> making sure they are able to learn and looking after any issues."
>
> SS1 Page 169, line 6-8
>
> "My role is about applying psychology to improve outcomes
>
> for children, young people and families." EP2 Page 159, line 5-6

The work the participants were engaging in as part of the pilot project was described as 'proactive' by a couple of the interviewees. EP1 specifically

described her role as being to develop early intervention around social and emotional mental health.

CW2 and EP1 placed a lot emphasis on the school environment and personnel as being those best placed and in the best place to support young people. CW2 explained why she felt that children and families were more likely to access support that was offered in school:

> "Provide it around an environment they go to everyday for
>
> their kids, it's not stigmatising, nobody knows what you're
>
> going for." CW2 Page 213, line 164-166

She also talked about how children were choosing the adults they see every day to confide in:

> "We can put social care in, EP and CAMHS, that child sees so
>
> many different people , why? Why? They've been to the teacher and
>
> said to that teacher 'I feel bad, I feel upset, I feel I want to die'
>
> They must trust that teacher." CW2 Page 214, line 188-191

The teachers as trusted adults in young people's lives, in whom they can confide, should be considered a support for children's well-being. SS2 felt that not only the staff but the occupation of being in school and learning also had offered children support in developing their mental well-being.

> "The support that there is, the extra activities….putting things
>
> all around the school… they know there is someone to go to…
>
> just talking about feelings more, supporting each other."
>
> SS2 Page 188-189 , line 280-285

Awareness and Skills: Closely associated to the codes relating to supporting adults was the data coded for mental health awareness and the data coded for training and skills development. The references made to these two codes talked about ideas for future development and current practice. EP1 referred to development in this area as being dynamic and described the change in her own practice in recent years:

> "If I think about the number of hours that we've…I've spent
>
> personally in mental health training over the last two years and
>
> then compared it with the amount I was doing say five years
>
> ago, I think it would be just off the scale."
>
> EP1 Page 152, line 25-28

EP1 was unclear as to whether she was referring to her own training or training she was providing for school staff.

This testimony to the rising awareness of mental health in education was echoed by school staff:

> "It's (mental health awareness) always there, but not as
>
> in the forefront as it is now, which is really good. We've been
>
> aware of that for years and years, but not as evident as it is now."
>
> SS2 Page 180, line 27-29

I asked SS2 why she thought the mental health agenda had become more prevalent, she felt that students, staff and parents were more willing to 'describe their needs as mental health'.

A raised awareness of mental health and illness and the aforementioned suitability of school and school staff to be the place and the people from whom the children seek help, does appear to create a need for training. School staff need to feel confident in supporting young people, the development of these skills

is an on-going process. Interviewees referred to training they had received or delivered and the on-going need for training:

> "School's aren't static, they change with their cohort, not just
>
> the kids they change with their staff cohort. I think that's where
>
> services fall down, we think because we've done it once we
>
> don't have to do it again. That's not true, like anything
>
> it needs repeating." CW1 Page 201, line 325-328

CW1 and 2 talked about the need to support, train and supervise the school staff supporting children's mental health needs:

> "Actually it is about team around the child, or a team around a
>
> clinician or a teacher."
>
> CW2 Page 214, line 186-187

> "They (teachers and support staff) don't get any supervision,
>
> not any clinical supervision and actually I think that's
>
> massive because they are dealing with children's emotions
>
> and dealing with supporting these young people and no
>
> one is talking to them about that or about their own emotions."
>
> CW1 Page 200, line 315-318

School staff referred to how training on mental health had made them feel more able to manage student's needs and how prior to outside agency support they had sought out training:

> “I did a level 3 counselling course, I did an Autism awareness course, I did an Educational Psychology awareness course. I did all that to make sure that I knew, myself, the best way to help someone.” SS1 Page 176, line 200-202

EP 2 referred to his training on mental health and a desire to use this directly in supporting both children and staff.

I have included in this section the data sets which relate to training and awareness raising for young people. The CAMHS workers, in particular, felt that there was a need to teach children an explicit skill set for managing their emotions and developing emotional resilience. There was also some recognition of the fact that parents may not be able to fulfil this role, in which case education staff may be the next closest adult in a child’s life:

> “You start looking at the child that is in their early teen and actually we need to build in some resilience for this child…. there’s ownership for the parents, but if the parents aren’t able to take it on board, then we’re going to skill this child up to do it, because they are going to be the next parents.” CW2 Page 216, line 242-246

CW 1 described how she felt that education for children in school, on managing their stress and emotions was important and hitherto been neglected:

> “if you were to teach everyone the distress tolerance skills from the year zero, you’d actually find you have a really resilient group of young people, because they would have the ability to manage their distress and calm themselves down.”
>
> CW1 Page 205, line 444-447

While school staff and EPs referred to direct support for children, they did not talk explicitly about teachers and pastoral staff taking on this responsibility, in the way that CAMHS staff outlined. One possible reason for this is that the school staff and the EPs are more aware of the other many and varied responsibilities that school staff have, in a way that CAMHS staff are not. School staff and EP2 talked more directly about how their intervention might support a child.

3.3 Thematic Table 3: EPs Role in Supporting Mental Health

Theme	Sub-theme
EPs role in supporting Mental Health	What do EPs do?
	What can EPs do?

Thematic Map 3: The Role of Education Psychologists in Supporting Mental Health

This thematic map has value of its own because it arose in all the data sets but as a Trainee Educational Psychologist I have a particular interest in this area. My research is grounded in the pragmatic tradition and consequently I would like it to be of use in my future career. So although this data set was perhaps smaller and more specific than the others, I felt it had enough value and relevance to take place in my analysis. Whilst the references in my data were limited I realise that the definition of Educational Psychology is a huge and current topic. This data set considers different views of the role within the context of participants work and what they have learnt working as part of the pilot project.

3.3.1: Sub-theme: What do EPs do?

Predictably the EPs were able to provide detailed and varied descriptions of their roles. CAMHS and school staff however reported a far more limited view of the EPs role. EPs described their role as including;

- systemic work with schools and authorities
- statutory work for authorities
- direct therapeutic work and consultation with children, families and school staff
- assessment for learning difficulties
- supporting assessment for medical diagnosis
- triangulating information from stakeholders
- representing children's views and opinions
- applying psychological knowledge and training to problem solve or plan provision
- training

EP 2 described his role in general terms of helping people to change their perspective and recognise their strengths:

> "Broaden their mind-set around an issue and then by doing
>
> that to maybe come at it in a different way and use some
>
> of their personal resources to move the situation forwards."
>
> EP2 Page 159, line 11-13

EP 2 also referred to how EPs regularly seek out information key to a child or situation before making an assessment and how this was helpful in supporting CAMHS with their work:

> “share information about what the schools were doing, to provide a broader picture and triangulate with the information that was coming from home, because sometimes schools could put maybe a more negative slant”
>
> EP 2 Page 161, line 77-80

This view of EPs as gatherers of information was echoed by school staff, who reported that they valued EPs taking time to talk to them and gather information from different members of school staff.

> “My experience has always been really good….(EPs have) come in…. and asked me my opinion and always asked what I feel is needed.”
>
> SS1 Page 171, line 75-77

This was echoed by SS2 and attributed to EPs coming into schools:

> “EPs are in school more. So they’ve got the opportunity to meet with the parents…..meet with some subject teachers….speak to the students.” SS2 Page 187, line 232-237

School staff also reported that prior to the pilot project the EPs triangulation of information contrasted with their experience of working with CAMHS.

Both CAMHS and school staff referred to an EPs role in terms of making diagnoses of both learning difficulties and medical conditions. School staff were particularly aware of the EPs role within the authority and how it impacts upon provision:

> “The SEN department use the EP for access support, EHC plans…. and to be dead honest the EP is used because of the authority protocol, if you move a student on, the first question they ask is have

they seen an EP?" SS2 Page 182, line 89-98

"I think I thought they (EPs) were more academic based, so they were someone you might call in if someone had dyslexia or a learning difficulty" CW1 Page 193, line 97-98

"EPs will do targeted support, EPs will get your statement. They are the first priority or call if a child is not achieving academically."

CW2 Page 209, line 50-51

3.3.2: Sub-theme: What can EPs do?

There appeared to me to be a divide in the data relating to this theme. This divide was between what participants felt about the role of an Educational Psychologist, which they had learnt from their experiences prior to the pilot project and what they understood them to do after the joint work of the project. This was less the case for the EPs themselves, particularly EP1 who had spent some years working within CAMHS, but EPs also discussed ways in which they could develop their work to support children's mental health.

CW2 talked about how there can be a variation in how EPs practice and how the profession has changed over time:

"They've (EPs) revised and redesigned themselves in different services… Different EPs provide different services."

CW2 Page 208, line 25-27

Both CW1 and CW2 reported that they felt that there was a lot of potential in working more closely with EPs to support children's mental health:

"Working alongside the EP has made me realise they cover as many areas as CAMHS do and…. we just didn't realise….they

are actually offering a lot of advice and support at the lower

level where CAMHS are missing." CW1 Page 193, line 101-108

There is a national recognition that CAMHS cannot meet demand for their service and that preventative work or work at an earlier stage is preferable (Future in Mind, 2015). In the excerpt above, CW1 reports realising that EPs have the ability to and have been to some extent working at this 'lower level' of need. School staff too reported beginning to realise that referrals that might have been made to CAMHS might be more appropriately addressed by the EP service.

"They've (EPs) given us more insight into dealing with young

people and their emotions and being there at the meetings…

just giving us more information…a different point of view for

those children…it might not always be CAMHS that is needed,

we might be able to use the services of our EPs."

SS2 Page 181, line 76-81

CAMHS and EPS staff expressed ideas about how to develop the EP role in school. EP2 spoke about how he'd like to engage in more direct therapeutic work and use his training in Narrative Therapy. EP1 talked about the systemic knowledge and methods of working that EPs have as of being of particular use to CAMHS:

"We've got a huge amount to offer CAMHS in our systemic

thinking. We have direct training in how to think that way.

How to effect change in systems and organisations…….Whether

it be a school or a different type of organisation, I think our

strength is in understanding that systemic work."

EP1 Page, 158 line 187-192

Both EPs referred to the training that EPs receive as being central to developing the profession and in part the defining the nature of their role. EP2 made an interesting comparison between the Scottish training for EPs and those who train in England:

> "In Scotland there is more of a push… on working therapeutically.
>
> whereas in England ….it's seen as a separate role and needs quite
>
> different training." EP2 Page 160, line 41-44

A final reflection on the distinction between CAMHS and EPS came from EP1, when she was talking about some the direct work that EPs had begun in her service:

> "It does make you start to think about where the services start
>
> and finish and what the distinct roles are?"
>
> EP1 Page 158, line 182-184

4 .Discussion

"The only thing that interferes with my learning is my education."

Albert Einstein

4:1 Introduction

The main themes and sub-themes, identified in the analysis, are further discussed in this section in relation to literature and research. Including the DFE 'Evaluation of Mental Health Services and Schools link Project', the pilot project in Westfield was included in the DFE evaluation, which was published in 2017.

Many of the findings from the DFE evaluation echoed those in my own research. The DFE evaluation identified the following as key to promoting effective support for CYP's mental health needs:

- On-going training for staff on mental health awareness and needs
- Having a Single Point of Access (SPOA) or named worker to provide support, advice and be easily and quickly contacted
- Clear understanding of the relevant referral routes and criteria
- Time for staff to attend training and meetings
- Challenging preconceptions if what different professionals are able to offer

4:2 Joint Working: Barriers

Fear of Risk

Within this sub-theme participants were identified as talking about 'risk', however the nature of that risk was understood differently for each of the participants. For all of the participants their attitude to risk was intrinsically bound to their professional role and knowledge. SS2 referred to crisis management and referral to CAMHS in response to risk, while SS1 asked about how to prioritise need and stated that she always recommends parents should take a child to a local hospital Accident and Emergency unit. School staff tended to consider risk in relation to mental illness as a matter of referral and reassurance from outside, more specialist services.

EP 1 identified this lack of confidence that school staff can have in addressing mental health needs, giving the example of a senior member of school pastoral categorising needs as 'mental health' and adding 'I don't know enough about it.' This could be interpreted as a way of evading responsibility, however it could also be viewed as a resistance to further broadening of school staff's roles (Nancarrow and Borthwick, 2005, Stirling and Emery, 2016) EP1 and CW2, made frequent references to capacity building within schools for the care of CYP's mental health needs, but only CW2 highlighted how time pressures or lack of governance might lead to increased risk for YP. She implied that a lack of time for supervision and lack of management oversight might lead to risk of harm to young people going unidentified. CW 1 articulated what may be the ultimate risk of working with CYP with mental health needs, when she said 'if we get something wrong someone could die.'

EP 2 referred to risk as being related to the EPs professional role in undertaking therapeutic work. He felt that he had adequate training to undertake therapeutic work with CYP and that many other EPs did, but he acknowledged that other EPs might be 'fearful' of acting outside their remit and professional competencies. This variance in confidence may possibly be related to the variance in training for EPs (Wade, 2017).

There was very little literature relating directly to the risks associated with mental illness and how this is viewed in education or by school staff. This is a possible area for further research, as it appears that a 'fear of risk' or failure may be presenting a barrier to effective work with young people.

Resources and Time (lack of)

All participants identified a lack of time as a barrier to joint work. Professional's time is a paid for resource and an assumption could be made that with increased funding to CAMHS services that this time could be bought. However the current lack of 'real terms' funding for CAMHS (Parkin, 2015) has placed considerable strain on this resource and the consequences appear to be evidenced in the lack of time available to professionals for multi-agency work. The DFE evaluation of

the pilot work found that face to face time was particularly important to the professionals involved. The evaluation identified time for joint planning and training, was a facilitator.

The DFE evaluation of the pilot projects, makes a reference to how creating time for face to face meetings and capacity for joint work, although identified as a facilitator of effective provision, may be difficult in the current economic climate and funding cuts in public services;

> "These findings sit somewhat uncomfortably alongside the financial reality within many of the pilot areas." (DFE, 2017)

Resources and time were cited by EP 1, as being intrinsically related to the 'traded' services model, identifying that there was an issue about who would commission time for multi-agency work from his service. SS1, highlighted that the traded model, meant that some students in need of EP input did not receive it as the school had run out of resources. CW 1 attributed some of the inappropriate referrals to CAMHS as being due to the fact that it is a 'free' service and felt that schools might refer to CAMHS when funding for EP intervention was not available.

The DFE (2017) evaluation suggested that Clinical Commissioning groups and Education Authorities should re-prioritise funding for mental health support in schools, or alternatively that schools themselves should buy in services from the health authority. Unfortunately Educational Psychology services were not suggested as a possible resource.

The evaluation report did recognise that placing the responsibility with schools to buy in mental health support could risk access to mental health services being determined by school budgets and priorities. With school management teams commissioning mental health support, it is entirely possible that their acknowledged lack of specialist knowledge in this area (Finney, 2006 & Kidger et al, 2010) could lead to commissioning of inappropriate resources or even worse no commissioning at all.

Communication (lack of)

Easen et al 2000, identified differences of opinion as acting as a barrier to joint work. SS1 and SS2 stated clearly that not only were there differences of opinion between CAMHS and themselves, but that their opinion had not been considered as part of a child's assessment. This may relate to what Miller and Ahmad (2000) identified as CAMHS mode of operation as being within the 'medical model', where the child is assessed through a clinic appointment and environmental factors are not given as much consideration as 'within child' factors. For SS2 one of the biggest barriers to supporting CAMHS work was 'not knowing how the meeting has gone.'

Lack of communication was explicitly cited by participants as a barrier to effective joint work. The response of participants indicates that time aids communication, as does use of a common language and understanding of one another's roles (DfES, 2004b). Conversely a lack of understanding and differences in language use and meaning attributed to language was reported to act as barrier (Salmon & Rapport, 2005). CW 1 described how the EPs use of 'psychological' language was alienating school staff and parents and this was echoed by SS1, who had sought out training on Educational Psychology in order to better understand some of the terms and references used during meeting. Salmon and Rapport (2005) writing about their research into the types and purposes of discourse used in multi-agency meetings, identified that professionals would ask questions to clarify facts, but rarely asked to clarify terminology. Salmon and Rapport suggest that this may be because; participants feel inhibited to ask for clarification due to perceived hierarchies, participants do not want to be viewed as awkward or pedantic or simply because participants do not realise that alternate meanings may be attributed to their intended meaning. The first two of these reasons is possibly applicable to SS1, who sought out training rather than seek to clarify terms during the meetings.

> "So I paid myself, to go on an educational psychology awareness course, to allow me to have more of an understanding of what was

being spoken about." SS1, Pg 170, line 253-254

CW 2 referred to school staff as not being able to understand some of the terms and references made by CAMHS staff and this was inhibiting joint support. However she identified that EPs were able to use an approach that teachers 'liked' and were able to:

"Interpret what we were saying from a health and well-being

perspective, around learning and it all clicked!" CW 2, Pg 210 line 83-85

In summary, time for communication was needed, as was developing a shared understanding of terminology, not just for participating professionals but the wider community of CYP, teachers and parents.

Differences and Ownership

CW 2 identified that teachers were more likely to understand and accept information on mental health and well-being when presented in relation to 'learning'. This may relate to their own ideas of professional identity and the core purpose of their role.

Ideas of role and purpose are closely linked to notions of 'professional identity'. Hyman, 2008, writes about how establishing a 'role'; an expected set of behaviours within an organisation and differentiating that role from another's is essential to work taking place in a group. The teacher's reported acceptance of well-being and mental health support in relation to 'learning' may be an example of how the ideas and suggestions were delivered in a way that fitted their concept of a teacher's role.

The increased multi-agency work and establishment of mixed discipline teams, post Every Child Matters (2003), provides a challenge as each profession has its own professional knowledge and different cultural work practices (Anning, 2001 in Hyman, 2008). Examples that were raised in my research, of when work practices and cultures were cited as a barrier to joint work, were;

- The EPS traded model of work, where this prevented EP's from picking up work as part of the pilot project
- The school's Senior Leadership Team not valuing the pilot project or EP services
- CAMHS, clinic based model of work
- Lack of supervision/reflection time for school staff

Non-statutory guidance for Every Child Matters: Change for children states (2004b):

> "To work successfully on a multi-agency basis you need to be clear about your own role and aware of the roles of other professionals."

This sounds like obvious advice, but comments made by participants in my research reflected a lack of knowledge by all involved about one another's roles. This was less in evidence for EP 1, who had had previous experience of working within a multi-agency setting with CAMHS staff. Participants reported having developed a far greater knowledge of other participant's professional roles through engaging in the pilot project, but they were able to reflect upon and identify their previous misconceptions.

4:3:2 Joint Working: Facilitators

Communication

The DFE (2017) evaluation of the pilot work found that face to face time was particularly important to the professionals involved. The evaluation identified time for joint planning and training, was a facilitator of effective work and refers to the 'cross-fertilisation' between mental health professionals and schools as a valuable outcome of shared planning and consultation time.

All participants recognised that the joint work as part of the pilot project had improved communication between one another and consequently made support for CYP and their families more effective. Communication needed to be timely, school staff in particular felt the need for timely communication from and with EP's and CAMHS workers. They explained that EP reports might arrive months after referral and that they needed access to CAMHS advice and support when students were experiencing distress. Communication needed to be accessible, the frequent face to face meetings and phone support offered made access to one another far easier. Communication needed to be shared, both school staff and one of the EP's referred to how CAMHS has previously 'held' the information.

Information sharing does raise issues of consent and confidentiality. Although participants identified parental consent as necessary, they identified that it did at times prevent information sharing from being accessed in a timely way. EP involvement with any child in Westfield is dependent upon parental consent, unless the child is looked after by the authority.

In O'Reilly et al's 2013 research into service user's perspectives on multi-agency working, parents and young people identified that communication between professionals supported the effective timing and delivery of interventions, saved time and effort on their part. They identified as particularly useful the presence of CAMHS in school. EP's and CAMHS having a presence in school was recognised and valued as a facilitator to effective working by all the participants in my research. Service users in O'Reilly's research went onto suggest that joint

multi-agency feedback on progress would support effective communication, as would shared records of action and review.

