

Nottinghamshire Health Scrutiny Committee
Nottinghamshire Mental Health Support Teams in Schools
February 2024

1. Context

It is known that half of all mental health conditions are established before the age of fourteen, and early intervention can prevent problems escalating and have major societal benefits. Informed by widespread existing practice in the education sector and by systematic review of existing evidence on the best ways to promote positive mental health for children and young people.

The national ambition and approach to delivering MHSTs is outlined in a number of government papers and plans ([Long Term Plan, 2019](#) and the [2017 Green Paper for Transforming children and young people's mental health](#)). The key focus of the Green Paper was to put schools and colleges at the heart of our efforts to intervene early and prevent problems escalating. Mental Health Support Team (MHST)s are part of these efforts, designed to help meet the mental health needs of children and young people in education settings.

Under the Long Term Plan, a commitment was made to ensure mental health services continued to receive a growing share of the NHS budget, with funding growing by at least £2.3bn a year by 2023/24. This included funding for the MHSTs, with the total number of MHSTs mobilised expected to reach around 400, covering an estimated 3 million children and young people (around 35% of pupils in England), by 2023.

Development of MHSTs enables more children and young people to benefit from support for mental health and wellbeing needs that would not reach the threshold to be a 'diagnosable mental health' problem requiring specialist support. In the main, MHSTs are intended to support these children and young people to help prevent serious problems developing by providing them with low intensity support for mild/moderate difficulties, focusing on low mood, anxiety and behaviour difficulties.

To support the development of MHSTs, national operating principles have been developed which advise:

- There should be clear and appropriate local governance involving health and education
- MHSTs should be additional and integrated with existing support
- The approach to allocating MHST time and resources to education settings should be transparent and agreed by the local governance board
- MHST support should be responsive to individual education settings needs, not 'one size fits all'
- Children and young people should be able to access appropriate support all year (not just during term time)
- MHSTs should co-produce their approach and service offers with users
- MHSTs should be delivered in a way to take account of disadvantage and seek to reduce health inequalities.

2. Summary of Nottinghamshire County Mental Health Support Teams in Schools

In partnership with Nottingham and Nottinghamshire Integrated Care Board the Children's Integrated Commissioning Hub, worked with partners across health, education and social care to secure additional NHS England transformation monies to commission MHST's throughout Nottingham and Nottinghamshire.

By January 2025 there will be 14 MHSTs mobilised across the City and County with 9 of these being within Nottinghamshire. Table 1 shows the Nottingham and Nottinghamshire MHST mobilisation plan and coverage.

Table 1: Nottingham and Nottinghamshire MHST Mobilisation

Wave	Coverage	Training and mobilisation period	Fully operational
Wave One	Gedling (1 MHST) Rushcliffe (1 MHST)	January 2019 – December 2019	December 2019
Wave Two	Nottingham City (2 MHSTs) Mansfield and Ashfield (1 MHST)	September 2019 – August 2020	November 2020
Wave Three	Newark and Sherwood (1 MHST) Broxtowe (1 MHST) Bassetlaw (1 MHST)	January 2021 – December 2021	January 2022
Wave Four	Nottingham City (1 MHST)	January 2022 – December 2022	January 2023
Wave Five	Nottingham City (1 MHST)	September 2022 – August 2023	September 2023
Wave Six	Nottingham City (1 MHST)	January 2023 – December 2023	January 2024
Wave Seven	Mansfield and Ashfield (1 MHST) Gedling (1 MHST)	September 2023 – August 2024	September 2024
Wave Eight	Newark and Sherwood (1 MHST)	January 2024 – December 2024	January 2025

Within Nottinghamshire, MHSTs are delivered by Nottinghamshire Healthcare NHS Foundation Trust (NHT). Each MHST is expected to typically cover a population of approximately 7000 – 8000 children and young people, across an average of 10-20 settings supporting children and young people aged 5-18 across Primary, Secondary, Special and Further Education settings. By January 2025 it expected that approximately 45% of schools and 72,000 children and young people across Nottinghamshire will be supported by an MHST. Table 2 shows percentage of Nottinghamshire schools covered, by locality.