Understanding of Other's Roles

Robinson et al 2005, explored the effects of multi-agency working on identity and found that a key factor for promoting positive professional attitudes in multi-agency teams was the enhancement of individual professional identity. The participants in this research reported that they developed a greater understanding of one another's roles and capabilities, which could be seen as strengthening and confirming professional identity. EP's in particular, received recognition for being able to work with young people to support their mental health needs. Personally, I found this recognition of EP capabilities pleasing. Gaskell and Leadbetter, 2009, explored EP identity in relation to multi-agency working and found that the perception of other's valuing EP contributions increased self-esteem and positive feelings relating to professional identity.

A more detailed knowledge of one another's skills and capabilities, meant that these were more likely to be drawn upon when needed to support CYPs and their families. As CW 1, commented she now had a team that already had 'skills and knowledge' and this could be shared or supported the appropriate task allocation. Gaskell and Leadbetter, 2009, refer to the knowledge of roles, gathered through multi-agency work as 'incidental learning' and contextualises the individual's contribution, as part of a group, which in turn leads to recognition of the reciprocal value of each person's input.

This type of pooled knowledge, when working with young people with mental health needs is necessary, as their needs are likely to extend beyond the professional remit of one person (Williams and Salmon, 2005, Sloper, 2004). A young person's needs are also likely to be inter-related and a co-ordinated multi-agency response is more likely to be able to offer the holistic response that parents and children desire, without unnecessary repetition (O'Reilly et al, 2013).

Motivation and Shared Purpose

Commitment from both senior and frontline staff is thought to be important to the success of multi-agency working (Sloper, 2004, Harker et al 2004 and Hymans, 2008). In a study of 139 participants of multi-agency work conducted by Atkinson et al, 2002 (in Hymans, 2008), 58% of respondents identified commitment and willingness to the work as key to successful multi-agency working. Within this research commitment relates strongly to the motivation to engage and participate in the pilot project. All the participants in this study expressed a commitment to working to support the needs of CYP and their families, who were experiencing mental health issues. This was the identified shared purpose of the project that all participants referred to. However within the data, other secondary motivations for involvement emerged, CW2 and EP1 made reference to the project as a 'capacity building' exercise, which would lead to school staff becoming less reliant on external agencies. Conversely, school staff reported that increased access to specialist services was a motivating factor in taking part in the project, having CAMHS in school in particular, was highly valued. These secondary motivations, did not appear to act as a barrier to joint work, but instead perhaps represented the motivating factors which had supported the professional's initial involvement in the project. I would suggest that direct involvement in the project, over time, communication and understanding of one another's roles and abilities, led participants to place less importance on their initial motivations and return to the joint purpose of helping children and young people, but in relation to specific CYP and their needs. This was a shift towards a conscious valuing of collaborative work.

4:3:3 Joint Working: Development

Ease of Access

The sub-theme of development emerged, as all participants were asked about how they would like to see the project go forward. Participants identified that they would like continued and possibly improved ease of access, to one another and for young people seeking support. Similarly the DFE (2017) Evaluation found that having a named worker or a SPOA improved the timings and the quality of referrals made to CAMHS.

Ease of access supports early intervention and has been highlighted in literature and research as being what parents and children want (O'Reilly et al 2013, Bone et al 2014 and CMO, 2012).

Capacity Building

The DFE (2017) evaluation identified how the involvement in the pilot projects was found to have had a statistically significant impact in raising school staff knowledge and awareness of mental health and confidence to support young people.

All participants wished to increase either their own capacity to work with CYP with mental health needs or to support others in developing their capacity, through training and consultation. However, it was the participants with operational responsibility that referred to systemic ways to increase school's capacity to address the needs of CYP. School staff and EP2, referred to their own capacity, mainly with reference to workload and time acting as a barrier to increased capacity.

Capacity could also be seen as being built through the 'incidental learning' that Gaskell and Leadbetter refer to as taking place in multi-agency work. EP1, hints at this when she remarks upon how 'experiencing' making a difference to young people, is more effective than being 'told' about it.

Robinson et al, in research exploring the teacher's perceptions of identity in multi-agency teams recognised that a teacher's perceived lack of capacity was a barrier to their engaging with new ways of working. This includes the development of their ability to address the mental health needs of CYP. Participants in my research identified a need for both types of 'capacity' building, one in relation to time and workload and the other relating to skills and knowledge.

Consultation

Joint consultations between EPs, school staff and CAMHS were a feature of the pilot model used in Westfield. Professionals were also invited from social care and the education support services and they attended if their workload allowed. A fitting description of 'consultation' as practiced in the context of the pilot is provided by Dent and Golding, 2006 in Swann and York, 2011.

> "an alternative way to working directly with clients. It involves
>
> Working with part of a network surrounding the client, explicitly
>
> For that client's benefit, and in this way differs from direct work."

A strength of the multi-agency consultation is the variety of professional knowledge that can be drawn upon (Swann & York, 2011). This was commented upon by participants in my research, who also appreciated it as an opportunity to clarify meanings and arrive at a joint understanding. This joint understanding was identified as supporting CYP and their families and promoting consistent support and communication.

The DFE (2017) evaluation and my research differ in the level of importance attributed to joint consultation work. Several of the pilot projects in the DFE evaluation reported not 'having time' for joint consultations and instead prioritised clarity referral routes and e-mail contact between professionals. In my research the time dedicated to joint consultation work, discussing, hypothesising and action planning as a multi-professional group was considered key to effective provision.

4:4:2 Mental Health in Schools: Stressors

The stressors identified in the data included:

- Pressure on students to attain
- Home and Family- events outside of school
- Social media

There has been relatively little research into how changes in the national curriculum have affected student stress. However it has been suggested that the focus on standard assessment tests has had a narrowing and detrimental effect upon the curriculum and led to increased pressure on children (Troman, 2008). SS2, reported that in her 'student voice' questionnaires pupils were acknowledging their stress and asking for more support.

It is often hypothesised by teachers and educational professionals that a narrowed curriculum, provides students with less variety of opportunity to succeed. Putwain, 2011, found students judgements of self-worth were based upon their academic achievements. In addition to this the 2004 B-CAMHS survey (CMO, 2012) identified that CYP with learning disabilities are more at 'greatly increased risk' of developing a mental health problem. Although these findings have not been found to be causal in nature, it is known that CYP with learning difficulties and disabilities will be likely to achieve a lower score on standard assessment tests than their peers and it is a possibility that this will affect their judgements of self-worth (Putwain, 2011)

All participants identified a child's wider environment at home and in the community as a strong influence on their mental health. All participants acknowledged that a child's mental health is affected by all aspects of their environment and experiences, but school staff highlighted how children can present differently in different contexts and particularly valued a 'holistic' assessment of the child, using information from different contexts.

The 2004 B-CAMHS survey (CMO, 2012), identified several risk factors and associations for CYP with mental health difficulties. One was that children from

'reconstituted' families were more likely to suffer from mental health difficulties, an identified prevalence of 14%, compared to 9% in families with no step children. Income was found to be associated with the risk of mental health difficulties in children. The B-CAMHS survey found families with an income of less than £100 per week, had a 16% prevalence of children with mental health difficulties compared to 6% in families with an income of over £600 per week. Mental health difficulties in children were also more prevalent in families where parents had no educational qualifications and where both parents were unemployed. CW 2 alluded to some of the associated difficulties with divorced parenting and recommended that children's behaviour should be considered in relation to conditions prior to and after the school day. In particular CW2 was referring to diet and provision for basic needs. Poor education, low income, unemployment and divorce were all acknowledged by participants as 'risk factors' and potential challenges to the well-being of CYP and their families.

The participants who spoke about social media identified it as a negative factor which was likely to create stress for CYP. They referred particularly to cyberbullying and how social media, enabled students to contact each other, albeit indirectly, outside of school hours. Research into CYP use of social media has identified on line risks such as cyber-bullying, social isolation and exploitation (Milani et al, 2009), but a systemic review of the current literature on this subject identified both positive and negative effects of the use of social media (Best et al. 2014). At best social media was found to provide CYP with a perceived increase in social support, opportunities for emotional relief and opportunity to develop their identity. At its worst, there was evidence of CYP with a preference for on-line interaction and decreases in well-being. On line communication was also identified as a 'weaker' form of social interaction and there was an associated risk of depression and social isolation. To understand the effects of social media on young people's well-being, their views on its use and effects should be sought and attended to by those educating and caring for them.

4:4:1 Mental Health in Schools: Supporters

The participants of my research indirectly identified themselves as supporters of CYP and their mental health. Echoing advice from the National Children's Bureau (Stirling and Emery, 2016) that support for CYP's mental health needs would be best delivered through a 'Team around the school.' This was directly referred to when CW2 talked about professionals forming a team around the child or the teacher. This corresponded with participant's identification of the fact that training and support needed to be on-going.

School staff and external agency staff identified that increased awareness of mental health issues was a positive thing that was helping to break down stigma associated with mental illness. There was a recognition that evidence based skills training for both professionals and CYP would support good mental health. This was confirmed by the National Children's Bureau (2012), whose research recorded CYP as specifically asking for training to take place in schools for both staff and pupils.

The NCB (2012) also identified that there is a statistical prevalence for mental health difficulties among the population of CYP that have parents with mental health difficulties. CW1 felt that training and 'skilling up' young people on how to support their own well-being would be able to counteract the influence of poor role-models and the negative effects of misinformation.

School staff, in this study, spoke specifically about the 'business' of school being a supporter of CYP well-being; spending time with children, making relationships, having discussions and being gainfully occupied.

4:5:1 EP's Role in Supporting Mental Health: What do EP's do?

A more general discussion of the EP's role will follow in the next section, but here I concentrate on participant's responses in the interviews. Participant's all seemed concerned to either explain the role of the Educational Psychologist or to express the new found knowledge of the EP role, as discovered through their participation in the pilot project.

EPs were able to offer a varied list of activities that they carry out as part of their professional role. Emphasis was placed by EPs on their information gathering skills and ability to work in a way which considers the various systems influencing a young person's experience. School staff reported that they felt 'heard' by EPs, but much of their role was understood in terms of their statutory work, assessments and surprisingly diagnosis. EPs in Westfield write reports which are considered as evidence by a panel of medical professionals who diagnose, but they do not diagnose conditions such as ASD or ADHD themselves.

The EP's in Westfield were instrumental in the introduction and roll-out of The Emotionally Friendly Schools (EFS) programme. The DFE (2017) evaluation acknowledged the need for a whole school approach to education and access to mental health support, either as part of the school development plan or as part of an accredited programme such as the EFS. In Westfield the EFS programme although not accredited was designed to support school development plans by providing a framework for a whole school approach. The purpose of such a wide reaching strategy was to ensure that young people received accurate and up to date information, to provide knowledge to combat stigma and ensure that CYP knew where and how to access support.

4:5:2 EP's Role in Supporting Mental Health: What can EP'S do?

CW2 recognised that the flexibility in the role of the EP and how similar to schools each EP service has its own culture and model of service (Beaver, 2011).

However through involvement in the pilot project CAMHS and school staff came to understanding of the EP role. They understood that EPs in Westfield routinely work to support CYP's mental health and can consult, advise and provide direct support for CYP having difficulty with anxiety, depression and attachment relationships.

EP1 was keen to emphasise the systemic work that EPs can offer in a multi-agency forum and how this can be utilised to influence systemic change in schools.

What was clear in the data was that prior to working with EPs as part of the pilot project both school staff and CAMHS staff had associated the work of an EP with cognitive assessment and issues of learning and statutory assessment. A shift in participant's perspective on the EP role was also evident when participants talked about what they had learnt through taking part in the project. Participants became increasingly aware of the range of EP skills and abilities.

4:9 Role of the Educational Psychologist

In this section I consider the role and profession of Educational Psychologists in relation to their work supporting CYP well-being and also training and wider understanding of the role.

The EP profession is, according to the British Psychological Society (BPS) (BPS 1999 and DfEE, 2000), committed to the application of theory and research in psychology to support child development. This commitment, together with the theory and research training which characterises the Doctorate qualification for Educational Psychology, means that EPs are well qualified to plan, participate in and analyse research projects and initiatives.

Although the CAMHS School link pilot excludes, in the title and intentional areas of study, the Educational Psychology Service, the EPS does warrant regular mention in the review. In Westfield, the EPS recognised the need to strengthen collaborative working practices with CAMHS and had approached them with this end in mind. The evaluation reports, in other pilot areas, had also recognised the need to utilise other professionals to support CYP. The evaluation reports that there were concerns that the narrow focus on CAMHS working relationship with schools could lead to valuable resources such as the EPS being overlooked. In the discussion of how to extend the pilot in future years, it was recognised that a wider range of expertise was needed and that some areas were:

> "Looking to strengthen referral pathways to include a stronger role for Educational Psychologists and school nurses." DFE 2017

Why were EPs overlooked by government research into this area? When ostensibly the profession is a key resource. One which has knowledge of school systems, understanding of child development and mental health (Monkman, in Williams et al 2017). It may be because educational psychology is a relatively small profession when compared to medicine, social work or teaching; so fewer people will have come into contact with the profession and general awareness of what EPs do is not great (Fallon et al 2010). Both members of school staff and the CAMHS workers, despite having worked directly with EPs previously, made reference to how they had had prior assumptions about the EP role. They described it as being about diagnosis, report writing with an aim to access finance or services, or to supply strategies to support 'learning' or improve 'behaviour'. It would appear that at the start of the project, the EP role was not well understood by the CAMHS staff or school staff and their view of the role contrasted with the EP's own definition of their role.

The EP role also has at its core the use of psychology in context to support positive change. This would include consultation, direct therapeutic work, training, research and sharing of psychological knowledge and skills (BPS, 2006). The confusion among government bodies on the one hand and professionals with

whom EPs work on the other, might be due to the shifting nature of the profession. This in itself might be explained by the professions ability to adapt to the social and cultural context (Stobie, 2002). However Fallon et al conclude that this constant reinvention has led to lack of confidence around professional identity and purpose.

The profession's ability to adapt to socio-cultural contexts may also be a product of the training, which encourages exploration of the role psychology plays within a wider social context (Burden, 1997 in Leadbetter, 2005). Another possible cause of the lack of clarity is that critical reflexivity is not valued equally across training providers and dominant paradigms in EPs' work are heavily influenced by these biases in training. Writing in 1997, prior to EP training changing to doctorate award, Burden explains the lack of EP involvement in research in schools as being due to the 'heavy emphasis' on research methodologies rooted in a 'positivist paradigm'. A positivist approach can sometimes conflict with a critical approach to research. A lack of EP presence in research is important because a presence in research provides the profession with a 'voice' and enables EP involvement in government research and policy making.

All the participants in my research commented on how the pilot project had given them greater understanding of the EP role. The dynamic nature of the role was recognised by CW1 and EP1, who had strategic responsibilities. CW1 also commented on how EPs differ from authority to authority and their role has changed over time. It may be the small size of the profession that necessitates joint and multi-agency working by EPs. This necessity, over time, means that EPs have developed skills to work collaboratively. Floyd and Morrison (2014), refer to this as being inter-professional and recognise that it is an increasingly important skill, as collaborative practice seeks to fill the gaps between professional services. EPs may have developed this skill through what Norwich 2000 (in Fallon et al, 2010) describes as their 'pragmatic and humanist' approach to knowledge and action. The pragmatic need for action and applied knowledge has been, in my experience, a driving force behind seeking out other professionals and working

together. The participants in my research recognised that EPs are more likely to ask for information and share information from a variety of people working with a young person, in order to consider the context of the CYP's particular needs. EP2 also described how he would seek out CAMHS professionals and develop an understanding of the work they were doing with a young person and then share that information with school staff and parents.

> "I think I saw my role as trying to join things up a bit more and offer a more holistic perspective, I think CAMHS maybe have a role in an individual perspective of supporting that child, whereas I think my role was more about bringing it all together." EP2 Page 159, line 87-90

The EP's ability to consider the various environments that influence CYP's behaviour, their flexibility and criticality of approach are at once the professions strengths, but this may also have led to a lack of clarity about the role both within the profession and among other professions.

4.7: The Social and Cultural Context

Through the course of this research, it became clear to me that the factors affecting CYP's mental health and institutions ability to support them, exist in a context beyond education and health. The wider political, economic, and technological context influences how institutions and individuals can respond to CYP's mental health needs. In this section I refer to some psychological and social theories about wider social influences and how they impact either on CYP's mental health or how their needs are understood and responded too.

Lev Vysgotsky, writing throughout the 1900's, developed a social and cultural model of child development, one which recognised the effect that the society and interactions that a child has can shape development. What is particularly interesting about Vygotsky's theory of development, is that individual development cannot be understood outside of the context of society. This model

of development may offer a particular understanding of how the 'epidemic' of mental health needs in schools across the UK is related to the wider social context. Wertsch et al 1995, (in Leadbetter, 2005), defined the goal of socio-cultural approaches as being:

> "to explicate the relationships between human mental functioning,
>
> on the one hand, and the cultural, institutional, and historical
>
> situations in which this functioning occurs, on the other hand."
>
> Wertsch et al 1995

Much energy has been placed into measuring, defining and researching mental health needs and well-being in CYP, how to improve it, how to support resilience and who should address these needs (DES, 2004, Green et al 2004, Cane, 2015). Ecclestone (2007) offers some possible theories as to how a discourse of 'mental illness' serves to draw attention towards the individual, so taking away their agency and creating dependency upon others to 'treat' them. Mills (in Williams et al 2017) explains how pathologising and treating children can represent an opportunity to market psychotropic drugs and create demand for them. In this way an absence of socio-cultural considerations protects specific group interest and agenda.

It has been postulated that by seeking to help or relieve the distress of CYP in schools, supporting professionals are creating future generations who may define themselves as mentally unwell. The criticism is grounded in this critical meta-view point. For staff working day to day with young people in distress, the pragmatic need to relieve their pain becomes a priority and can leave little room for reflection upon a wider picture. There is room, within Vygotskian theory, to recognise the dialectical dilemma of responding to need and unwittingly acting to support another agenda or agent of social control. Van der Veer and Valsiner, 1991 (in Daniels, 2005), describe how Vygotsky welcomed opposing directions of thought as part of a united discourse on psychology, which could lead to an improved understanding. Recognising that some actions, to address mental health needs,

may have negative impact at a macro-level, does not mean that inaction is preferable.

In my research all the participants focused upon the need to work preventatively with CYP to encourage their strengths and skills, self-esteem and resilience. Some also appeared to convey a 'resistance' to the labelling of young people. They showed an awareness of the negative effects of labelling and focused primarily on teaching alternate coping skills and setting up positive support strategies. School staff lamented the fact that they did not have time to invest in relationship building with students and identified this as way to guide students' development.

Students do not operate in a vacuum and as they attend school they have the opportunity to learn from a variety of adults. They will observe adults in their environment and learn from their actions and interaction with them, just as they will learn the curriculum on offer. Within Vygotsky's social-cultural theory of development, teachers act as the object and use language, behaviour, rules, routines and expectations as sign systems, to teach the subject (the child). It is through use of these sign systems that children develop the ability to understand concepts (Patrick, 2001), such as mental health, self-esteem and well-being. Robinson 2010, refers to the dialectical interplay between a child's biological drivers and the cultural influences. If a dialectical tension is too keenly felt a child is likely to find an adaptive behaviour which provides relief. In a school environment this might mean that instead of developing self –esteem through academic achievement (which may be out of the child's ability or developmental range), they seek approval from peers by entertaining them or attempting to control the teacher. Vygotsky linked these adaptive behaviours, through which the child is responding, to their environment (Smagorinsky, 2012) as part of development. These behaviours can be defined as mal-adaptive when they are at odds with the wider societal aims and values.

> “A child, to Vygotsky, is a work in progress, one who can circumvent areas of difference to develop new capacities for a satisfying and productive life in society” Smagorinsky, 2012.

If restrictions on the curriculum are too stringent, we close the pathways for children to find satisfaction and productivity. The form of education that a child receives, in and of itself, may be creating the tensions that then lead to maladaptive behaviour, negative reinforcement, low self-esteem and a lack of well-being. However there appears to be a significant reluctance, even in the research on supporting CYP’s well-being to consider far ranging systemic change in education systems.

Corcoran and Finney (2015), advocate for the role of psychology in education to be a critical one which:

> “Must engage the whole package –intellect/affect, personal/public, Ontological/epistemological” (Corcoran and Finney, 2015)

The separation of these entities into compartmentalised systems of education can create the tensions that lead children to seek relief.

There is a wealth of research on how CAMHS and schools should work together (Pettit, 2003, DOH, 2015, DFE, 2017), but there do not exist any sustainable long term models which carry out this work. There have been a series of pilot projects; TAMHS, SEAL and the CAMHS Link project, a variety of governmental agendas; Every Child Matters and Future In Mind, CAMHS Transformation, but there don’t appear to be any sustained new collaborative models of working. Why if this knowledge, research and evidence based findings have been in existence since 2003, (at least), have they not been acted upon? It is not due to a lack of knowledge or research.

I was disappointed to find in my own research that very little mention was made of financial constraints or lack of resources by those with strategic responsibility. It felt as though citing a resource issues was a too readily available excuse for

inaction, when a collective response was needed. Therefore it was not acknowledged by leaders.

4.11: Are schools the best place to address CYP Mental Health Needs?

Should schools be addressing mental health issues? There was a general acceptance among participants that they should and recognition that through schools addressing these issues, the level of stigma attached to mental health decreased and access to support increased (DFE, 2015, Stirling and Avery, 2016). In addition to this, all participants identified an increased need for this support. How we define mental health needs/illness/difficulties is relevant to this increase, as is the question about why there is a reported increase in mental health difficulties among children and young people? I cannot answer these questions and in the meantime school staff are faced with distressed and anxious pupils, who they want to support and are requesting increased guidance, training, support and time to do this. From my research relating to the Westfield Pilot Project, the multi-stranded approach of joint consultations, staff training, direct work in schools was beginning to show positive results. However, to sustain and develop this work a further commitment to invest resources over a long term period is needed.

Kidger et al (2010) researched teachers' views on supporting student's emotional health and well-being (EHWB). They identified that teachers generally felt it was their responsibility to support the EHWB of pupils, through acting as a positive role model and responding to requests for help. However teaching staff reported that they needed increased training in order to provide education on good emotional well-being and to make referral to external services. This was also the case in my research, all participants identified the need to provide training for school staff and the school staff themselves felt with training their confidence in supporting EHWB increased. School staff and the EPs and CAMHS workers also acknowledged better use of the referral systems in place, after school staff had had the opportunity to consult with EPs and CAMHS about young people.

Kidger et al, 2010, also identified that school staff needed more specific support regarding the purpose and aim of EHWB interventions and how these might fit within the current goals and agendas within education. The Emotionally Friendly Schools programme, provided this clarity of purpose and involved all members of school staff, including dinner ladies and administrative staff. Staff were specifically asked to examine their own roles. They were not only provided with resources and information about how to provide support, but also on how to access support for themselves. Like the participants in my study, Kidger et al 2010, recognised the importance of the school Senior Leadership Team, in developing relationships with staff that promote EHWB. This serves several purposes. It provides a model for behaviour but it may also reduce teacher stress and workload, providing their line managers are able to respond flexibly and alleviate some of the pressure. In addition school staff, who have been listened to and feel 'cared' for, are more likely to be able to take on the burden of 'caring' for their students.

4.9: Reflections on Quality Research

'**Worth**' of research according to Tracy (2010) is related to how interesting and significant it is to professionals and researchers operating in the field. My research takes its place in a large body of research (Pettit, 2003, CMO, 2012, NCB, 2015, DoH, 2015) and the pilot project which serves as the common ground for participants of this research, has been reviewed (together with other pilot projects), as part of government led research (DFE, 2017). The large amount of time, money and effort invested in researching how young people's mental health needs can be met, can be justified by the high levels of need (DoH, 2015). This is a 'worthy' subject (Tracy, 2010) and it was my intention to focus particularly upon the interface between professionals working to support CYP; CAMHS staff, school staff and EPs.

'**Rich Rigour'** (Tracy 2010) My position as an insider researcher allowed me to participate in the pilot project and develop relationships with the participants that supported the production of rich data. Participants supplied detailed data relevant

to the research questions. The transcripts were checked with participants and during transcription, steps were taken to ensure that the written word conveyed the same meaning as the spoken word.

'Sincerity' For Tracy (2010) sincerity in research requires the researcher to recognise their positionality within the research. It was necessary as an insider researcher to reflect upon how my relationships with participants and experiences of working on the project affected my position as researcher.

I have hoped to achieve '**Credibility**' as described by Tracy (2010), through descriptions of the project and the Emotionally Friendly Schools programme that provide the context and structure for the multi-agency work that participants engaged in.

'Resonance' refers to the extent that my research resonate with other practitioners in education. Although every pilot project in the DFE evaluation (2017) was different in structure, staffing and model there were repeated themes and key practices that could be transferable to other contexts. This was also the case in my research.

'Heuristic Significance' Tracy identifies this as referring to the extent to which the research has been able to signpost future areas of study. Two themes that arose in my analysis that were worthy of further thought and investigation. These were 'The fear of risk', which refers to how a perceived risk may be attached to supporting CYP with mental health needs and this could be acting as a barrier for non-specialist staff such as teachers and support staff. The other was the effects of technology and social media upon CYP's well-being.

'Practical Significance' Although there was a significant amount of literature and research already in existence regarding joint work between CAMHS and schools, there was less that also involved EP services. The DFE evaluation of the pilots (2017) highlighted the need to include wider support services, such as school nurses and EP's. My research also considered unique aspects of the EP role that might be particularly effective in addressing the mental health needs of CYPs.

It is my hope that the findings of my research will be used to inform future collaborative practice between CAMHS, schools and EP's. The participants in my research identified key activities such as; joint consultations and training that support effective multi-agency working. They also highlighted how the act of working together and spending time together, considering CYP had in itself removed barriers to joint work. Barriers such as; issues of ownership, governance, alternate agendas and lack of common terms of reference. The pilot project presented an opportunity for the participants to develop shared understandings and identify shared outcomes for CYP.

4.10: Limitations and Possible Further Research

I asked a clear and specific question at the start of this research and my motivation for finding an answer was a pragmatic wish to be use the answer to influence my practice. I was very fortunate that I posed this question at the same that the EPS in the authority in which I was working, joined with CAMHS and 10 schools to explore methods of joint working, as part of the national CAMHS/Sch link pilot project. The component parts of this; schools systems and staff, government policy and funding, CAMHS and EPS policy and procedure and the subjective viewpoints of all, merit further study. In an effort to address a pertinent question from practice, this study is perhaps too far reaching in its scope. The many variables involved in answering the question are vast and diverse. However the question as to how effective joint working can be established is pertinent to practice and in practice an EP is required to consider the many and varied views represented in a holistic picture of a situation or environment. So in this way my research mirrors practise.

In order to fully explore methods of effective joint working between three distinct systems, all three systems should be represented. It was useful to be able to compare and contrast the findings of this study with that of the national evaluation of the CAMHS/link project. However this was also frustrating as the similarities

in findings, lead me to believe that recommendations from research are not being acted upon, which renders the activity with little pragmatic value.

I deliberately set out to identify common themes in relation to the research question, which would be of use either in further research or in practice, this is the reason that thematic was specifically chosen, however a narrative approach or mixed methods would be an equally useful piece of research.

In order for any evaluation of effective practice to be valid, the voice of the service user must be heard. This research was designed to provide answers as to how professionals might more effectively deliver support for young people and consequently it focused on the views of those professionals. That is not say that children and their parents and carers wouldn't have valid views on these processes, but that they may have had different terms of reference and no direct experience of the joint working involved in delivering support. However any further research should use the views of CYP and their carers to evaluate the effectiveness of the joint work. CYP and their parents will be able to comment on how 'effective' they felt the support provided was and identify which aspects they felt related to an improvement in outcomes. They may also be able to identify particular instances when the multi-agency approach was most effective and what barriers to joint work they perceived as service users.

Although I sought to gather data from three different contexts; CAMHS, school and an EPS, it would have been useful to increase the sample size and to incorporate members of the three disciplines who had no experience of the pilot project or even include those working in other roles within the services. For instance it would have been useful to include the views of teaching staff without pastoral responsibilities and to have gathered the views of Clinical Psychologists and Psychiatrists and examined how their views were similar or different to those held by EPs.

During the analysis and discussion of the findings a couple of areas with potential for further research were considered. Of particular interest to me was the identification of risk' in relation to supporting CYP with mental health needs. The

idea that risk of harm or failure was in some way preventing professionals from offering support and this appeared to be related to role definitions and competency. Another area of interest was the effects of social media and information technology on CYP's mental health. This is an area of growing concern, but there is relatively little research on the impact of social media and exploration of views on this.

In addition to this, EPs, school staff and CAMHS staff made reference to parents seeking diagnoses for their children. The school staff felt that these diagnoses did not always fit the child's presenting behaviour. Research into the motivations behind parental requests for assessment and diagnosis might shed light on the recent increase in diagnosed mental illness in children.

4.8: Conclusion

The data from this research would suggest that issues of language, understanding of one another's roles and professional boundaries (Salmon, 2004) can be overcome through joint work and consultation. There were even instances, within the data, that suggested that the joint work increased school staffs' capacity to respond to CYP's mental health difficulties. Referrals to specialist services were improved when school staff were given the opportunity to discuss cases with specialists.

There continues to exist a need for direct work, either systemic or therapeutic with young people and families. However through de-mystifying the roles of EPs and CAMHS workers and through joint work with school staff more appropriate referrals could be made. School staff also acknowledged that this knowledge meant that they would be better able to utilise the varied skills of EPs.

The act of joint work appeared to remove the barriers to effective joint working. The new concepts and understandings that developed supported effective working between professionals and shared 'goals' for action emerged.

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Appendices

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Appendix 1

Mental Health Services and Schools Link Pilots: Evaluation report

Final report February 2017

Laurie Day, Rachel Blades, Caitlin Spence and James Ronicle – Ecorys UK

Executive summary

In summer 2015, NHS England and the Department for Education (DfE) jointly launched the Mental Health Services and Schools Link Pilots. The pilot programme was developed in response to the 2015 report of the Children and Young People's Mental Health Taskforce, Future in Mind, which outlined a number of recommendations to improve access to mental health support for children and young people.

Aims and scope of the pilot programme

The overall aim was to test the extent to which joint professional working between schools and NHS CYPMHS can improve local knowledge and identification of mental health issues and improve the quality and timeliness of referrals to specialist services.

The pilot programme centred on 2 joint planning workshops for local stakeholders from CYPMHS in each of the 22 areas. The workshops were designed and facilitated by a consortium led by the AFNCCF, using a bespoke framework (CASCADE).

The pilot programme was implemented in 3 phases:

• phase 1: forming partnerships – workshop 1 (September to December 2015) • phase 2: embedding and building sustainability – workshop 2 (January to March 2016) • phase 3: supporting ongoing learning through 2 national events (May 2016).

NHS England made funding of £50,000 available per CCG, to cover NHS capacity and to release specialist staff to take part. CCGs were expected to match-fund

this amount. Funding of £3,500 was made available per school to backfill staff time.

Design and set-up of the pilot programme Strong CCG strategic leadership was a key factor in ensuring strategic buy-in across local CYPMHS, and schools and colleges, within challenging timescales. Pilot sites where CCGs had already developed this leadership role, often in close partnership with local authorities, were better placed to progress the pilot and to broker the sometimes difficult initial conversations between schools and NHS CYPMHS, at the start of the programme.

Most areas approached the pilot with a view to complementing activities identified in Children and Young People's Mental Health (CYPMH) and well-being local transformation plans. Strong synergies were also identified with emotional well-being and resilience work in schools. The opportunity was welcomed to add a stronger 'clinical' mental health dimension to this existing offer.

There is some evidence that the bidding timescales favoured schools that were already engaged with NHS CYPMHS to some extent and that the pilot schools were not necessarily representative of the wider population. Even so, here was a good mix of school types across the pilot programme. While further education (FE) colleges were not excluded from taking part in the pilot, they were not represented in this phase of piloting.

Appendix 2

Westfield CAMHS/Schools Link Pilot
- CAMHS/Emotionally Friendly Schools Offer

Introduction

The NHS England CAMHS/School Links pilot aims to:

- Improve joint working between school settings and CAMHS services
- Develop and maintain effective local referral routes
- Test the concept of a lead contact in schools and CAMHS services

Locally, we have also identified the following common areas of improvements:

- Referral routes
- Knowledge and understanding of CAMHS and appropriate referrals
- Assessment tools
- Training and interventions around emotional and mental health

Commissioners and Westfield T3 CAMHS have worked with St. Mary's Catholic High School to develop a delivery model to address the above. Feedback from the ten pilot schools has enabled us to further refine the model to meet schools' needs.

In addition, the offer has been expanded to incorporate the benefits to schools of undertaking the Emotionally Friendly Schools programme, including dedicated support from the Educational Psychology Service, and improved outcomes in children's mental health and wellbeing, school attendance and attainment, and broader outcome, as well as improved staff wellbeing and recruitment and retention.

Offer

The joint offer from CAMHS and Educational Psychology until March 2017 as part of the programme includes:

- A dedicated CAMHS lead for each school
- Termly multi-agency consultation, assessment and interventions
- The development of an integrated assessment/referral tool and robust pathways to support integrated referrals
- Dedicated CAMHS and Educational Psychology support, with carrying out of a whole school EFS audit to identify school MH and emotionally friendly development and staff training needs

- Dedicated CAMHS and Educational Psychology support to schools in creating and delivering a school MH and Emotionally Friendly development plan
- Specialist training from CAMHS and Educational Psychology
- The creation of a personalised CAMHS feedback report for each school

Offer Timetable

For the first two terms, the offer will follow the timetable below.

Week c.	**Action**
11th April	Consultation with each school as per school timetable below. CAMHS will attend, with Educational Psychology support through integrated referral pathways. Introduction to EFS audit tools Agreeing the content of the tailored school training session to be delivered week commencing 25th April.
18th April	CAMHS/EPS Assessment/intervention in schools
25th April	CAMHS Training for each individual school as per school timetable
2nd May	CAMHS Training to all schools in Westfield
9th May	Feedback/achievements from consultations/reviewing EFS audits
16th May	Agreeing key staff learning and school development needs from EFS audits, planning timetable of support for following tem
	Break – School Holidays
6th June	Consultation with each school as per school timetable below. CAMHS and Educational Psychology attendance. Start of EFS whole school training delivery
13th June	CAMHS Assessment/intervention in schools EFS Whole school training
20th June	CAMHS/EFS School Development Planning
27th June	CAMHS/EFS School Development Planning
4th July	Delivery of joint training offer from CAMHS and Educational Psychology in response to key learning needs (as identified at week commencing 16th May).
11th July	Consultation and reviews depending on need
18th	Preparation for following term

Appendix 3

Information and Consent forms

How can Child and Adolescent Mental Health Services (CAMHS) and Educational Psychology Services (EPS) work together more effectively to address the mental health needs of Children and Young People (CYP) in schools?

You are being invited to take part in a research project. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank-you for reading this.

Research Information

I am a second year doctoral student at Sheffield University, this is a professional doctorate and I hope to qualify as an Educational Psychologist in the summer of 2017. As part of my course I am required to complete a research thesis. The above title, is the title and research question for my thesis. I am hoping to have completed the thesis by April 2017. I want to use the research findings to inform future joint work between EPs, CAMHS and schools, in order that the services might become more effective in addressing the mental health needs of young people.

Why me?

I will be using the work that the local authority has commissioned as part of the 'CAMHS school link' as a case study.

As a professional working to support CYP and promote and facilitate their well-being I am interested in your views and experiences of working with CAMHS, EPS and in schools with CYP with mental health needs. I am particularly interested in your views on what has 'worked' to support this group and what have been the barriers to effective support.

Recording and Analysis

I am looking for volunteers to engage in a semi-structured interview with myself on this subject. The interview will take approximately one hour and can be conducted at a venue to suit you. Your interview will be anonymised and analysed by myself, in order to identify common themes and views on effective practice. I will then make the transcript available for you to check that it is a fair representation of your views.

The audio recordings of your interviews made during this research will be used only for analysis and for illustration in conference presentations and lectures. No other use will be made of them without your written permission, and no one outside the project will be allowed access to the recordings.

Consent and Concerns

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep (and be asked to sign a consent form) and you can still withdraw at any time without it affecting any benefits that you are entitled to in any way. You do not have to give a reason.

If you have any concerns, questions or complaints that I cannot address, please contact Penny Fogg; p.fogg@sheffield.ac.uk, or on 01142 228 167.

This research has been approved by the School of Education's ethics review procedure.

Thank-you very much for taking the time to read this.

Title of Research Project: **How can Child and Adolescent Mental Health Services (CAMHS) and Educational Psychology Services (EPS) work together more effectively to address the mental health needs of Children and Young People (CYP) in schools?**

Name of Researcher: Hannah Hulme

Participant Identification Number for this project:
Please initial box

1. I confirm that I have read and understand the information sheet dated *25th July* explaining the above research project and I have had the opportunity to ask questions about the project. ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences. In addition, should I not wish to answer any particular question or questions, I am free to decline. *If you have any concerns regarding the research please contact Penny Fogg ; p.fogg@sheffield .ac.uk* ☐

3. I understand that my responses will be kept strictly anonymised. I give permission for members of the research team to have access to my anonymised responses. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the report or reports that result from the research. ☐

4. I agree for the data collected from me to be used in future research ☐

5. I agree to take part in the above research project.

_____	_____	_____
Name of Participant	Date	Signature
(*or legal representative*)		

_____	_____	_____
Name of person taking consent	Date	Signature
(*if different from lead researcher*)		

To be signed and dated in presence of the participant

_____	_____	_____
Lead Researcher	Date	Signature

To be signed and dated in presence of the participant

Copies:

Once this has been signed by all parties the participant should receive a copy of the signed and dated participant consent form, the letter/pre-written script/information sheet and any other written information provided to the participants. A copy of the signed and dated consent form should be placed in the project' s main record (e.g. a site file), which must be kept in a secure location.