Table 2: Percentage of schools covered by MHSTs by January 2025

Locality	Total number of schools in the locality	% of schools supported by MHSTs
Bassetlaw	49	12%
Broxtowe	43	49%
Gedling	56	63%
Mansfield	48	29%
Ashfield	49	24%
Newark and Sherwood	52	87%
Rushcliffe	48	46%
Nottinghamshire County	345	45%

Initially NHS England selected areas which were eligible for MHSTs. Once the local partnership (health, education and social care colleagues) have been able to identify schools the following data has been used to ensure a targeted roll out of MHSTs. This has included:

- Deprivation data
- Number of children and young people eligible for free school meals
- Number of children and young people on child protection plans
- Number of safeguarding assessments (S47) initiated
- Children in care and looked after children

As MHSTs have mobilised and schools have become more knowledgeable about the offer and support available, NHT have been able to create a waiting list of interested schools across Nottinghamshire. Therefore, for Waves seven and eight, schools have primarily been identified from the waiting list, whilst ensuring consideration of the factors above. This ensures good school engagement from the start, which in the past has provided some challenges to mobilisation.

3. MHST Delivery Model

MHSTs consist of senior clinicians, Cognitive Behavioural Therapists and Education Mental Health Practitioners (EMHPs).

Whilst there is some flexibility for MHSTs to be shaped to meet local need, clear operational guidance has been published by NHS England to guide developments. This states that MHSTs will have three distinct core functions:

1. Delivering evidence-based interventions for children and young people with mild to moderate mental health problems

MHSTs carry out intervention alongside already established provision such as counselling, educational psychologists, and Public Health Nurses, therefore building on the support already available and not replacing it. Each MHST provides:

- Individual face to face/virtual work, for example, effective, brief, low intensity interventions for those experiencing anxiety, low mood, friendship issues, emotional regulation needs or behaviour difficulties, based on up-to-date evidence
- Group work for children and young people, students or parents for conditions such as self-harm and anxiety

- Group parenting classes to include low intensity group approaches to issues around conduct disorder and/or communication difficulties.

MHSTs work closely with the senior mental health lead, education staff, children, young people and families and carers to:

- Help them better understand their own mental health and wellbeing and to advocate for themselves, for example through delivering or participating in dedicated assemblies, lessons or all staff meetings
- Provide or offer regular consultations and/or supervision for senior mental health leads to discuss children and young people where there may be emotional or mental health needs and agree next steps
- Provide or support training for a range of staff in schools and colleges to build their confidence and knowledge in identifying and responding to mental health and wellbeing concerns
- Support peer networks/families of participating schools or colleges to share practice, develop action plans and address key challenges
- Help pupils and student engage in meaningful activities such as sports, leisure and social groups, and activities that focus on recovery and mental wellbeing, including those that build resilience and encourage self-care
- Prevent developing or emerging mental health problems from deteriorating into more complex conditions
- Liaise and co-ordinate with other services who may be involved in the child or young person's care.

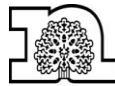
2. **Supporting the senior mental health lead in each education setting to introduce or develop their whole school/college approach**

The MHST whole school approach (WSA) works to ensure mental health and wellbeing is “everyone’s business” growing a culture of engagement from the entire school community. WSA work is the bedrock of MHST service delivery as it supports increased awareness and therefore early identification of mental health and wellbeing needs for children and young people. This work takes place with the whole school community and needs are identified by a start of academic year group audit, carried out to highlight areas of need and tailor the workshops offered to meet this need.

The MHSTs engage several approaches in support of WSA delivery, including professional consultation, advice, and support, clinically led courses/workshops and school assemblies. The MHSTs use a hybrid model of delivery where either remote courses/ workshops/ assemblies (Microsoft Teams) or in person courses/workshops are delivered to improve access and uptake of support opportunities for children, young people, and their families.

The table below shows the number of hours of WSA delivered by MHSTs to schools and the number of school staff, young people and their families who have been supported. The MHSTs offer of remote workshops has significantly boosted this and allows the service to expand its reach and makes the workshops more accessible to parents who would not be able to attend in person. This work is in addition to treatment-based groups and 1:1 work. The MHSTs routinely receive positive feedback from teaching staff and parents and carers.