Appendix 4

Interview Schedule

1. Could describe for me your job title and role?

2. Could you describe to me what the CAMHS/Sch link project is?

3. Could you describe an example from your practice of effective joint work with CAMHS/EPS/School?

4. What facilitated this effective work?

5. What have you found to be positive about the joint work in the CAMHS/School link project?

6. What have you found to be the barriers to effective joint working?

7. How could CAMHS/EPS work more effectively with schools to address the mental health needs of CYP?

8. If you could set up your own team or system to support the mental health of CYP, what would it look like?

Appendix 5

Extract: School Staff 1	**Coded As**
Yes, the first time that we've all come together rather than itty bitty meetings here and there, with Ed Psychs coming in and then ringing CAMHS. To be honest before this pilot we've never had CAMHS in school. It's always been and this is one of my main arguments, it's always been very segregated. Very separate, CAMHS was CAMHS, school was school. CAMHS would tell school what to do, with no input. When we went to the first meeting about the pilot, I said this is good cos there is cross communication and we've never had that. CAMHS have never rung up school and said 'What do you think about this?' They have always rung up and said 'This is what we want you to do.' So their basing their, this is what we want you to do on a child that they've sat in their office with for an hour, to a child that we're with 5 days of the week, 6 hrs a day. And they are now telling me what I'm supposed to do with that child, but I'm saying hang on a minute, you've sat with them for an hour. All you know is what they've told you or what their parents have told you. I know that child inside and out and I know that child on a daily basis.	Communication Barriers to effective joint working Ownership of the mental health support Knowledge of the child

Appendix 6

List of Initial Codes

Barriers to Joint Working:	Fear of risk
	Lack of Resources
	Lack of Communication
	School Culture/Variance of Systems
	Lack of Understanding of one another's roles
	Ownership of MH support
Facilitators of Joint Working:	Communication
	Proximity
	Knowledge of the child
	Ease of Access
	Resources
	Time
	Shared Information
	Shared Expertise
	Understanding of one another's roles
Development:	Training
	Managing Risk
	Consultation
EPs Role in supporting MH:	Shared Expertise
	Direct Therapeutic work
	Report Writing
	Diagnosis
	Gatekeeping
	Specialist Knowledge
Stressors:	Social Media
	Pressure to achieve
	Family/Friends
	Diagnosis
	Lack of understanding

Appendix 7

Thematic Table 1: Joint Working: Subtheme; Barriers to Joint Working

Participant	Fear of Risk	Resources and Time (lack of)	Communication (lack of)	Differences and Ownership
EP 1	Line 126-128	Line 51-57 Line 131-135		Line 125-127 Line 182-184
EP 2	Line 42-48	Line 96 Line 210-211 Line 236-239 Line 274	Line 57-58 Line 96-100 Line 118-120 Line 130-137 Line 142-146 Line 148-150 Line 163-165 Line 169-172 Line 239-244	Line 24-25 Line 42-51 Line 121-124
CW 1	Line 243-245 Line 344-347 Line 376-377 Line 379-380	Line 196-204 Line 220-224 Line 231-232 Line 236-238 Line 276-278 Line 288-291	Line 72 Line 155-169 Line 182-184 Line 213-214	Line 269-271 Line 303-307 Line 315-318 Line 368-375 Line 378-382 Line 393-396 Line 414-418
CW 2	Line 229 Line 249-254 Line 276-290	Line 109 Line 123 Line 269-271	Line 72-74 Line 78-81	Line 95-98 Line 110-114 Line 124-127
SS 1	Line 159	Line 162-164 Line 168-172 Line 177-179 Line 184-196 Line 215-218	Line 33-35 Line 53-54 Line 57-59 Line 84-86 Line 249-252	Line 27-30 Line 60-61 Line 63-70 Line 92-95 Line 133-135 Line 148-149
SS 2	Line 249-253	Line 190-192 Line 197 Line 256-257 Line 292-294	Line 47-48 Line 125-128 Line 137-140 Line 153-154	Line 124-127 Line 23-25 Line 146-150

Thematic Table 1: Joint Working: Subtheme; Facilitators of Joint Working

Participant	Communication	Understanding of other's roles	Motivation and Shared Purpose
EP 1	Line 15-19 Line 60-66 Line 77-80 Line 100-103 Line 120-121	Line 56-60 Line 76-90	Line 110-114 Line 155-159 Line 181-182
EP 2	Line 65-80 Line 87-91 Line 201-202	Line 65-69 Line 70-74 Line 190-201	Line 197-202 Line 75-79
CW 1	Line 110-115 Line 217-218 Line 277-279 Line 337-338 Line 354-357	Line 88-95 Line 101-108 Line 145-148 Line 223-225	Line 66-70 Line 84-86 Line 110-115 Line 260-268 Line 276-279 Line 295-298 Line 380-384
CW 2	Line 70-72 Line 45-48 Line 69-74 Line 82-85	Line 24-42 Line 45-48 Line 68-72 Line 154-157	Line 54-69 Line 136-139
SS 1	Line 56-62 Line 147-149 Line 255-258 Line 260-262	Line 253-254	Line 36-42 Line 145-154 Line 232-234
SS 2	Line 42-44 Line 52-54 Line 58-61 Line 173-176 Line 232-239	Line 75-81 Line 83-87	Line 48-50 Line 106-110 Line 202-206

Thematic Table 1: Joint Working: Subtheme; Development

Participant	Ease of Access	Capacity Building	Consultation
EP 1	Line 16-21 Line 57-59	Line 69-72 Line 131-135 Line 144-145 Line 167-177	Line 58-60 Line114-117 Line 169-171
EP 2	Line 186-197 Line 201-202 Line 249-250	Line 260-263	Line 193-197 Line 256-258
CW 1	Line 293-295 Line 349-352	Line 14-36 Line 362-365 Line 375-377 Line 443-447 Line 472-473	Line 66-70 Line 84-86 Line 263-265
CW 2	Line 149-152 Line 162-166 Line 183-185	Line 9-12 Line 85-87 Line 245-246 Line 294-308 Line 310-313	Line 130-132 Line 142-143
SS 1	Line 35-38 Line 152-153 Line 233	Line 43 Line 232-233 Line 242-243	Line 35-39 Line 56-57
SS 2	Line 50-51 Line 63-64 Line 107-108	Line 202-205 Line 69-71 Line 75-85	Line 52-54 Line 57-59

Appendix 8

Educational Psychologist One

Int: Can I just ask you to describe your job title and your role?

EP1: My job title is senior Educational Psychologist, early intervention. So operationally that is around early intervention in a number of ways. Hence my role strategically with the early years, in terms of getting processes up and running and also early intervention around social and emotional mental health. So I guess that means that I'm focussing on developing processes around social and emotional mental health, within the service but also its widened over the last year or so to linking up to other mental health services. So it's looking at what we do within the service but also what we can do to support the wider agenda.

Int: That leads onto the question about how Educational Psychologists here in Westfield go onto support young people's mental health?

EP1: I think there is a number of levels, so we support children's well-being just through our contact with schools. That we are having those conversations which are around meeting need. So whether a child has a learning need or a more overt social, emotional, mental health need, we are supporting schools in putting in plans to meet those needs. Planning what interventions are in place and how to review that, how to make sure they are motivated and actually deliver on those plans. So we are doing that through our core work with schools, but I think that our capacity to do that has grown since we've become a traded service. Because we are now offering quite a lot in terms of other things, you know what I mean, so yes that process is still there, but supplementing that now is so much training, if I think about the number of hours that we've spent and that I've spent personally in mental health training over the last two years and then compared it with the amount I was doing say five years ago, I think it would be just off the scale. So the training staff on what their role is in promoting social, emotional, mental health for children and young people, so that's a huge thing about

developing our workforce our ethos. So the children, the staff that have the most contact with children they know how to meet needs.

So there is casework, there is core contact with schools, there is training and then we're starting to get involved through our casework with interventions, so things like the DBT work, promoting the play listening work that we're doing.

Int: So there is more direct work that we're doing?

EP1: Yeh there is more direct work coming in.

Int: So what do you currently, or the way it works in Westfield, understand is the role of CAMHS?

EP1: I've always had this model in my mind of what they called, I don't know if the terminology is still current or used but this kind of concept of comprehensive CAMHS. So the idea that on the tiered model, at every level somebody is involved with children's mental health. So actually, yes there is CAMHS at different tiers and there are specialists and you've got targeted and you… but actually comprehensive CAMHS is like everyone that is involved in supporting children's mental health , so universal services is part of that and feeding into it.

Int: So people who aren't identified Child and Adolescent Mental Health workers are also part of that.

EP1: Yeh, yeh, but as a part of CAMHS as a service, so what was the question? How do I identify what their role is?

Int: Yeh

EP1: Well that is dynamic question. It's a dynamic question because yes they've got a role in meeting the needs of children who are presenting with a mental illness, so yes they have that role. The reason I say it's a dynamic question is that the whole focus of this pilot is reviewing the whole tier model, acknowledging that a service that only gets involved when you are bad enough to need it, is not necessarily a service that is going to meet the needs of that population. So the whole purpose of the pilot is to broaden out our understanding of what CAMHS

can do at a much earlier stage and I think the pilot has enabled us to see that in joint consultation at a very early stage, work with CAMHS around what we can offer universally to schools. I'm having discussions in schools about what a school's universal offer is in terms of promoting positive mental health with CAMHS professionals. So I see that as our joint responsibility because we have got that specialist knowledge in a sense. But that discussion, having that discussion is really empowering as well, because they are seen as the specialist. So it's actually powerful for them to be involved in those discussions about how we promote mental health on a much wider scale.

Int: Are you saying it's a dynamic question because there is change going on now?

EP1: There is change happening now about how I perceive these roles and also how the school or certainly the 10 schools we're working with as part of the pilot, how they see their role, because they are seeing their role as trainers, consultants and not as a team that take children off and do their thing with them.

Int: I was going to ask about, prior to the project what was the understanding, or what did you think was the understanding of their role? Maybe that you had and that schools had?

EP1:Well I guess my comment about comprehensive CAMHS also comes from the fact that … a few years ago I worked as part of a tier 2 CAMHS team. So this idea that there are universal services and then at the next level there was the primary child mental health team and the role of that team was all about skilling up universal services. So it was around training, consultation, intervention and casework at an early stage of a child's difficulties and then at the next level was tier 3 CAMHS, who were the people who got involved when there was a diagnosable type difficulty.

Int: So already in your work as EP you were part of a CAMHS team?

EP1: Yes, so I had a number of sessions per week where I worked with the Primary child mental health team. I guess as part of that tiered CAMHS

approach. So I guess what I'm saying is, I've always had a sense that CAMHS are wider than the specialists, because of that experience, but now what's happened is through this project the notion of tiers is becoming less and less, well it just seems so unproductive in terms of meeting children's needs.

Int: Would you mind describing for me your role in the pilot?

EP1: So my role in the pilot has been first and foremost liaising with commissioners around what services there are.

Int: Who are the commissioners?

EP1: Peter John, is the main guy, Amy Hill was the first person that I met with, so I was invited to meetings, I think quite late on in the development of the actual pilot. So it happened organically, I'm not sure we would have been involved to the extent we were without certain events happening, do you know what I mean? So we were piloting the Emotionally Friendly schools and I knew that this pilot was in the pipeline. So I e-mailed to say how would this work alongside your pilot, we're trying this. Does this fit in with what you're doing? So I e-mailed speculatively, is this going to be interesting to you or not? That's really how we got… my role then was liaising with Amy Hill and Peter Joh around the role of the assistant EP and what our role might look like within the 6 week cycle.

Int: And are they from a health background?

EP1: The family and children transformation team, I don't know what they're professional backgrounds.

Int: So they are from a generic board. Could you tell me what the facilitators are to working with CAMHS effectively?

EP1: One has been Claire the CAMHS lead, the fact that she has got brilliant personal skills and the fact that she is coming from a similar value and principals, it certainly feels that she is coming from the same place in terms of values and principles. Certainly we've got shared purpose with her and I think that has really facilitated the pilot. I think the fact that we've had opportunities to offer training

as part of the pilot has facilitated consultation. So we've offered training around attachment, anxiety, pyramid club. Then we're able to draw on that in consultation, so all that skilling up has facilitated things. I think the fact that we've used a framework for a whole school approach to social and emotional mental health, that framework the Emotionally friendly schools has helped the pilot, because it has enabled different conversations to be had. The fact that we are having those conversations about a universal approach is new.

Int: What do you see as the barriers for schools in supporting children's mental health?

EP1: I hesitate to say this but an understanding of, is still we have a journey to go in understanding that mental health is everyone's business and I still think that we've got a stigma and in some schools, not all, that is seen as the job of CAMHS and that is a barrier. You still have those conversations with someone in quite a senior pastoral management role is still saying 'I'm not sure, I think that's mental health and I don't know enough about it.' There's a real lack of confidence. That is a barrier in some schools, that the people managing it are not very confident and confident in the definition of it. Of what it is. I now that if schools were asked that question they might say time, but actually I think this is a time efficient way to work, isn't it, if you're working on whole school systems and improving that, in the long run less time will be spent on it. Instead of individuals solving their problems in a sort of piecemeal way.

Int: So at the moment schools are saying they don't have time to take on some of the work? However they are still dealing with the issues.

EP1: Yes, so it's linking up, the barrier I think is understanding. If we get this right, then this will change, they need evidence sometimes to see that that will happen. There is research evidence, but sometimes even that's not convincing enough.

Int; No it's the practical lived experience isn't it.

EP1: Yeh, so we can say Katherine Weare says, she's done a meta-analysis, these are the kind of things that are going to make a difference to emotional,

mental health for all children in your school and their attainment, but there is something about that actually experiencing that happening.

Int: That's one of the advantages of the pilot project.

EP1: Yes

Int: If you could set up an ideal way that EPs and CAMHS could work together to support young people in schools, how would you set that up?

EP1: I'd look at it on the different levels, I'd set up a joint training programme for all staff. In Westfield we used to have a mental health forum, so there was a regular programme of things that the staff can attend, so it's actually embedded so that it is a service that is available. A rolling programme, so anyone who wants to know about attachment, knows that in so many weeks there will be some training available that has been developed in a multi-agency way. So we're talking about for example attachment training that has been ratified and accredited and co-developed by different teams, for example EPS, the virtual school, CAMHS, TESS. So that can be offered on a rolling programme. So a programme of training, jointly owned by CAMHS and other services.

I think there is a real value in continuing the conversations we've been having with CAMHS around the Emotionally Friendly Schools themes, so I can see that programme follows a plan-do –review cycle and we're just at the planning and doing. In some schools we're at the reviewing stage, a way that we can facilitate that to continue because staff change.

Int: So you'd want CAMHS and EPs to continue to work in schools?

EP1: Yes, so we've got training and discussions in school. I think what I'd like to see and I guess you could do this via the training. The real challenge is capacity building amongst the staff that are working directly with children and what I want to see is them being able to, not needing… So the consultation that we have set up as part of the pilot, could we have a situation where the schools are sharing ideas and problem solving. They are doing that initial bit of the assessment and

planning interventions themselves. Essentially reducing the need for targeted and specialist services and for a lot of the work.

So I guess in terms of the EPS and CAMHS role, it would be further embedding systems for that through training, through sharing problem solving forums, through coaching. So they are able to say let's work out a plan, we've got a child presenting with these sorts of difficulties, let's put together a plan.

Int: Would you include any direct work in that?

EP1: Not at that level no, but then I can still see a role, the question was about us working together, I guess there could be a role for us working together on direct work as well. We're running DBT groups there is no reason why those sort of direct groups couldn't be facilitated jointly in schools. It does make you start to think about where the services start and finish and what the distinct roles then are.

Int: Because there are a lot of similarities. What are the main distinctions between EP and CAMHS?

EP1: Well I think, the distinction is in our training, so we've got a huge amount to offer CAMHS in our systemic thinking. We have direct training in how to think in that way. How to effect change in systems and organisations and workers from a nursing background wouldn't necessarily have that, they might do, but they wouldn't necessarily have that. Whether it be a school or a different type of organisation, I think our strength is in understanding that systemic work. I think CAMHS will potentially have more experience, knowledge and understanding of specific therapeutic approaches. At the same time that is something that we are building on and developing. And also our knowledge of school systems and how they work and also a lot of educational psychologists come from an educational background.

Int: Is there anything else you'd like to add? …. No thanks very much for being interviewed.

Appendix 9

Pilot/Educational Psychologist 2 Interview

Educational Psychologist (EP2)

Int: Could you describe for me your job title and role as you understand it?

EP2: Yeh, my job title is Educational Psychologist and my role is about applying psychology to improve outcomes for children, young people and families. So.. I work with a variety of settings and early year's providers erm to apply psychology to improve outcomes and opportunities for children and young people, whether that be through direct work or training or systems work erm or working on sort of policies and approaches, I guess what it's mainly about is supporting people to alter? Or broaden their mind-set around an issue and then by doing that to maybe come at it in a different way and use some of their personal resources to move the situation forwards.

Int: Thank-you. Obviously it can be hard to generalise but could you explain to me what you understand the role of CAMHS to be, within the community and working with young people?

EP2: Yeh, erm so obviously I came across it in educational psychology training. So I understand Child and Adolescent Mental Health Services to be about offering specialist support for children and young people, young adults when there are significant mental health concerns, so I think it's about working in separate waves and so there will be an initial assessment which will be carried out erm and then once young people are referred to that service they will prioritise to the most appropriate service and if they are going to do some direct work and what they are going to do. I think there are local views probably national views about waiting lists for CAMHS and the idea that they maybe 'own' mental health? Which I think is not necessarily the case. Definitely through reading I've done or training that I've had psychologists have a view that maybe EPs have a role to play to play within mental health and maybe able to offer therapeutic, maybe with a small 't' work as well, possibly that's sort of personal because I'm interested in things like narrative approaches myself. Erm but I think that covers what CAMHS do and

obviously also work with the family themselves as opposed to always just being within child.

Int: So you're saying that you feel comfortable doing some of those sort of roles as well?

EP2: Yeh.., I think so, definitely the service I work in at the moment there's a big push around mental health, so I'm involved with some colleagues in an approach called 'Emotionally Friendly Schools' and that's about some pro-active support around mental health, I've also been involved leading a project with a pro-active approach for mental of children looked after, in the last academic year and that's hoping to go forward this year as well. Erm but personally when I have done CPD reading, I do think for example in Scotland there is more of a push, the impression that's given, on working therapeutically. Where as in England and from the experience that I've had its seen as a separate role and needs quite different training and because they seem to be having these on-going conversations about clinical and educational psychology training routes, or whether it's more of a generic training especially in the first year, maybe there is more of an opportunity for that, but I think some EPs maybe get a bit fearful, they want to act within they're remit and of course within the HCPC guidelines, but at the same time we do have good training in generic approaches around mental health and certain therapeutic interventions and I think we should feel confident in at least trying some of those and giving them a go.

Int: Thank-you. Could describe for me an example from your own practice, where you have worked with the CAMHS service and that's been effective for the young person?

EP2: Erm I Guess the one that jumps to mind is .. there was girl with chronic non-attendance at school and CAMHS were working with her and they were working at Tier 3, so there was a practitioner that was working with her. Initially it took quite a long time to get in touch with that CAMHS practitioner and I don't think that's reflective of that team, but maybe just some difficulties with that one person. But once we did establish some contact I was able to get more of an idea about

what their work was, the frequency with which they were seeing this young person and the support they were giving and some more details about the CBT that they were hoping to offer her. She was also on the Autism pathway, so they were beginning to think about what would be the most appropriate intervention for her and what could be tweaked … and it was just really good to be able to have those discussions to understand what they were doing, what support I would be offering, but I think schools often see CAMHS as a magic solution that will solve everything and I think sometimes an EP role could be to de-mystify what CAMHS are actually doing in a situation. Because sometimes schools make assumptions, but sometimes it's good to unpack what CAMHS are doing, because obviously they only have so much time, so many resources, but it was useful to work together so that we could work out what were each other's roles and then to move forward in multi-agency meetings and in correspondence, just to keep each other in the picture and to join up information. For example I maybe had information from home visits which wouldn't have otherwise got to the CAMHS worker, so by liaising together we could build up a better picture of about the situation. Also I could, well maybe not advocate, but share information about what the school were doing to provide a broader picture and triangulate with the information that was coming from home, because sometimes school could put maybe a more negative slant than was perhaps my perception.

Int: So in terms of what you and CAMHS actually did, what was that?

EP2: They were doing more direct therapeutic work, she was going to a clinic for some sessions to explain some of her perceptions about school. Some of the work I was doing was to fit/build a broader perspective. So I was trying to get the school perspective, Mum's views and visit the young girl in the home, to see her at her most at ease time. But also to try and offer suggestions about how she might go into school a bit more frequently. I think I saw my role as trying to join things up a bit more and also offer a holistic perspective, I think CAMHS maybe have a role in an individual perspective of supporting that child, whereas I think my role was more about bringing a holistic perspective and bringing it all together

and offering a report to the school and to the council about what the situation was. So hopefully more of a view of working with more agencies.

Int: So CAMHS was based in a clinic, sort of isolated from some of those environments you were talking about?

EP2: I'm not sure, I'm genuinely unsure about what sort of liaison that they have. So I think they obviously have the time commitments and seeing the young person in clinic, depending on how she felt on those days and liaising with parents, I'm not sure that there was as much liaison with school and they were maybe taking things at face value, whereas I was in more of a position to have an on-going relationship with school, so I could see what they were doing and make my judgements about what they were telling me. But then also speak to CAMHS and school and a voluntary organisation that was working with parents, to try and bring everything together.

Int: And you felt that worked effectively, so how did things move on for the young person?

EP2: It was a complex situation, so it wasn't straight forward. CAMHS continued to put the young person on a waiting list for some CBT, alongside some work they were doing with her. I continued to work with the family and liaise with the school and kept trying to offer a flexible package for the young person to come into school. Sometimes she came into school and she seemed to be OK, other times that didn't work as well. Unfortunately, despite lots of intervention and ideas, parents had a view that things weren't going to work and the parent was honest that she felt there were more mental health issues developing for herself in the situation. So she decided to home educate the young person, so that judgement was made. So the school requested me to complete a summary and final report, so my views are in there saying that it would be useful if possible to continue with a school education, but obviously a parent has their child's views as paramount.

Int: So once the young person was removed from a school environment and that seemed to be the bit that was triggering your involvement, was there less involvement from you or none?

EP2: None, so obviously in terms of how the EPS works is that schools commission our services and they are generally the main commissioners, therefore they felt their commission had been completed with my final report. I assume that CAMHS continued to work with her.

Int: So CAMHS might continue, but Educational Psychology wouldn't. Thank-you. Can you describe a time from your practice when CAMHS and yourself as an EP, have not worked as well together?

EP2: erm, when it's not worked? I'm trying to think about this one.

Int: Or maybe it's a more general question about when they don't work as well?

EP2: I guess in general, in my experience the impetus has been more on the EP to extend that relationship to CAMHS, to try and get their perspective and work closely together. So I guess it's about you finding out what CAMHS have said and getting that parental signature and of course consent is really important but sometimes it can feel a bit of a barrier to multi-agency working, so that you can get that report so that you can understand what they've done so that you can ensure that they're cc'd in to your reports, as long as the parent is happy. So sometimes it feels that the emphasis is coming more from the EP than from the clinical psychologist and I'm not sure what that is down to. Sometimes that hasn't always been the case, in the past I've worked with a clinical psychologist who worked with early years children and she liaised really closely with me and that was really positive. I think that the main challenge can be that it's the EPs going to the Clinical Psychologist rather than the other way round. I don't know if that's just an assumption that the school will share information. So that has been difficult at times. In terms of a case where it hasn't been helpful… I guess maybe I wouldn't know. The schools don't always say whether CAMHS are involved, they often do but I wouldn't know because I wouldn't get that information through.

Int: So in your role you are quite dependent on schools sharing this information?

EP2: Yeh, definitely. I can't think of any time when I'd have heard about a child from CAMHS but not from school. But logically CAMHS are very keen on using parental consent and can't share the information, so maybe that's why.

Int: So a lot of this depends on school and CAMHS understanding what the role of Educational Psychology is?

EP2: Yeh, definitely, definitely and I don't know what CAMHS view of an EP role is. I don't know what their perception is. I think there are times when we've worked really well together and that's been positive, but I think they view themselves as maybe in isolation, or maybe more aligned with health. So they liaise closely with paediatricians. I guess there is a case with this young person who's out of authority and he's got complex needs, he's got autism, ADHD, hypermobility, he's got complex needs and a lot of emphasis was put by the school and the local authority on what CAMHS would do and CAMHS came to a meeting and initially the home visit hadn't gone too well but then someone else had got involved from CAMHS and people seemed happy with that. So I asked the question what are CAMHS going to do? It seemed that CAMHS were going to meet with this person for an appointment once every two weeks and I've had no liaison with them since that meeting, so I've got no idea what they are doing. This is a really high profile case for the authority, the child is in an out of borough place, so that means it's expensive. The child is also the only Key Stage 2 child in a provision that is generally for Key Stage 3 young people with ASC and additional needs. And all that hope is put onto CAMHS support and I don't think CAMHS are liaising with EP in that way and I feel that could be quite useful, but I don't know whether CAMHS see themselves as separate from education or they don't feel the need to liaise. I don't know?

Int: Thank-you. Could you describe a bit about the CAMHS/School link project that you are involved in working with, with Clare?

EP2: The current project is Emotionally Friendly Schools, which is part of a wider CAMHS project which I believe is happening nationally through local government. Emotionally friendly schools is a project developed by a neighbouring LA, but it is thought will be in line with some of the hopes and outcomes from the CAMHS project. So what this means initially is that there is a pilot project going on in several of the primary schools and high schools, in which CAMHS are , I don't know if CAMHS is sort of taking the lead, but there is a link worker who is offering consultations, who is doing reviews, who is doing training and developing a plan to move forward with settings, but is also working quite proactively, quite effectively with the Educational Psychology service, to both be involved in the EMF which is more of an EP project, to erm look at some of the strengths and the gaps within mental health practice within settings. To think about things about staff well-being and identifying and defining children's needs and developing interventions and looking at classroom practice. But as well as that CAMHS are quite good and I don't want to say letting EPs become involved, but inviting EPs to consultations, because it could very much run on their own and I guess if it was a traditional model where it was within a clinic the liaison wouldn't happen, but because it is in a school and because the individual practitioner is very open to multi-agency working she has invited EPs to the training, to the consultations and it's been really good actually because it offers both CAMHS and Educational Psychology perspective and it also enables those practitioners to see where each other are coming from and to offer a different perspective to the school, but then to also see what the differences are but also what the similarities are. I was talking about, narrative or positive psychology in previous meeting and the CAMHS link worker was saying how much they were interested in that, which made me I guess perceive more of an affinity between us and think about some more opportunities to take this forward. So maybe me seeing CAMHS being more visible in a school setting has made my perceptions be a bit more positive.

Int: So some of the facilitators towards this work working are: it being in school, the individual practitioner being open to multi-agency practice and also the

understanding of each other more. Have you identified any barriers to this way of working or anything that has stood in your way?

EP2: Erm, I'm not sure. I know that the CAMHS link practitioner has a very tight timetable and I don't think that's a barrier but I think I'm aware of that. Where because they have a weekly slot in a school, I can ring or e-mail during that slot, but I am aware that because they have such time pressures and commitments and therefore I don't want to put anything additional on. In terms of the way the work has gone, it doesn't feel like it's an equal consultation level at the moment. It's not like it's a drop in where different people take different roles. Because of the service that I work in there are certain amounts of time that the EP is allocated, so it feels that the EP is more visible with that CAMHS work and is showing a more joined up way of working to the school, yet it is still the CAMHS worker who is holding that work and the EP is holding the casework that they do separately from the CAMHS practitioner. So I might be involved in discussions and offering a different perspective which is definitely positive and a step in the right direction, but I definitely don't feel that it's joint. It's not joint in the truest sense of the word, it's not like a 50/50.

Int: Because you're not commissioned to do it?

EP2: And I'm not taking away work. I'd assume that I'd maybe be doing some direct work or offering a group or gathering information which I'll then come back to a review stage and we'll I discuss it together. So it still feels that it's CAMHS doing the work, which I think schools are loving because it's a lot more visible and it's cutting down referral times and children are accessing support for their mental health so much more quickly. Yet I wouldn't say it's on and equal footing.

Int: What might you suggest as a way forward? How could you see it developing? Or how would you like to see it develop?

EP2: I think part of it depends on the school's perception of what the project would be, so they'd have to be given a new direction for the model which would be more equal. My time would have to be decided from senior management to be more

flexible with that setting, so for example rather than the discussion and then to CAMHS for assessment and then a review, I might also gather information in the interim and be involved in that. At the same time I'm aware that while the CAMHS timescales are quite tight they have a smaller number of settings than I do and sometimes because I liaise with so many people work isn't a complete and straightforward as you could hope it would be. So you might have to make a phone call or chase someone or wait for someone and that can take a few days in between. So it might not be as straight forward as me gathering information week b and then coming back and speaking about it week c, because it's not that straight forward. The beauty is that we liaise with so many people, but that then has inherent challenges too.

Int: So if you could arrange your own model, with EPS and CAMHS, what would you like to see?

EP2: Is this in terms of EFS, or..

Int: Absolutely anything. An Ideal way of working.

EP2: Oh Gosh…. That's quite exciting! I think, possibly, initially more open discussions and more closer working about what each other's role is. I think that we probably perceive each other as having different roles and I don' think that helps. I think we need to say to CAMHS what we do and that's going to vary by EP and that's going to vary by authority and I think that CAMHS need to be clear with what they're offering and their protocols and then once that starting point has begun then it will be a discussion about what could be offered, so why can't these consultations continue in school where young people are raised and CAMHS might to a bit of work or the EP might do a bit of work and they meet together. In the same way if CAMHS have a very clear way of working which is more clinic based then maybe EPs could join clinics and offer some support there. There is definitely something about awareness of competence, so maybe CAMHS could be given more information about SEN processes and education what some of those perspectives are. There are definitely more training needs for EPs about some of the ways of working and interventions that CAMHS do. I think that

especially in my experience and especially of what I'm aware of the doctoral training of the last few years, people are getting more training around solution focused brief therapy, around narrative therapy, around cognitive behavioural therapy and why aren't we using these? I know there are time constraints and I know there are pressures in terms of how much time schools have and maybe they have to commission that and is the SENCo really going to commission 6 sessions of CBT for a young person when they can refer to CAMHS and use the EP for more SEN and EHC processes, but we have that training and sometimes we need to put that more out there to schools. But I think it would be great to work more closely, I think it's about the systems enabling that. Which I think does become harder with more top down processes and budget constraints, that you can't always find the time as easily, whereas you might have found the time to pilot something or try a different way of working, when more of the minutes and hours of your day are allocated. That's I guess the challenge, but I'd be very open to hearing clinical psychologist's views on this.

Appendix 10

School Staff One

Int: Thank –you for agreeing to be interviewed. I wondered if you could first describe your job title and your role at school for me?

SS1: My job title is student support manager and my role in school is to look after and monitor the pastoral care within school, making sure that they are happy, making sure that they are able to learn and looking after any issues that are going on at home, with the family and dealing with issues on a day to day basis that come along.

Int: So how would your day start?

SS1: My day would start monitoring the students that I work with, checking that they are in school, if they are not in school then I would ring up and find out what has been going on in the family and out of school, things that could affect them coming into school. We try and offer support if they are not in school, sometimes we go and pick them up and we'll work with families. If students have had a bad night or a weekend with their families, they'll come and have a chat with us, we'll deal with that and then it's a day to day thing, every day is different.

Int: Can you tell me about the outside agencies that you work with.

SS1: We work with Gateway, which came together a couple of years ago, it was the education welfare service, family welfare and the domestic violence team. So when we say we work with Gateway its multiple agencies all in one. We work with embrace and sleep solutions and CAMHS.

Int: What do you understand is the role of CAMHS?

SS1: Offering support to students suffering with any mental health issues.

Int: And what about the Educational Psychology Service?

SS1: My understanding is that we use the Educational Psychology service for all sorts of things. If students are looking for diagnosis of autism or dyslexia. They come in and they observe and they write reports and send them off to the agencies that need them.

Int: You are involved on working on the CAMHS/School link project and I wondered if you could describe that for me?

SS1: We have a designated CAMHS worker, she comes into school. In the past we have really struggled to get in touch with CAMHS and communication and stuff. So the pilot's really good because we've got Clare who comes in, she has all the information that we ask for. We have meetings once every six weeks, where we'll discuss students that we're concerned about. Its multi-agency, we have TESS in, we have Clare we have Ed Psychs. We all sit round and chat about students, look for solutions and next steps. The week after that the students that have been talked about get assessed, any students that aren't being assessed by Clare, she distributes who deals with what. She'll give me roles to do, she'll give Gateway, she'll give TESS, she'll give whoever roles what to do.

We have training, I've had lots of training, anxiety, self-harm. And then we assess what is going on, so it's like a six week rolling programme.

Int: So it's improved access to services?

SS1: Absolutely

Int: It's skilling you up in terms of training?

SS1: definitely

Int: Either within the pilot or outside of it, can you think of a time when EPS, CAMHS and school have worked well together?

SS1: I think we've been really lucky, to be honest with you because the Educational Psychologists we've had in the past, as well, have been really good. I'm trying to think of a time that we've all worked together as such, apart from in the pilot…. I don't think I can to be honest with you.

Int: So the pilot is the first time that all those things have come together?

SS1: Yes, the first time that we've all come together rather than itty bitty meetings here and there, with Ed Psychs coming in and then ringing CAMHS. To be honest before this pilot we've never had CAMHS in school. It's always been and this is one of my main arguments, it's always been very segregated. Very separate, CAMHS was CAMHS, school was school. CAMHS would tell school what to do, with no input. When we went to the first meeting about the pilot, I said this is good cos there is cross communication and we've never had that. CAMHS have never rung up school and said 'What do you think about this?' They have always rung up and said 'This is what we want you to do.' So their basing their, this is what we want you to do on a child that they've sat in their office with for an hour, to a child that we're with 5 days of the week, 6 hrs a day. And they are now telling me what I'm supposed to do with that child, but I'm saying hang on a minute, you've sat with them for an hour. All you know is what they've told you or what their parents have told you. I know that child inside and out and I know that child on a daily basis.

When we've all worked together before this pilot, in my role, ten years in this role it hasn't happened before.

Int: Can you tell me a bit about your experience of working with educational psychologists, what has that been like?

SS1: My experience has always been really good, like I said we've always been really lucky, they've always been really good and come in and spoken to me and asked me my opinion and always asked me what I feel is needed, what we feel we need from this. They've always sat down and said what do you want from this observation and they've listened to what I want.

Int: So they are considering your opinion and they are coming into school, so they are contextualising the information. Can you describe a time when perhaps, the EP service CAMHS and school have not worked together so well?

SS1: I think it's when you've got students that you may have certain concerns about and the parents may have other concerns about and as a professional you're not being listened to, because all that is being listened to is what the parents say. So CAMHS are saying to you I want you to do this and the parents are saying this and the child is saying this. And I'm saying that is not how it is, that's not what's happening, it's not how this child is behaving in school and sometimes I do feel with CAMHS particularly that I was fighting a losing battle.

Int: So they weren't taking information from different sources and putting it all together.

SS1: No it's face to face what they hear at that initial meeting. Then they say this is our diagnosis and then it gets really difficult, because they're saying to the parents your child could have a, b and c and as a school we're saying no I don't agree with you. You know I've filled in Connors questionnaires and I've filled in other questionnaires. I've had a parent in reception shouting at me because I've filled in the questionnaire wrong. I have not filled the form in wrong, I have filled the form in exactly how your child is in school. Well that's wrong that's not what CAMHS are saying and not what such a body is saying. I ring CAMHS and they say well it' been suggested and I say well now this parent is saying my child has got ODD, OCD, ADHD whatever.

Int: So CAMHS will provide a diagnosis but how does that help that young person's mental health?

SS1: It doesn't because then that child starts behaving in the way that they are told they should behave and as a school we've never seen them behave this way and all of a sudden they are.

Int: So it's quite suggestive?

SS1: Absolutely, because Google is a terrible thing, parents start googling looking for how their child should start behaving and all of a sudden they are behaving that way.

Int: Can you think of a time when CAMHS involvement has supported a child's mental health?

SS1: A young lady that I know of and I work with a lot, massive self-esteem issues, struggles with life in general, massive self-harm, not just little, real self-harming. She did the group work that was offered, they do 6 week group work, she does mindfulness. The self-harming really stopped we haven't had any of that for about 18 months. She's started coming out of herself, they give her strategies and she's always been good at art and now she focuses on what she's good at. She could never accept a compliment and now she'll accept it, she's in Yr. 11 now and she's getting on really well.

Int: So the input has worked, but not the diagnosis element?

SS1: Well with this young lady, CAMHS did suggest a diagnosis but the parents didn't want to pursue it, so they had to find a different way to support her. Which has worked because Mum didn't want her to have a label, so it was teaching her how to get on with life. A bit of CBT, teaching her how to tell with things. Yeh, CBT really, so if she sees an obstruction in her day. So in that way it's really worked, she doesn't have a label of X,Y or Z, she just gets on with it as it is.

Int: The same question next about Educational Psychology, can you think of times when working with them has gone well?

SS1: Educational Psychology, the only things we have, I mean in my role, in other people's role it may be very different. But I only deal with them when they come and do observations for children that I've got concerns with. Their report then plays a massive part in getting a diagnosis. I would never ask an Educational Psychologist to come and do an observation on a child that I wasn't really concerned about. So I can remember a young man, he'd probably be about 21 now and he was really struggling and we had Educational Psychology in. CAMHS weren't involved then. It was purely the Educational Psychologist and she came in and watched him in a few lessons. He got his statement, he got his help in school and he's doing really well he's got a job now.

Int: So in that instance they were the gatekeeper to some practical support?

SS1: Absolutely.

Int: You're currently involved in the pilot project and you've listed the positive things about that. If you could wave a magic wand, what would you like to see happen, for good support for young people's mental health?

SS1: One of my major things with supporting mental health difficulties in young people, is working together. And not working as separate agencies. Like what we're doing now, I think its fab, we're sitting and doing the solution thingy and we talk and everyone listens and it's not a case of me being told what I have to do with a child that I don't agree with. Then someone ringing up and saying have you done it. I have, but I don't agree with doing it because I don't think it's in the best interest of that child.

So in an ideal world, we would all sit and work together on the same level and discuss things and agree things as a team that are going to be best for that child. And not somebody dictating to me what's best.

Int: Do you think you could do with more time for this?

SS1: Yes, Ed Psychs definitely. You have a certain amount of slots don't you? I don't agree with it, I don't agree with it at all. How is that helping, saying that that school is only going to have a certain amount of slots, there might be more need than that? How can you say that such a body is more urgent than such a body? So we'll put them in, but this person may jump up.

Int: So it's the planning over time and the amount of time available?

SS1: It's awful, if you're school like ours that doesn't have much money, when you've used up those slots you have to pay for them? How is that in the best interest of the child? You're paying for a service that school can't afford. We're getting rid of staff left, right and centre, so we can't afford to pay for it.

Int: So Children's needs aren't being addressed because funding is one of the issues?

SS1: Yes, funding is massive. It's like Westfield Family Welfare, we were doing referrals to Westfield Family Welfare, we don't do referrals anymore. But I used to and they'd tell me you've used up all your slots, I'd say what do you mean? This is a child in crisis, they'd say yeh you've got to pay for it now. You don't pay for your slots with CAMHS, it's a service that's there.

Int: So you can refer as many people as you feel is necessary.

SS1: Yes, I would never refer anyone that I didn't think needed it, but yes you can refer as many as you want it's up to them if they take them on.

Int: Is there a waiting list?

SS1: Yeh, there is a six to eight week waiting list. They'll always do an assessment, I don't have an issue with it, but parents do. If it's urgent I always say take them to A&E.

Int: Within your practice in school what do you find are the barriers to supporting young people?

SS1: In my role? My role in school is very different and again because of funding, my role in some schools is three different people. So I do the job of three different people. So I have a timetable, I have a timetable to be in certain areas at certain times and it's very very difficult, if a child comes crying to you and a child comes wanting to speak to you and you're then juggling, thinking I'm supposed to be in such a place now and there is no one to cover me. There is no one there to support you, to me the child always comes first, tell me off after, I don't care I'll always be there for that child. But within our school it's time and it's money. We had the Willow counselling service, it's amazing it's based in Leigh. They used to come into school every Tuesday and we had so many children that went to see them at dinnertime, to us it was like that step before CAMHS. We always had that counselling service in school, so if you were feeling a bit low we could say go and see the counsellor, go and drop in. And then they started saying, we can't offer a free service anymore, you've got to start paying for it. We didn't pay for it and they withdrew and we lost that service. So for us in school funding is the thing

because we've not got the money to buy in the services. So we struggle, we've skilled ourselves up, me and Kerry. Where we've done counselling courses, it's like I've done, by myself, when I realised this was happening I did a level 3 counselling course, I did autism awareness course, I did an educational psychology awareness course. So I did all that to make sure that I knew, myself, the best way to help someone.