Table 3: Nottinghamshire MHST Whole School Approach Hours (without referral)



Year	Hours	Number of School Staff Supported	Number of Parents & Children Supported
2021	111	150	774
2022	800	1802	8661
2023	1191	2702	15599

3. Giving timely advice to school and college staff, and liaising with external specialist services, to help children and young people get the right support and stay in education

MHSTs work with the education settings and utilise their expertise to help and advise them to provide the required levels of support for children and young people and to help them stay safe in education. This includes:

- Ensuring schools/colleges understand the role and scope of the MHST and when external/specialist support may be required
- Support settings to make appropriate referrals to specialist services and other external support and where requires facilitate onward referral to ensure children and young people receive appropriate support as quickly as possible
- Facilitating smooth transition from and to specialist services
- Being aware of the wider local offer for children and young people's mental health and how to access these if required.

4. Mental Health Support Teams in Schools: Workforce

MHSTs are typically made up of 8 Whole Time Equivalents (WTEs); including 4 WTE Education Mental Health Practitioners (EMHPs), 3 WTE senior clinicians/higher level therapists, 0.5 WTE team manager and 0.5 WTE admin support.

MHSTs represent a major expansion in the Children and Young People Mental Health workforce and has made a significant contribution to increasing the workforce by 39% nationally from 2018 to 2021. Locally across Nottinghamshire County this equates to an increase of approximately 72 whole time equivalents including admin support.

EMHPs are a new role implemented by the roll out of MHSTs and represent the majority of the MHST workforce. EMHPs play a vital role in supporting and working with education to identify and manage issues related to mental health, and work with them to improve access to mental health services.

The Nottinghamshire MHST continues to evolve to the national model whereby there has been the development of 'Senior EMHP' roles within the service, to support with the ongoing development and retention of the EMHP workforce. Additionally, some of the EMHPs have been successful in their career progression and have undertaken CBT training and consequently are now working in the service as CBT therapists.

Some of the main operational challenges have been around recruiting EMHPs. Initial recruitment was completed at a national and regional level, where recruited staff accessed the training but and then left the service to undertake qualified EMHP roles closer to where they lived, or where they have chosen to live following the completion of their courses. Some have also progressed to higher academic courses after a brief time in the role. As the national funding has previously been used to train those staff members it has left no funding to train additional EMHPs. It has also been hard to recruit qualified EMHPs into the service given that the role is still quite new. In many ways the EMHP offer is a 'career starter' which with academic attainment can lead to career progression. The EMHP role is an integral role in the MHST team and is vital to the delivery of the service model.

Locally NHT have successfully been awarded attrition EMHP placements with local universities hosting further trainee EMHPs within the service which has supported the vacancy fill. As a mature service Nottinghamshire MHST can facilitate clear development and retention planning for EMHPs within the service; however more support is required at a national level to increase the EMHP workforce opportunities and we will continue to work with National and Regional colleagues to strengthen the model.

5. Health Inequalities and MHST

An important function of the MHST is to offer preventative and early mental health support to children and young people, to improve their outcomes. Routine outcome measures (ROMs) are used to inform service provision, ensuring that the service meet young people's needs and address health inequalities.

Data analysis undertaken by the team have found service user outcomes are not statistically different across different ethnicities or genders.

Deprivation has an impact on children's outcomes in MHST, with the most deprived children improving less than those less deprived. When looking at age, younger children (KS3 age) improved less than older children. These patient groups are independent of each other and there is no significant overlap (KS3 children are not also exclusively most deprived). System work is working to identify how changes in practice can help address these inequalities.

6. MHST Waiting Times

As a service the aim is not to have waiting times for any young person requiring support, but at times workforce capacity can impact this. There are mitigating programmes in place to ensure that no child/young person waits without support. Within MHST's a 'waiting well' programme is utilised for any young person who waits more than 6 weeks. The process provides a clinical contact at 6 weekly intervals, with a 'check in' and where risk is assessed. The team then determined appropriate materials that can be provided as a guided self-help intervention which can include access to 'Silver Cloud' an on-line self-directed support digital platform as an interim measure. Families can contact the MHST as necessary if there are any concerns or deteriorations. As the MHST's are part of the wider CAMHS 'family' of services, transitions for young people requiring 'more help' or 'risk support' have an established pathway. The average time a young person currently waits for treatment is 7.83 weeks.

7. Whole School Approach

Supporting education settings to develop and implement their own whole school or college approach is a key function of an MHST.

All schools and colleges have statutory duties relevant to mental health and wellbeing, around curriculum, SEND, safeguarding and behaviour. Schools and colleges can help prevent mental health problems by promoting wellbeing and resilience as part of an integrated whole school/college approach that is tailored to the needs of their children and young people.