Int: So you, off your own back have gone and got training and you've been offered a lot of training, so that you are skilled up. But you don't have the time to implement these skills?

SS1: No, I don't and if I do I'm not doing it to the best of my ability. I'm rushing it to go off and do other things. I only have this one hour spare now, so that it's rushing.

Int: I wonder what implications that has for the recommendations, for instance when CAMHS ring you up and say do this and do that, or the Educational Psychology reports and their recommendations?

SS1: Yes, it's hard, it would be very easy for people in some other schools. Because that's their job, for me one of my roles is to manage the exclusion room. So if a student is excluded we keep them in school, one of my roles is to sit in that room and babysit that child. I'm being paid an awful lot of money to sit in a room with a child that has been naughty, when I've got to do self-esteem, I've got to do… with a child, but I can't do it because I'm sat in there. I can be in there for 3 hrs some days.

Int: So fitting in the mental health thing around the school systems is hard.

SS1: Very difficult.

Int: So that's where it's useful to have people coming in from outside, but if they are not putting in the practical. So if you could structure your own mental health department what would you have?

SS1: Like my job was ten years ago. We had someone who ran that unit, we had someone who went on patrol and my job was to do group work, we used to do two groups a day. We used to do smoking, we used to do are you ready, we used to do social skills and that was what our job was. That is what we want back, we want to be able to work with our children. We want to be able to do group work and be what we were. To know that we can pick up the phone. This week I've picked up the phone twice to ring Clare and that's brill. And she said right, you've done everything you need to do, there's just one thing you need to do and I've done that. That is what we need, that's my ideal world. To be able to work with kids and do my job and have someone on the phone that I can speak too.

Int: Easy access to the advice and support. What does work in school to support children?

SS1: The support that we do give the kids. The time that we spend with the kids, that one to one time. I worked with a year 7 young man, last week, one of the things I've been asked to do and he came in, he was so nervous he didn't know what to do, we spent an hour and a half together that day and when he left he was like 10 feet tall and he'd gone from this little lad who was really conscious about what was going to happen, to 'I can't wait to do this every week.' You know just spending time with your kids. That's all they need sometimes.

Int: That's great thank –you very much.

Addendum

Int: It was interesting what you said about having the training, but you said you sought that training yourself?

SS1: I did that because, being sat in a room with an Ed Psych or CAMHS worker and talking the medical terms they use. They're using all the terminology that they would use within their office or within their environment, ask someone who

works in school and it's very difficult to understand what they are talking about. So I paid myself to go on an educational psychology awareness course, to allow me to have more of an understanding of what was being spoken about. And as well when I went to the initial meeting for the CAMHS pilot and they said what would you like from your CAMHS worker, forget all the mental health, the training, I said give me someone I can understand. Someone who speaks in the same way we speak and not in all these doctors' terms.

Int: Yes, because when you're speaking to the young people.

SS1: Yes, I'm speaking as that teenager speaks and I've got to say it as they understand it. So you've got to be able to understand what you are being asked to do and turn it into child friendly.

Appendix 11

School Staff 2

Int: This is an interview with JG, J could you describe for me your role and job description?

SS2: I'm assistant head teacher in charge of pupil welfare. That includes behaviour, attendance and safeguarding, I'm the head of safeguarding.

Int: On a day to day basis what does that mean?

SS2: On a day to day basis that means dealing with anything and everything that comes up in school to do with children. It goes through form tutors, heads of house and then through to me. But quite often parents and staff will get straight through to me.

Int: And are you responsible for working with outside agencies?

SS2: Yes, I go to a lot of child in need meetings, chid protection meetings, LAC reviews. The local authority Startwell team, pupil inclusion, educational psychologists, social workers, hospitals. Sometimes our children are off with medical needs and then hospitals are in touch with us.

Int: Thinking about your work with Educational Psychologists can you think of a time when things worked particularly well to support a young person's mental well-being?

SS2: Mental health has only recently come into the realm recently, I would say. There has been lots of success with Educational Psychologists regarding the whole child. Quite often my referrals to the educational psychologist has been for behavioural issues, which does include mental health awareness, but its more behavioural learning issues. Not specifically mental health until this project.

Int: So previously the mental health agenda hasn't been as evident in school.

SS2: Not as evident, it's always there, but not as in the fore front as it is now, which is really good. We've been aware of that for years and years, but not as evident as it is now.

Int: Why do you think it is more evident now?

SS2: I think it's in the general public domain and people are more open and honest. They talk about mental health and you can't talk about mental health without including schools. Because it's the children, it's the young people with all sorts of things going on. Looking as to why are the young people behaving this way or not behaving this way. It's much more open.

Int: Do you think mental health needs have increased… or not?

SS2: I'm not sure if they've increased or they are just more aware and more willing to speak about it. More willing to describe their needs as being mental health needs as opposed to what we might have said were behavioural or educational needs.

Int: So we are just changing the name of it?

SS2: A bit more willing to talk about it, certainly schools are more willing to talk about mental health needs and certainly teachers are and students are beginning to.

Int: We're involved in the CAMHS/Link project can you describe for me what you understand the project is?

SS2: Well my initial understanding is that …looking at… because it has always been a point of conflict, schools trying to get support from CAMHS. My initial thought was let's get schools and CAMHS working much much more closely together, to get the best outcomes for young people. So it's not been as difficult to get a referral put in, not been as difficult to get the advice back from CAMHS, but also CAMHS accepting that what schools have got to say about their young people is relevant because we know the young people perhaps more than the CAMHS workers do.

Int: So you are feeling more heard?

SS2: Yes, but that doesn't mean we weren't heard before. There perhaps wasn't time and now this is investing time. Investing time in the two agencies working together. To talk about the young people and get all the information, rather than saying we saw them on this day and this is what I think. And then school says hang on, we see them every day and this is what we think. So getting together more and making it more accessible, making it easier.

Int: So what things have promoted that, having better communication?

SS2: Having a designated CAMHS lead coming into school, meeting with us telling us what services are available. Bringing the Emotionally friendly schools package together and just giving us more opportunities to speak about children in school, face to face rather than on the phone. Also giving everyone a better awareness of what CAMHS is for, but also us being able to say, well I feel I've been able to say this is how I work. Because everyone is different, we needed it to come together. Schools shouldn't only have access to CAMHS in a crisis. It's what can you do to stop it becoming a crisis, spotting it early, those early signs and early interventions and not just rolling up when you've got a young person at crisis point. What can we do before we get there and I think that's a bit more what we're talking about now.

Int: How does the Educational Psychology service fit into this?

SS2: It's another support mechanism for school's which has always been there, but possibly never been viewed or seen in this remit. They've given us more insight into dealing with young people and their emotions and being there at the meetings and listening in and offering support and guidance and being able to say well I think… just giving us more information I think and a different point of view for those children, it might not always be CAMHS that is needed we might be able to use the services of our EPs.

Int: So signposting and some of that early consultation about cases?

SS2: Rather than it being an educational assessment, sometime schools don't want that full assessment, sometimes they just and a little bit of advice and strategies on what to do. And maybe now through this, we'd look at mental health issues as well, whereas before I perhaps wouldn't have done. Possibly before I would have thought CAMHS.

Int: So previously how would you have used an EP?

SS2: Well there are various different ways of using your EP, obviously the SEN department use the EP for access support, EHC plans etc. My role has always been for students that are struggling in the school for whatever reason and usually it's some kind of behaviour, school refusal type issue, where you look to the EP to see if there is anything else we could be doing, if there is anything that is contributing to the disengagement, the poor behaviour, the school refusal. Is there anything we've missed any learning needs. Are they misbehaving because there is something that has been missed and a diagnosis and to be dead honest the EP is used because of the authority protocol, if you move a student on, the first question they ask is have they seen an EP? So you have to be able to tick that box and say no they haven't because they have a waiting list. And sometimes you're thinking there are other students who could do with seeing an EP, but I have to put this one through because it looks like they're going down the root of changing schools for poor behaviour.

Int: Can you think of a time when CAMHS and the EP service have worked effectively with yourselves at school?

SS2: Well during this pilot scheme that we're doing, that is probably the time, because we've never had the two services together. We've never had EP and CAMHS in school together. This project that we're doing now is the first time that we as a school have had the two agencies in together.

Int: And that's been useful?

SS2: Yes, yes it has, it's on going at the minute, but it's definitely useful.

Int: If I was to say you could set up anything you want in schools, given what we've learnt, what would you like to see in schools, from the EP and CAMHS?

SS2: I think there should be a named worker in school and I think the difficulty is cost. We can't have those support services due to financial constraints. I know that's the same for everything, but in order to deal with all the students that need additional support. That kind of counselling, CAMHS, EPS in school available much more frequently, without the concern about the cost. You did say an ideal world. I would love it if a young person came to me or to one of my team and they are beginning to reach crisis point, but we hadn't seen it coming. How fantastic would it be if we didn't have to go through all that ringing up and referring. If we could just ring up and say look I've got someone who desperately needs to see you now, how great would that be?

Int: If they were here and had an allotted time here you could manage it all?

SS2: Yes, you could and you could see those signs. The worst thing about students going to CAMHS is them going off school site and us not knowing if they turned up or how the meeting went, us not knowing until 2 or 3 weeks later when you get a report and they've been signed off and if they've been signed off then that support has stopped. Whereas if there was someone in school all the time, they might not need to see someone for a few weeks or even months and then suddenly they really do need to see someone.

Int: So it could be more flexible?

SS2: That's a long way in the future and that's to do with finances… bodies

Int: Can you think of a time when working with CAMHS to support a young person has been particularly effective?

SS2: There has been that many….

Int: What have you found frustrating about working with CAMHS?

SS2: Not knowing…not knowing. I understand the confidentiality, but not knowing how the meetings gone. And the thing that frustrates me more than

anything is when they just believe what the young person tells them, instead of ringing up the school. So when a young person might go to CAMHS or their parents. That's what really bugs me as well when the parents speak for the kid instead of the kid speaking for themselves. 'He doesn't want to go to school because' instead of the child saying 'I don't want to go to school because.' For example, issues where they have been persistently bullied and no one has done anything about it and it goes in the CAMHS report – 'persistently bullied and done nothing about it, hence they now have low self-esteem'. You read it as a school and think 'what!' and you want to pick up the phone and say that's not true but it's too late then because those letters have gone out to the doctor, out to whoever and it's not actually asking the school what is the issue in school because quite often it's not the same as what the parents are saying to CAMHS. That doesn't happen as much now because that has been recognised, I think schools have been that upset by that, that we've been told if we get a letter like that we have to phone CAMHS straightaway. But even without that it's frustrating not knowing what the child is saying, because how can we help them.

Int: There's no feedback?

SS2: Not always

Int: When the young person or the parent have gone in and talked about the problem as they understand it and CAMHS adopt that, how effective then is the CAMHS support for that child?

SS2: It depends which worker it is, I actually think it actually depends what worker it is. If they've put a plan in place so if they are coming in and meeting those students regularly then you can see a difference. You can see them get the support, you have students saying I've got to see my CAMHS worker and you can see that they want to do that. It's when they go in and then it's no..no they don't meet our threshold, so no its case closed. So we're back at square one again, things might be hunky dory at school for a bit and then it happen again. No, no we've had them before they don't meet our criteria.

So it can be a bit disjointed and that's what I was hoping this CAMHS project would do is stop that disjointedness of not knowing what is going on. We don't want to know everybody's details but what we do want is for the information to be accurate. Obviously we don't know what is going on in those young people's lives at home, sometimes we do, but we know what is going on at school. So actually CAMHS should be more in touch with schools. So some of the cases we've dealt with during this CAMHS pilot have been better, because me and Pauline have sat here and we've been able to tell you what's happening at school. We've told you there aren't any issues in school and it's the parents. That's the biggest issue when parents are insisting to CAMHS that there are certain behaviours. Whether parents have got an ulterior motive, but they are insisting there are certain behaviours that they are exhibiting in the home that we don't see at all. And these children are happy and relaxed in school.

Int: What are the positive things about working with the EP service?

SS2: Sometimes the strategies they give us to use in school, but again that can take too long. The wealth of information that you've got and the signposting to different support agencies that we can get. And also the contact with parents and reassuring parents, who are very worried sometimes about young people's learning needs. That's really good because all the referrals and assessment take place with the parents as well, but again sometimes it can take too long. The feedback can come back quite a long time after.

Int: So what are the frustrations about working with the EP service?

SS2: The frustrations are again the money and time, you only get so many slots in the year and then you've got to pay for it and something will happen and then it's can we afford another slot. Can we move someone down or move them up and then the parents are not very happy because their child has moved down and someone more needy has gone up on the waiting list. That's not the EP service, it's how the school..

Int: It's the set up.

SS2: It's what I said before its finance. In an ideal world you'd have an EP in each school, but then you'd have all these parents demanding EP assessments.

Int: How has it been useful with the EP and the CAMHS worker, what have you actually been able to do?

SS2: It's still on going, but it's sharing ideas. It's also reassuring the schools that what we're doing already is good. There's nothing better than when an EP or a CAMHS worker sits down and says actually the advice you've given that family or that young person is exactly what we'd do. So it makes you feel that for the next young person who comes along we don't need to ring you, but I can do this because we were told this is right. I think that's really good for schools. Also trying to get more staff involved in training, in dealing with the various things that come up in school. We've never been able to do that before and this pilot project is helping us to do it.

Int: You talked earlier about different ways of commissioning, when you don't always want a full assessment, you might want more consultation.

SS2: Sometimes you just want to talk.

Int: Have you worked with educational psychologists that do direct work with young people?

SS2: And that's been really really good. I had a young man who's just left, he was in Yr. 11 and he used to see the EP all the time. For him it helped, he went from being very young when we didn't know if he needed the old statement and he wasn't he was just always on the edge. Everything the schools were doing was right and there was nothing to be gained by going further. But he used to meet with her and I think that works that contact with the students. Sometimes it drives me mad when EPs come and observe lessons, cos they don't see what all the staff are seeing. I know the EPs know what is up, but I think if only they could see it. That's all the timetabling and the times. And the young person twigs someone is watching me. And the other thing that drives me mad is the one to one, a child can be so different in a one to one situation. So sometimes that can

work the other way around, I can remember an EP saying, years and years ago, 'Oh what a polite young man!' Yeh, he's polite you've not asked him to take his coat off, you've not asked him to sit down and he's not having to do any work for you.

Int: But generally are EPs good at taking into account others views?

SS2: Absolutely, EPs are good at that, they're better than CAMHS at that. Because CAMHS are a service outside of school, EPs are in school more. So they've got the opportunity to meet with the parents more and to meet with some subject teachers, because some EPs will ask to meet with specific teachers. They always ask to speak to a member of staff who knows the child well rather than just someone who has a load of paperwork on the child. They'll speak to the students, speak to the teachers, speak to the parents and you do get that with EPs, whereas CAMHS they've got their information and we've got ours and they don't usually get together. But you do in this project though.

Int: I don't know is there anything else you'd like to add to the perfect way of working?

SS2: I think this project probably needs tweaking, it needs to be more wide spread so that it becomes standard. Some the ideas going on now are great but they need tweaking, from school's point of view as well, because I know as well that I get called away to do other things. I need to be mindful of that, what do I do when that happens, I have to make sure that the time isn't wasted when I get called away. But that's the same with everyone.

If you've got a worker in school there still needs to be a quicker way to get children seen. So still now if I've got someone I've got concerns with I need to be able to say to Claire, I've got them here I want you to see her now. I know you have to fil in the red tape and get the parental consent, but sometimes the child just wants to talk. It would be great, could they come over and talk, you can get permission on the phone. You need more of a more informal way of students being able to

talk and have access to those services. You're going down the counselling route really then. We haven't got a counsellor either, so maybe that's what we need.

With regard to mental health, you do need more people available for schools to use, in schools. In school so that it becomes more accessible.

Int: What do you think there is in school that is a barrier or detrimental to the well-being of young people?

SS2: The pressures, the pressures of exams, the pressures of doing well and social media.

Int: And do you think those pressures have increased?

SS2: The pressures of doing well because schools are under so much pressure, then staff are under pressure from their senior leaders to perform and that's passed on to the students. I know from questionnaires, when I ask about their well-being, I know that it comes back and they are saying they are stressed and that teachers need to be more aware of their stress and anxiety, which is why I asked for some anxiety awareness training for staff. That is massive and that is out there in the community as well, so kiddies are feeling that as well…

But social media.. that has had a massive impact on mental health and I'm talking about the bullying that goes on and the images on social media. Everything on social media and the constant reliance on it. The constant falling out on it, the friendships and that really does contribute. You've got children who won't come into school because of what has gone on Facebook the night before. Then it will go into CAMHS as bullying and school will go down as not doing anything about what is going on, when actually it's what is going on Facebook outside of school. Just because they are all at your school, so it's a fine line but definitely social media.

Int: What are the things in school that actually facilitate good mental health?

SS2: The staff, the support that there is, the extra activities that are going on. The house system we've got it's fantastic. They do all sorts of activities in houses.

Also I think regular inputs on how to look after themselves, which include mental well-being and putting things all around school. Everything going on so that they know that there is someone to go to and just talking about it more. Just talking about feelings more, supporting each other.

Int: So school is teaching them mental health awareness, to support about on line issues, issues in school and out of it because if they are not dealing with all of those then their mental health will suffer. It's that support in schools and seeing it there right away. Not a young person coming to us and me saying well I can get someone for you to speak to in a week. You need to say somebody here will talk to you now.

Int: Do you think you've got the skills set in your staff to be able to offer that?

SS2: Yes, but just not enough. Yes we've definitely got it, but it's very intense and we need more, that's again your finance, your budget.

Int: Thank-you very much Jane

Appendix 12

CAMHS Interview 1

CAMHS Worker 1 (CW1)

Int: Could you describe your job title and role for me?

CW1: I am a Mental health nurse by training and I am the CAMHS educational lead for a pilot project, at the minute, in Westfield CAMHS, which means linking together with schools and looking at the emotional well-being of young people within those schools.

Int: Thank-you. Could you describe for me an example of effective work between yourself and schools?

CW1: OK. I have a particular primary school where we went in and we did consultation, where we discuss the case and the young person. That particular young person had previously been under CAMHS and it had been identified that there were some anxiety and attachment difficulties. So I had a discussion with the nurture team and the pastoral team and we created this idea of talking spots. So that the young person could have er, they were escalating in the classroom to get one to one time with staff. So we gave them set spots throughout the day. We gave them about 3, about 10 minutes at crucial times of the day. At break times and free times, before lessons or after lessons, so that they could come and have a ten minute chat about anything they wanted to give them that contact with the staff. And we found that that was de-escalating the behaviours in the classroom, because they were more settled going back into the classroom and they didn't feel that they needed to escalate to get the staff member, they knew that they'd have that contact and the feedback has been from the teaching assistants working with that young person that this is really working and we now are looking at how we develop that on to being not just that one to one, but how we help them build it into a group. So how we introduce a circle of friends, can we get them to use those skills with another peer, so it's not just the teacher, so we're not just using the teacher as their attachment, but that they have an attachment with the other young people around them, because they've got quite poor social skills as

well, so we're using their ability to do that with the teacher and now we're getting them to buddy up one to one with young people..

Int: So somebody else can do the listening?

CW1: Yes and then get them to expand that out, so that they're learning social skills but in a way that they feel safe in doing so, because obviously they feel anxious and so far that seems to be working quite well.

Int: Could you describe for me what the CAMHS/School link project is and the EP involvement in that?

CW1: Yep, so a little while back the government did a research paper called 'Future in Mind' and from that it was identified that there was poor links between mental health service for young people and schools and that actually a large proportion of schools weren't prepared or didn't have the equipment to provide the most effective emotional support for young people, but that they didn't know how to get that, because when they reached out to CAMHS services they got lost in the referral network and lost in the process somewhere and they often found it could take months and months for a young person to be seen and then maybe that would go a bit chaotic. And one of the main things was around referrals and making sure that children were having access to services when they need it, rather than six months down the line, when they maybe didn't need or when things had gone into crisis. They then set up a project with the Anna Freud Centre, which is one of the national mental health centres in the country. Who then created this idea of the pilot projects. They were looking for 10 areas originally and they had 90 applicants for the pilot. Part of that was the areas had to have the agreement of the schools before they put in for the bid. So there was work already having to be done for the CAMHS services and schools to get on board for the bid. Out of the 90 they chose 22 and they've used 10 to look at specialised areas, so some of the 10 had more vulnerable groups. Westfield aren't part of the 10, we're part of the 22 and our offer was, the CAMHS bit of the offer was to do consultation and assessment with the schools and basically bring in training to schools in the areas that they need. We were really lucky in that at the same time

the Educational Psychologists in Southfield were creating this Emotionally Friendly Schools manual, which looks at 4 key areas, staff well-being, classroom practice, identifying needs and then supporting those needs. And we joined up with the Educational Psychologists to run that in the 10 pilot schools, so that would be our framework for improving mental well-being in schools and we how we were going to help and monitor that piece of work within schools. So the EPs and CAMHS joined up to do that piece of the project together and the agreement was that they would come to the consultations and be part of those processes, as well as supporting and putting that model forwards and that's what we've done together.

Int: Thank-you. What's been effective in working with EPs on this project?

CW1: I think that if CAMHS were really honest, we're kind out of the loop. We don't have good bases in schools, we have a lack of awareness of what it's like to be in a schools, to work in a school, the pressures of schools, because we are our own unit. So I think if you were to speak to CAMHS, we have very little on the ground experience of schools and I think the Educational Psychologists have more awareness of what it's like to work in schools, to work with the teaching staff, to have a greater understanding of educational stress, as well as the other stuff. I think it's helped me personally in that I know that I come from a particular area and I have an awareness and while sometimes I think I know the answer, EPs can bring a lot more experience and knowledge to that, which has improved the project, because instead of me having to learn everything as I go I've got this big team of who have already got a load of skills and knowledge and they bring to it methods that I might not have heard of in CAMHS. Solution circles is one of the formats that's really useful and actually now we've run it out with schools, I've got schools actually asking me to do a solution circle with them. That's something from a CAMHS perspective I might not've known of, we might use similar tools but it's not that particular tool we use in CAMHS. I think it's also good to understand overlaps between the services and actually if we all helped each other it would be better for everyone rather than trying to take on the world by yourself

or getting frustrated when you can't get the service involved. And actually that awareness that the educational psychology do deal with attachment, they do deal with anxiety, because that's what they are being asked to deal with, they may fall more into a CAMHS bracket, but because we're not seeing those young people because another team is dealing with it and vice versa.

Int: What do you understand the Educational Psychologist role is?

CW1: I think I thought they were more academic based, so they were someone you might call in if someone had dyslexia or a learning difficulty or was anxious because of those reasons and they needed support. Previously I have only come into contact with an Educational Psychologist if we've got someone who we think might be autistic or, so it's purely a learning difficulty basis and I suppose working alongside the educational psychologist has made me realise that they cover as many areas as CAMHS do and we probably all cover the same bases, but in slightly different ways because actually we are all being asked to cover the same thing, we just didn't realise we were. Previously I would say I only ever came across an educational psychologist to do a report and I suppose what I realise now is that they are actually offering a lot of advice and support at the lower level where CAMHS are missing. So they are having to offer advice and support around mental health needs because CAMHS aren't there, we aren't at the table whereas now that we're working together we are actually both at the table and it's actually better for the people because they can hear that there are two professionals saying the same thing, so if we talk about attachment there are two professionals giving the same message, rather than educational psychologists giving one message and CAMHS giving a different message which can be confusing. Or being able to explain to teachers how those things all sit together.

Int: Or there is a time lag between those two things being said.

CW1: Yeh, so that it doesn't sink in. So the first professional might say the right thing, but because there is such a gap between professionals saying it that it takes a long time to put all the dots together. Which isn't helpful to the young people we work with.

Int: So although you've realised there are similarities in the roles, where do you think the differences are and the unique points that yourself as a CAMHS worker offers?

CW1: Umm, definitely around. I think sometimes in CAMHS, all the therapy approaches in CAMHS are set up to work with someone who is fully able to take that on board. So obviously we know they have a mental health problem and we're set up for that we may not have the set up to work with someone who does have other difficulties on taking on information and learning information. So we might do some anxiety management with someone but that might not address that person's ability to retain that information, they're cognitive abilities to do that. So a good example is that I worked with a young person who was deaf and she had hearing aids and she could hear me, she was 15 when I started working with her and it took me a long time as a professional to get to grips with to try and adapt the work to her mental age and her ability and her language age because that was so poor, in comparison. So I would ask her a question and she just wouldn't have a clue what I was talking about, but as CAMHS professional you are not trained to do that.

Int: That's really interesting because we've been doing some DBT work and the materials there we have immediately had to differentiate, which is an education term.

CW1: Yes that was what I was doing I was breaking down DBT stuff and thinking 'how do I teach her?' How do you teach someone mindfulness if you they don't understand the language that you're saying to them, so it was making it all very picture based and that took a long time for me as a CAMHS professional because that's not my role or remit. It's called talking therapies for a reason, because you're talking to someone, so you're not really trained in any other way of communicating. Which is one of the things that I love working with the EPs because they bring that other side of it.

Int: Yes, the visual and other ways of learning…

CW1: Yes, like the talking mats, they are amazing. I was like this is so simple and wonderful, why do we not have this?

Int: Yes, it is incredibly simple and you think why didn't I do this before? So you've described to me some of the ways that CAMHS and EPS can work together effectively. What have you found to be some of the barriers?

CW1: I suppose sometimes language, maybe, we all have our own little language. I think for me personally, obviously Educational Psychologists come from a psychology background and I found when sometimes, some of them can get lost in the words and they lose the other professionals around them because they are not using everyday language or things that the other professionals. So I was watching and educational psychologist try and describe to a teacher about someone's self-image and the language that got used and the words, I got lost and I'm the professional who's meant to understand what they're going on about. I think I summarised it in a completely different way and the teacher went 'oh, yes, ok that makes sense'. So it was like whatever you've just said for the last 15 minutes has just totally lost everyone in the room and I don't, well when I broke down what they'd actually said it was really impressive and a really elegant way of looking at it, but on the everyday matter it wasn't helpful because it wasn't practical it didn't give teachers who'd had none of that experience, they don't sit and read papers on things and they haven't heard of all the things we've heard of.

Int: That's interesting so almost some of the academic training...

CW1: It gets in the way… and I think that probably sometimes with CAMHS professionals if you're more academic that gets in the way of the relationship sometimes because you lose people in the academia. Which is funny with teachers because you'd think they'd be able to follow that, but when it comes to mental health they have no. You know because we're not talking about maths or science, even about child development they don't always know what we're talking about. I make the assumption that they know what a three year old would be doing.

Int: And as a secondary teacher?

CW1: No, no and I think that's the thing sometimes and particularly the EPs, there's that academic imbalance and particularly if you're talking to the teaching assistants or some of the other staff that haven't been in that academic arena, we lose them sometimes.

Int: So language between professionals but also pragmatic language.

CW1: Yeh, em I was watching an EP trying to explain validation, watching her thinking I'm not sure everyone's picking this up, because it's not the easiest thing to explain, it's not the easiest thing for me to explain, you know there was a lot of wordy language. I kind of said, 'you know that time when you walk in and you're telling your partner something and they try and solve the problem for you or they try and make it better, that's non validation, that's when we don't do it, can everyone imagine how that feels? That's non-validation that's what we want to avoid.' Kind of putting it back..

Int: So language and professional backgrounds can present as a barrier, are there any others?

CW1: Yeh, I think obviously the amount of time everyone can put into something. The EPs have only got so much time and that's really frustrating because as a CAMHS professional we're quite demanding of other people's time. We want them to come to lots of meeting s and lots of things, sometimes that's not possible for the EPs and they are split because a lot have got a lot of schools. So as a CAMHS professional it is quite frustrating that we can't always get them when we want them. They've got other demands on their time to do things, because obviously they're assessments and as professionals we don't always understand how long it takes you to do your assessments and that doesn't always compute.

Int: So there are different ways of practicing, so the time you can actually commission from an EP, but they may also take different timescales to do things.

CW1: Whereas an EP might meet that child once and put recommendations in, CAMHS would meet them six times and put in recommendations, or the other way round. The recommendations at the end might be the same, but how we go about doing something is different. I also know one of things we love to do is get everyone around the table and have a discussion and that can be hard of you've got an EP who is working across lots of schools and has lots of assessments to do, lots of things to manage. Sometimes they can't always get to the table and they're voice is missing and that can be crucial.

Int: So in a more traditional model of CAMHS/EP working it would be coming together in those meetings and that's when you can't.

CW1: Yeh, so one of the great things about the pilot has been when we are at the table together and we have been it's worked much better than when we are not. Because what happens is when there is a professional missing, we need EPs to assess this, but the EPs aren't there so you don't know. So as a professional you make an assumption about someone's role or vice versa and with time restraints it's really difficult, because you don't know what you're asking that other professional to fit into their day. I also think there are a lot of pressures we don't recognise, I know that the EPs do a lot of training, they do a lot of leading on things a lot of development work. That CAMHS don't do as much of.

Int: A generic CAMHS team wouldn't do a much of that?

CW1: Probably going forward we'll get more involved in this, well my role will definitely.

Int: So you've found that as you're coming into schools there is a greater need for these more diverse roles?

CW1: Yeh, I definitely think that if we could take away the money side of things schools would have an EP, on site and everyday of they could. They'd probably have a CAMHS professional, but if you had them on site all the time you'd probably find you didn't need them on site all the time.

Because they are not on site all the time and there are time constraints, I know there are young people who don't get seen by EPs because of their time constraints and because the school can only have so much time with the EP and then they have to pay. Then those young people get sent through to CAMHS because the school won't pay for them to see an EP. And vice versa if a child is struggling to get into CAMHS a school might ask for them to see an EP. It's that understanding that they are actually two different roles. Yes they overlap, yes we have areas where they are similar, why are you asking, if you know it's one service you need why are you asking the other service. And that comes down to people's time and money and scales, rather than actually to the benefit for the child.

Int: And it sounds like a slightly unclear idea of what they want the outcomes to be.

CW1: It's kind of like they are wandering about in the dark with hope and it's like they're just grabbing at things, rather than thinking about what they're asking a professional for.

Int: Ideally taking this forward, what would be an ideal way of CAMHS and EPS working together?

CW1: I think that I'd want our own little team. I'd want a team made up of CAMHS, EPS and TESS, because they've got good teacher links, to have a teacher voice and help other teachers understand the importance of these roles. Particularly senior leadership teams in school don't, they just kind of see it as a tick box exercise. So if they see an EP they can tick a box to get extra funding or we can get them to see CAMHS and we can get a letter to say why they are not coming to school, that's our attendance dealt with, rather than it being for the benefit of the child. So if we had everyone together, we could also then clear up the who does what and why are you asking that from a service, because we'd all be in the same room, rather than fighting across different rooms. I think from this pilot, I think one of the things it clearly shows is that it works better when all the professionals are all in the same room having a discussion, that multi-agency way

of looking at things. I know solution based way of looking at things, rather than going in circles around the problem. It is helpful to have different professionals involved in that because you have different ways of looking at it and different ways of reflecting on it and everyone brings something different to the table. Whereas if you just do it within CAMHS sometimes CAMHS can get bogged down in their own way of doing things and EPs can get bogged down in their own way of doing things and then they start to put barriers up and that's not very helpful. Whereas if we have to work together all the time were more likely to be supportive of each other's services, rather than being stuck in a system. One of the things I've learnt along the way is that the EPs offer training and they offer things going out and some of that CAMHS may not agree with and we're not in that voice so having that ability to do it together, having a unified approach to training. Meaning that there is one message going out to the young people and that means that they'll get a better service, because we're unified in how we're talking rather than confusing people. Particularly about things like autism and attachment. There is a big thing where professionals will put someone forward for a diagnosis without having the conversations with other professionals about whether there are any other concerns there. And then schools get a letter saying this child has autism and they're saying its parenting. Well it might be or might not be, but it's about having that conversation. Are we putting this young person through for the right thing or are we giving them a label that actually won't be beneficial, because it's beneficial to the parent or to the school, rather than beneficial to the young person.

So ideally I'd like to have my own team and it wouldn't be constrained by money, the service would be based on need and not what the school could afford. So you'd do your consultations and if the school needed 20 EP assessments then that school would get 20, because another one may only need 5.

Int: So opposed to time allocation model, you'd be looking at responding to need?

CW1: Yes so you'd respond to the young person's needs, which might mean that because you've got the professionals at the table, they go 'I can do that bit' and

someone else offers to do that bit. That means they might get the right thing, because if it is anxiety at school that might work better for the EP but if it is anxiety at home it might be better covered by CAMHS. So it gets split, but that's responding to the young persons need rather than who can we get them seen by.

Int: You said something interesting about the Senior Leadership team, and identified it as a potential barrier are there any other barriers to working in schools?

CW1: There are the demands on staff such as OFSTED and they are under other pressures, these are massive barriers. For instance I had a meeting cancelled at another school because OFSTED had been in the week before. Why if they were in the day before, couldn't you see me today? But the pressure that OFSTED puts on the staff they've all been running around like headless chickens responding to OFSTED. As the CAMHS professional I don't have any experience of that, I do know what it's like to be under scrutiny, because CAMHS go through that as well, but in school it is massive. Obviously there is money, there are a lot of schools that have become academies, due to failing they're OFSTED or money factors and that adds a lot of pressure. And obviously their ability to have staff there, so people off sick and bringing in new teachers who may not have the skills to deal with some of the things that they are being asked to deal with because they have just walked out of university and might not be having the proper support that they should be getting. They don't get any supervision, not any clinical supervision and actually I think that's massive because they are dealing with children's emotions and dealing with supporting these young people and no one is talking to them about that or about their own emotions in dealing with that.

Int: So these teams might be able to offer supervision.

CW1: Yes I think that would be one the things we could, if we had a team like that, to be able to extend clinical supervision to some degree to teachers, whether that be a group way of doing that or individual. But again responding to the need of the school, you might not need to do it in one school, but another school might need it every day, because that school needs that at that time. And that's always

going to change, because school's aren't static, they change with their cohort, not just the kid they change with their staff cohort. I think that's where services fall down, we think because we've done it once we don't have to do it again. That's not true like anything it needs repeating. It's been shown that with mental health, that if the SLT lead it and they believe in it, then it works. It becomes part of the ethos and part of the make-up of the school. If you don't have them on board it doesn't become part of the norm and then it can out up barriers left right and centre because it is not seen as a priority. And all the research shows that if you haven't addressed their emotional needs then their academic achievement isn't as good.

Int: We've talked about the barriers there what have you found to be the advantages to being in school?

CW1: I think everyone appreciated that face to face contact, being able to say I will be there and can talk to you about whatever you want. I've had teachers come and sometimes they just want reassurance that what they're doing is the right thing, but because they can't get hold of anyone to have that conversation, sometimes they don't do anything because they are worried about doing the wrong thing. So they don't do anything.

Int: And that's because it's seen as a mental health thing?

CW1: Because it's scary because it's mental health, because they say scary things and if we get it wrong someone could die. If they don't do the right thing then this person could kill them self and that's scary for people when it's not your job. It's scary for professionals when it is your job! Because a death is terrifying. So I think we put a lot of emphasis on it being a trained professional, who's been trained to do something. When actually most of us just want a person, just want a person we can talk to, or a person who is there for us. Schools are people so they can do that. The positive for me, going into schools is that I can do that for the staff. The same as the young people, the teachers get that too. I remember last week I was at a school and we were talking about a young person, I was talking to the SENCo. She just stopped and said 'You know what I'm going to go

and get the teacher she really wants to talk to you, so we're going to make time.' So she went off and found cover for her and brought her out of the lesson for fifteen minutes to come and talk to me about this young person. Her face lit up at being able to ask questions and talk about this young person and she went away with a list of strategies that she could try with this young person. She needed reassurance and before the SENCo said that she was coming to her everyday saying 'what can I do for this boy?' 'What else can I do?' They just felt stuck. They needed to have an understanding that they were doing enough or that it would take time or that they needed to alter something to help them think about it. I think that's going to make a massive difference for those young people going forwards.

Int: Have you got any thoughts about training, about EP and Clinical training? And how that might affect working together?

CW1: I think that we probably train in a slightly different way. I think we have a slightly different ethos or outcome that we want. CAMHS want staff to be able to cope on the ground level and our aim is to be very practical, to give them a strategy that will work in their classroom. I'm not very into spending too long on all the background stuff, I think it is important that people have a general understanding, but then I'm not going to sit there and describe anxiety disorders for you, I'm going to flick past that because I don't really think that's of practical use. And we want to encourage people to be aware and have knowledge of the basics and move away from mental health being scary, into this remit that everyone can deal with mental health.

I think EPs have a similar standpoint, but are coming at it from a slightly different angle. As well, because depending upon the EP they do all have a time when they say this is mental health I need to refer on to CAMHS. I suppose what we're doing is saying that you are dealing with mental health, so let's work together. And actually that's different for each EP and it's that kind of what's mine? What's yours? Game. So far it's been Ok because all the EPs I work with are lovely, so it's not been too difficult to have those conversations. I guess everyone has their

own agenda and trying to deal with everyone's own agenda and deal with a bigger agenda can be quite difficult.

INT: So those sort of close working relationships are the ones that get ironed out when you're working together on a day to day basis.

CW1: Yeh, you figure out what their way of doing things are. Where there strengths are and where they aren't. So if you're doing training it's about sharing what they know and what you know.

INT: It does sound as if it's a lot about finding out what each other know.

CW1: Yes. I remember doing self-harm training in a previous role and after we'd started at CAMHS they talked about handing over that training to other people and my first concern was who am I handing over that training too? Do they understand self-harm, like we do? And they said well they've been on your training, but that's different to having first-hand experience of working with someone who has self-harmed, being able to give those examples and make it real for people and make it less scary because it's not something that we talk about. Whereas if you have someone at the front who is just presenting slides, who doesn't really know what they are talking about and doesn't have the same enthusiasm for it or being able to put over that opinion. Then the training doesn't work.

INT: It is about experience and having that prior knowledge.

CW1: I think a lot of people benefit from actual live experiences, I did this –in real life. I'm not telling you something for the sake of telling you, I can actually show you how I did this. That makes a difference to people because they don't just think you are teaching them something for the sake of teaching it.

Int: We've talked about facilitators and barriers, but have you found anything that just doesn't work at all?

CW1: The thing I struggle with is that managerial structure to a degree, so if I request something of the EP then they have to go back to their line manager, or

if I request it from the managers I don't know that I'm not putting pressure on the EP, because I've not asked them directly. You're not always sure who you are supposed to be directing things at. For example I've got an EP that I've never met and has been given one of the schools that we work with, but they don't work on the day we meet with the school. You kind of feel that you're tattle tale-ing to the manager, but I have to because otherwise how is it going to work?

Int: So we're talking about systems and structures again aren't we?

CW1: Yeh, that's where as two services that don't normally work together have been thrown in and we're still having to fathom some of that out and actually some of those things haven't been worked out. It will only improve because the relationships between the people improve.

Int: And also it's the nature of it being a pilot and not being …

CW1: Permanent, yes so we're still thinking ahead, how is this going to work in the future? Rather than how does it work now, to a degree. So if I make a request of the EPs, I'm not always sure that the EP that turns up will knows what's going on, cos I don't know what conversations have gone on. I've had TESS turn up and say 'I don't actually know why I'm here'. That's not good being thrown into something.

Int: So some of it is about planning right from the very beginning.

CW1: So the Emotionally friendly schools stuff is fantastic and where it works it's because the EPs are leading it and they feel that they are behind it. Whereas the EPs that have been brought in are not sure what is going on.