The Department for Education (DfE) and Public Health England (now the Office of Health Inequalities and Disparities part of DHSC) have published guidance on [Promoting children and young people's mental health and wellbeing](#) (2008; 2021) which sets out eight principles of a whole school or college approach to promoting mental health and wellbeing which, if applied consistently and comprehensively, will help contribute toward protecting and promoting children and young people's mental health and wellbeing. The eight principles are:

- Leadership and management that supports and champions efforts to promote emotional health and wellbeing
- Curriculum, teaching and learning to promote resilience and support social and emotional learning
- Enabling student voice to influence decisions and involve students in the co-production and embedding of their whole school approach
- Staff development to support their own wellbeing and that of students
- Identifying need and monitoring impact of interventions to measure effectiveness of interventions their students receive
- Working with parents/carers and wider communities to ensure a culture of wellbeing
- Targeted support, working with mental health provision in the local area to develop knowledge and understanding to make appropriate referrals
- An ethos and environment that promotes respect and values diversity and able to articulate a plan to embed within the school/college environment

The DfE also developed a range of initiatives to support settings to put in place a whole school/college approach and outlined schools' and colleges' roles in supporting and promoting mental health and wellbeing. This includes:

- Prevention: creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole school and college population, and equipping pupils to be resilient so that they can manage the normal stress of life effectively. This will include teaching pupils about mental wellbeing through the curriculum and reinforcing this teaching through school activities and ethos
- Identification: recognising emerging issues as early and accurately as possible
- Early support: helping pupils to access evidence based early support and interventions
- Access to specialist support: working effectively with external agencies to provide swift access or referrals to specialist support and treatment.

To support the Whole School/College Approach, all schools linked to a MHST have been required to identify a Senior Mental Health Lead (SMHL), who is the key link between the school and the MHST.

Nottinghamshire also have a Whole School Approach Mental Health Lead working across Nottinghamshire to support schools with this work and to deliver the Senior Mental Health Lead Training. This role strives to have a strategic overview of WSA across each district and

aims to support schools who currently do not have an MHST and to ensure work is not duplicated and appropriate resources, support and consultation are signposted to.

The SMHL training is delivered by the WSA Mental Health Lead under the NottAlone brand and provides localised WSA training, support, and resources. The WSA Mental Health Lead delivers the training with their Nottingham City counterpart with support from colleagues from Tackling Emerging Threats to Children Team (TETC) and the Educational Psychology Service (EPS).

8. Senior Mental Health Lead Training:

Alongside the roll out of MHSTs the DfE encouraged all education settings to identify and train a senior mental health lead who will implement and sustain a whole school/college approach. To note this is a non-mandatory role and individual education settings can shape this role according to their needs and staffing arrangements.

To support this strategic role, the DfE have and continue to offer grant funding for a senior member of school or college staff to access quality assured training to implement an effective whole school or college approach to mental health and wellbeing in their setting. This is being offered to all eligible schools and colleges by 2025. Locally, this training is delivered by the Nottingham City and Nottinghamshire County Whole School Approach to Mental Lead.

The SMHL NottAlone training comprises of 2x full day training sessions and three workshops related to staff wellbeing, coproduction and embedding mental health in the curriculum. The training also offers 2x 2 hour supervision sessions for leads to have ongoing support with their role and an opportunity for peer support.

The training also tasks leads with completing a Mental Health Audit to explore and reflect on their current WSA practice and to identify areas of improvement. The audit is based on the 8 principles of emotional health and wellbeing to WSA: Emotional Wellbeing 8 Principles (nottalone.org.uk). The training takes place over the course of an academic year and leads are encouraged to work together on their audits and have the offer of additional support from the WSA lead, additional time out of training, to complete throughout the year.

At present, 109 County Schools have attended the NottAlone Senior Mental Health Training. The WSA lead with support from the School Health Hub Coordinator from the TETC Team have created a database of SMHL's for all County Schools with a view to have an overview of which settings have not yet engaged, schools who have been trained by another provider or schools where the SMHL has left meaning another member of staff has the opportunity to attend training. The WSA lead has encouraged settings to sign up to future training opportunities and signposts to the relevant DfE funding.