Int: Thanks for answering all those questions. Is there anything from your work in school that makes you think the set-up is working against good mental health for pupils?

CW1: I think we've moved really far away from teaching basic resilience and emotional management skills, not that I really remember that at my school, yeh if I think about my own education, you come away from school and no one has

taught you how to manage when you are stressed, or they've given me these exams but how do I cope with that? How do I cope with feeling different from someone else? Things like DBT, I think the skills out of that are great and I think if you were to teach everyone the distress tolerance skills from the year zero, throughout their whole life, through primary school, you'd actually find you have a really resilient group of young people because they would have the ability to manage their distress and calm themselves down. We expect them to think and act like mini adults, we can't expect a five year old to logically think through the consequences of their actions, they've only been alive for 5 years. So saying that that is going to affect the rest of your education, doesn't make any difference to a 5 yr. old.

But actually if you are really honest, you can go back to education , you can leave education and come back to it at any age, that's how the system is set up, but if you're not set up to manage your emotions, that is your whole life affected. I think the research shows now enduring mental illnesses, by the age of 14 you can see that they will have an enduring mental illness for the rest of their lives. That's not even out of school that's mid-way through school. So actually getting in schools and working with the kids is the most important thing ever. I think it's about that basic resilience, yeh they might be having the worst time ever but have they got the skills to be able to bend in the wind rather than just fall over and a lot of the young people I see these days they haven't learnt those basic skills, probably because their parents didn't learn those basic skills, but we're not teaching it to them, we just expect them to know it. I always say the young people that behave badly in school, it's still a coping strategy, shouting at them isn't helping them to find another way of coping. And often we're very good t shouting at them or saying no, but we're not very good at helping them learn the right way.

Int: So more explicit teaching

CW1: And that should be from as soon as you go to school, you're taught about feelings, emotions, that life is difficult, but this is how we deal with it. Teach them those relationship skills, not to be afraid of emotions we all have them. They are

a good thing, we can use them to communicate, and how can we use them to help us. If you taught that to the generation coming in then, you would then develop generations that are coping. Rather than what's currently going on, increasing depression, increasing generations that can't cope and they become more reliant on the systems around them and the systems can't cope because we're not set up to do that, hold peoples hand while they make a decision, or because they've had an argument with their mum. I'm thinking when did that become a coping strategy? Taking a bunch of tablets because they've had an argument with their mum. But actually they don't know any other coping strategies. That's scary.

Int: And it's one they might have seen in the media and on telly and they are dramatic and attention grabbing.

CW1: There was something on telly about self-harm and the amount of increase in self-harm after that was dramatic, because you've introduced and idea. Yes we should be talking about, but it's about how you do it, how you present that information, not with these chaotic unhealthy people, it's not the way to present that information. We need to present it in a way that is beneficial to the masses.

I think it's fundamental and if we could get in there we could make a massive difference.

Int: Yes and we are getting in there, becoming part of a school team

CW1: Yes and that's where we need to shift away from this thing where CAMHS are a specialist service that you access in a crisis. We need to be part of the everyday and that schools also recognise that it's not just us the CAMHS member of staff. The CAMHS member of staff is there to help train, keep you on task, provide supervision, support you.

Int: So that actually it's everyone's responsibility.

CW1: It needs to be like safeguarding, when we talk about safeguarding being everyone's responsibility. You see neglect it's your responsibility to report that.

You're not taught that looking after someone else's mental health, I don't understand why when it's more fundamental than the other stuff.

Appendix 13

CAMHS Interview 2

Int: I'm here with Sally Burns of CAMHS, could you tell me what your role and job title?

CW2: I'm the CAMHS transformation lead for the 5 boroughs partnership. Basically my role is an opportunity, it's a secondment to work with our CCG and the local authority to look at how we are delivering CAMHS services, in line with The Future in Mind and the five year forward. So it's looking at how we can redesign services, how we can work better with other partner agencies and develop more effective interventions for young people in a timely and appropriate manner.

Int: Is your background in nursing?

CW2: Yes, psychiatric nursing, I qualified 199? and I originally did adult mental health, but I've always had a passion for children's mental health. I did forensics, did supported tenancies and then in 200? I came back to CAMHS and that's where I've been since.

Int: Can you describe for me, what you understand the Educational Psychologists role is?

CW2: This has changed over the years, when I first started the Educational Psychologists were the people who went into schools and helped teachers think about whether pupils had a learning difficulty or helped teachers to think of strategies to help the children, or they come up with your statements and things like that. Over the years, I've actually realised how much more, how valuable Ed Psychs are and they've revised and redesigned themselves in different services. I've thought differently in different boroughs. Different EPs provide different services. But it's pivotal to understanding, the EPs role is about helping us to understand children and giving children their best opportunity to achieve their full potential, in an academic environment. However there is a massive impact that

EPs are having on children's emotional and mental health of young people, the awareness of ASC, ADHD, dyslexia, all those neurological conditions that contribute to why a young person may not be able to learn in a structured environment. I also think there is a massive role for EPs in promoting resilience within the school population, helping teachers to think out of the box, that they are not just there to teach and make academic grades. I also think EPs are there to help teachers to understand their own needs as well and all that extra work that EPs do. So for example one of the EPs that works in the borough actually was the port of call for a tragedy in that school and that was fantastic. We did a partner pilot, the EPS, adult mental health and CAMHS, so if there was an untoward incident in a school, we had this on-call system and someone would go in. Offer de-briefs, support, look at enhanced support maybe for staff, children, extended family.

Int: You were saying that it can be quite different between professionals between boroughs, what has been key in helping you to understand what the role is?

CW2: The relationship, actually working alongside the EPs, showing an interest in each other's practice, whether that came from challenging conversation over a child, it's your referral, it's our referral. It's definitely relationships and the opportunity to shadow, to mirror and to put to one side those pre-conceived ideas

Int: That's interesting, I'm interested in what your preconceived ideas were?

CW2: EPs will do targeted support, EPs will get your statement. They are first priority of call if a child is not achieving their academic.

Int: So it's related to academics… can you describe for me a time when CAMHS has worked effectively with the EPS?

CW2: The Emotionally Friendly Schools, the perfect weeks that we did that was phenomenal. To be fair, to me was out of the whole 20 odd years of my career, was common sense coming back into practice. Where they allowed us to scrap the referral criteria and go and work in schools and it was actually putting the child back at the centre. Irrespective of what we thought or where the kid needed to be

referred to, there was a wraparound service and we will deal with the needs as we see fit. So we had an opportunity then to work differently and think differently. So that is where the opportunities started coming around, working differently. The Future in Mind came about the work with the DFE came about. I worked with Emma on a couple of cases and together with our commissioners we sort of pulled this together and said can you come up with a solution because as much as we were focussing very much on individual cases and working in isolation, and individual cases of mental health problems and the families interpretation of that and we were getting stuck between a rock and a hard place, going into schools and trying to put strategies into school, this is historically, so then what we'd do is set up professionals meetings with the Ed Psychs with the schools. What we were finding was what EPs were saying and what CAMHS were saying was more or less the same, but the EPs had this wonderful way of approaching it in a very coordinated very visual, articulate way that teachers liked. So it was just like we were talking Spanish and you were talking Portuguese and the teachers were talking Portuguese.

Int: And little bits of Spanish

CW2: Yes but not all of it. So for instance when you were talking about, when we talk about 'bunching' information because the child hasn't got the ability to process it because of the trauma that they are going through. Teachers say yeh, yeh, yeh what do you want us to do? We say well just think about your lesson plans and making it a visual timetable or moving things around. The teachers say yeh, yeh, yer, but then they couldn't do it, or they wouldn't implement it or they wouldn't look at the ABC's as we call it. You from a psychological point of view came in because you weren't clinical psychologists, you were able to interpret what we were saying from health and well-being perspective around the learning and it all clicked. And that was what we found. The approach with the EFS is about giving them the tools and giving them the equipment and the foundations, to change to enhance how they think and how they function, while CAMHS were

still dealing with the individual child and managing the anxiety and the crisis, out the two together and it's fantastic because they are learning

Int: So you're working on an individual basis and a systemic level. So what are the barriers?

CW2: Head teachers. SLT. You can't offer a standard offer to every school, the demographics are different in each school and also how each school is governed, commissioned what targets they set, that's completely different depending on what the drivers are for that school. They are little communities, they have their own little political agendas going on and their own budgets and funding streams, other priorities and depending on what the demographics of the area are there is a completely different need for the school's population. Also depending on what the needs of your school teachers are, their understanding of their role and how much they are invested. Their roles, you've got good ones and bad ones, nobody is perfect, but what we identified very quickly was that you need to understand what makes that community, that school work. If you've got a head teacher and an SLT team that provide a holistic offer and thinking of the system, so Jonny every Tuesday created holy hell in school, won't settle down, fidgeting and they just deal with that as a behaviour, they are never going to look at the fact that Sunday and Monday Jonny's been somewhere else maybe gone to Dads, maybe hasn't had breakfast, how that contributes to his learning. If you've got a head teacher that doesn't and thinks that's a behaviour problem and it goes to pastoral support and I'm not investing any extra money to do that, or they don't see that as their role. Or the political structures in the school are such that … behavioural and pastoral management structures are governed by different management structures. Who defines what's an emotional problem and that response and what's a behavioural response, without it going through the same assessment process. Because a behaviour is driven by an emotional process.

Int: So it depends very much on those internal structures in school? Whether or not they are going to commission support?

CW2: I think it's about the value. That's where understanding what the priority of that school is and what the focus is. Are they conservative, or liberal, I know it's not about that but..

Int: I'd like to think most Senior Leadership Teams would like to see an emotionally friendly school, but what are the barriers to them working on that?

CW2: Their own experiencing, their own agendas, their own understanding and their own financial constraints. Again it's about understanding what's going on in that person's manifesto. That's why the buy in from SLT is essential because it will flow down. If you're driving it from the top it will work, if you're just a small pastoral team that is just seen as separate and not a whole community approach, you're not going to make any changes.

Int: So what do you think is working about the current CAMHS, EP work that the pilot involves?

CW2: The consistent message, the joint consultations, the feedback has been phenomenal, the patient journeys, they are actually saying they feel that something different has occurred. One of the schools has said, they are in special measures, they've gone through lots of difficulties and they've actually said that the difference in the atmosphere in the school, the moral, they've stabilised quite a few children, what they've done is apply some of the strategies that we've pulled from the joint consultations and the joint training. The passion and the emotion and the mental health knowledge that we have and your ability to frame it and structure it and deliver it in a way that meets the need. It works and the feedback we have says it does.

CW2: The schools have told us definitely what they want in terms of a roll out. What they don't really need, which was nothing. They said they wanted everything. They put it in priority; the EFS, the audit tools, their understanding, the SLT buy in is essential, the consultations are a necessity. They want the consultations to be rolled out, with EPs possibly TESS, so that it is not about refer here, refer there.

Int: So using the school more as a hub?

CW2: Definitely.

Int: And the school's is a big catch all, because they have to go there.

CW2: Perfect, cos even if you've got a parent that doesn't particularly like engaging with agencies, what we've found from Perfect Week, is that they'll go to a school play, they'll go to a coffee morning, because it's about their child, it's not about them accessing services. What we found from the Perfect Weeks was if you had a CAMHS clinician or the Domestic violence service there or whoever and a teacher raised concerns and we went and dropped in on a coffee morning and the parents are there and they're not threatening and intimidating, 'so you're a psychiatric nurse? I didn't imagine you being like this, I thought you'd have a white coat.' 'Don't be daft, this what we're like.' 'Oh, right I've got a few problems.' 'Oh right, tell me, is there anything I can do to help.' It breaks down the barriers, parents have got the opportunity to say I'm really struggling with debt, so we had debt agencies in there, it was fantastic. Because people are proud, Westfielders are proud, despite what people say about Westfield, they are a proud, we'll sort it ourselves sort of way. They won't go to social care for help, in a lot of the areas. So if you take down the barriers and don't have to put somebody in mental health services or ask them to go to a credit union, but you provide it around an environment they go to everyday for their kids, it's not stigmatising, nobody knows what you're going for.

Int: It's us going into their rather than them coming into us.

CW2: It's about the child. Schools are not a place that has any stigmas attached to them. Cos they are neutral, everyone has to go.

Int: If you could do exactly what you wanted to, how would you address children's mental health and well-being?

CW2: It's the way you described it, it's a young person's mental health and well-being. I have a big thing at the moment that we're going to redesign services.

We need to get away from a service and clinical model. We are seen as a mental health service and that definition alone you have to have a diagnosis under the ICD-10 or DSM- 5, forget that.

Int: I find that frustrating that we call it mental health and that's not what we mean, we mean mental unhealth.

CW2: Exactly, you've got to be in crisis. The first thing I'd like to do is turn it upside down. I'd like to change the title from Children and Adolescent Mental Health to Children's Well-being. We were the Helping Hand Centre years ago, which makes more sense. So I'd like to do that, so it doesn't matter what your needs are or where you present, they're attended to. That's where the transformation agenda are actually working differently and using schools and communities to put support in to. I've always thought it's got to be Team Around the Child. But I've started doing some research and actually is it about team around the child, or team around a clinician or a teacher. If you think about the amount of resources we've got and a child is in the middle of it and yeh we can put social care in, EP and CAMHS, that child sees so many different people, why? Why? They've been to a teacher and said to that teacher 'I feel bad, I'm upset, I feel I want to die.' They must trust that teacher.

Int: They chose that teacher.

CW2: Why did they chose that teacher? What we need to do is then wrap the services around the teacher, so that child feels safe, you've taken my deepest secret, you haven't shared it and you're helping me.

Int: This is the thing I'm not sure how teachers feel about…

CW2: The EFS and changes in OFSTED and the academy status, we are allowed to benchmark what the schools do feel, so we can actually go in and offer them intervention and support. I love the idea of, we shouldn't just have league tables about academic achievement, we should also have league tables about emotional and pastoral support. Because as a Mum, I'm keen that my kid gets good grades, but I'm more keen that he's happy. Because grades can come and

go and a lot of schools do put a lot of pressure on kids, anxiety commences at different ages, social media and all that is going on for young people and it's horrendous, give them a break. It's bad enough being an adult let alone a child. So if we can make a child's experiences positive, then we can build that resilience around them, so that if they have made a disclosure or something has happened that is causing them to have a difficulty, it's not just we'll refer you here or refer you there. It's actually what can we do and that teacher can call on resources, it might be that actually they say 'I don't feel equipped', that's fine but come with me now and we will meet the child together and we will share.

Int: So at least they are transitional.

CW2: Yeh and it's about supporting them and saying I hope you don't mind but I've not got the skills, if you put it to a child dead simple, if you had toothache you wouldn't go and have your eyes tested would you? Now you've told me that you've got a pain, I'll take you to someone that I think can help you. Thank-you for choosing me, I'm not going anywhere.

Int: And you can still talk to me about this.

CW2: But I'm going to bring someone in who is probably a bit more helpful to you and that's all we're asking people to do differently. And keeping the child at the centre, which is what CYPAT is all about, it's what the child wants and what the family wants. But also giving them the ownership to either grieve in a way that they want and either deal with the dysfunctional behaviour, providing it doesn't impact upon anyone else. Because we're not a judgemental society, we shouldn't be judging someone, so you may have somebody that chooses to self-harm, somebody that chooses to smoke cannabis, as long as they've got capacity and they understand the implications. As long as they're not running around encouraging other people or committing crimes, who are we, that's their choice. We can look at safeguarding concerns but ultimately start getting on to a child at 16, 17 you are going to have that emerging personality. If you're going to live your life that way, that's your choice.

Int: That's interesting that's all quite a big leap from what schools think. Because certainly secondary school systems, I think are about controlling the behaviour of a large group and treating people very similarly.

CW2: I think we have to accept that there are social norms and an acceptable way to behave and that's why we have rules, laws and regulations. I think each school can have its own code of conduct but if you've got a child that can't fulfil that code of conduct and that rule because they've got a learning difficulty or an emotional vulnerability, we have to do all we can to support and offer them different ways of dealing with things. But ultimately it's the family's choice and the child's choice to make changes. From a primary school perspective, it's about getting the links with the parents and family. You start looking at a child that is in their early teens and actually we need to build in some resilience for this child. Yes there is a safeguarding responsibility, there's ownership for the parents, but if the parents aren't able to take it on board, then we're going to skill this child up to do it, because they are going to be the next parents.

Int: Have you found that CAMHS involvement has allowed schools to make some changes to their rules?

CW2: No, I think some of the vision if you look at some of the CAMHS transformation documents and the five years forward and all of that, there is a lot of risk taking and lot of people who quite rightly, if you've got a safeguarding concern in front of you then you have to act on that and I'd never tell anyone not to. Do that, but you can have a different conversation, so we're doing it with you, not to you. That's what the deal training and the asset based approach is about. The difficulty is that people still feel if I don't send the child and they do something, I'm held responsible and that's where again I'm thinking should we not be supporting that clinician or that teacher to have somewhere to go, like we have clinical supervision. Teachers don't have that and that we've noticed is a big thing. If you've got 30 odd kids 5 days a week, you know those kids more than I do.

Int: That's the primary model, secondary teachers have 180.

CW2: You've got more information, you know by just looking at that child that somethings different. The hairs different, the dress is different, something is different today. You will know something is different, where do you go with that information? We don't we just hold it? Why? There could be so many triggers, if you could take it and share it and have peer support.

Int: Particularly for the Inclusion centre and pastoral staff.

CW2: You see so many triggers when you do serious incident casework reviews. When you go back there were so many warning signs. People say why didn't I see it, but it's not having that time to reflect, because you are constantly on that hamster wheel.

Int: Schools aren't good at managing risk.

CW2: 'I've got a duty to all these other kids.' That should be CAMHS or that should be the police or they need to go to special school.

Int: So it is a lot about supporting the schools to understand it and to manage it.

CW2: But manage it safely and that's the anxiety, I think I worry that we can't facilitate the schools taking on everything, which I think there is a bit of a push at the moment. When actually what if one of those schools do miss something, because they've tried to take on too much.

Int: Yes because they are so busy meeting targets and standards.

CW2: So if they are doing all that and they do miss that child that says I'm suicidal. They don't make that referral or they haven't had the right governance or supervision around it and that child does something, they are quite right to be anxious, because that teacher didn't make that referral. So I think it's very much about us together coming up with a safe governance structure, so teachers feel they can take those positive risks and they can say ' I met with such a person today who said they have no active thoughts, but they are thinking of it. I've informed home because they've given me permission, but is there anything else

I can do?' If they had access to a safeguarding lead in school or a phone line to CAMHS wouldn't that be great.

Int: I think it's about them having the resources there and available for them to do that. So you are still talking about giving them additional resources in order to manage.

CW2: Again it's about the community of the schools thinking about what resources they have themselves and how they are using their pupil premium for their prevalence, effectively. For example one of the high schools we work with had counsellors coming in regularly, but a massive problem with self-harming, a lot of anxiety in the Yr. 10's a lot of difficulties with the Year 7's with the transition and a massive waiting list for the counselling. The teachers said we've seen them we know they have vulnerabilities, they don't meet social care criteria, they don't meet CAMHS criteria, so they are on the waiting list and they pop in and see our pastoral staff as and when. Why counselling? Well that's what we've got! Where's the evidence base? What do they NICE guidelines say? Oh I don't know. Let's look, its mindfulness, anxiety management sessions, why can't your counsellor be doing this? You can make it part of a natural progression, if you're identifying your year tens as becoming anxious, why not use some of your PSHE to do mindfulness and anxiety management and – you can't call it CBT, because you have to have a diagnosis to have CBT, but emotional resilience?

Int: Using the same strategies under a different guise.

CW2: One of the schools did that and sent the counsellor off to do CBT training and they call it emotional resilience for the Yr10's and they do 6 sessions over a 6 week period. They do emotional well-being drop-ins for the Yr. 7's and they haven't got a waiting list for the counsellor.

Int: I think that's it, thanks very much that, unless there is anything else you want to add. Thank-you.