9. Mental Health Support Teams in Schools: Funding

NHS England has funded MHSTs from central budgets to date. This has now been incorporated into recurrent ICB baselines. This will ensure that all mobilised MHSTs will continue to be recurrently funded by Nottingham and Nottinghamshire ICB as part of the baseline mental health budget. The total cost to deliver the county MHSTs is currently £2,311,728 per year. This represents a significant increase in funding within children and

young people's emotional health and wellbeing services locally. The CB is awaiting confirmation from NHS England on future bidding opportunities.

10. Provision for schools without a Mental Health Support Team

Whilst significant progress has been made in developing the MHST offer across Nottingham and Nottinghamshire, it is acknowledged that this currently reaches 45% of schools within Nottinghamshire County and therefore a number of schools and children and young people do not have access to MHST support.

Work will continue to review how the MHST offer can be increased further, however alternative early intervention support is also available to schools across the local area. Information on this provision is available via the Nott Alone Website.

11. Mental Health Support Teams: Evaluation

The MHST model represents a new way of working between schools and mental health services. Therefore, following agreement with partners, it was agreed to commission a local evaluation of MHSTs to support further developments.

Nottingham Trent University was awarded the contract and is scheduled to conclude their evaluation in April 2024. A full evaluation report will be available at that point and shared with stakeholders across the ICS.

The evaluation aims to answer the following questions:

- a) What impact are the MHSTs and Whole School Approach having on mental health outcomes for children and young people?
- b) How are the main principles of the Whole School Approach contributing to these outcomes?
- c) What is the cost effectiveness of the MHSTs and the Whole School Approach?
- d) What is staff's experience of the MHSTs and delivering the Whole School Approach and to what extent has the Whole School approach been effectively delivered?
- e) How could the model be improved further.

The DfE also undertake a yearly MHST School and College survey with the most recent being conducted between 5th May 2023 and 30th June 2023. A local Nottinghamshire County site report is produced and key headlines from this survey show:

- 84% of schools/colleges are very satisfied/satisfied with the direct intervention that the MHST provides for pupils/students or families. This is in line with the national percentage of 84%.
- 88% of schools/colleges are very satisfied/satisfied with the support the MHST provides to support the school/college to improve or develop a whole school/college approach to mental health. This is higher than the national percentage of 73%.
- 88% of schools/colleges are very satisfied/satisfied with how the MHST advises and liaises with the setting, pupils/students or parents/carers to access the right support from external specialist services. This is higher than the national percentage of 79%.
- 91% of schools/colleges agree that the MHST has provided better mental health and wellbeing support than would otherwise have been available. This is higher than the national percentage of 85%.

- 94% of schools/colleges agreed that working with the MHST has improved the overall school/college approach to promoting positive mental health and wellbeing. This is higher than the national percentage of 79%.
- 74% of schools/colleges agreed that working with the MHST has strengthened senior leadership's buy in to promoting mental health and wellbeing. This is higher than the national percentage of 77%.
- 81% of schools/colleges agreed that working with the MHST has improved understanding in their setting of how and when to access external support. This is higher than the national percentage of 77%.

12. MHST Successes, Impact and Challenges

Child and Adolescent Mental Health Services Mental Health Support Team Department for Education service evaluation 2022/2023

The Department for Education (DfE) conducted a national MHST site survey, which included all Nottinghamshire MHST schools in May 2023 to gather feedback and review schools who used the MHST. 33 schools responded, which is a 31% response rate (national response rate was 22%). See appendix A for the full survey.

The survey reported that Nottinghamshire MHSTs perform consistently similar to, or better than the national average across all areas, including understanding of the programme. This report also highlighted the positive impact of the MHST from the perspective of our local schools.

According to the survey, 91% of education personnel "strongly agreed" or "agreed" that the MHST implements and improves their whole school approach offer to promoting mental health and wellbeing in their school, as well as delivering effective direct interventions to children/young people in their school and that working with the MHST has improved the overall school/college approach to promoting positive mental health.

Areas for development included the buy-in from senior leadership within schools and the time needed to complete the training required for the mental health lead role by teachers. It is important to note that this feedback is based on 31% of respondents (n=33) locally, nationally the average survey completion was at 22%.

Challenges

Delivering a health service in a school setting provides challenge in that there are peaks and troughs of activity, but the team have adapted well to the use of Microsoft Teams for remote sessions and use of health centres, CAMHS clinic spaces and youth centres to ensure 52 week a year provision.

One area which has been highlighted as an area of difficulty is in gaining support within the school senior leadership teams about the importance of the mental health lead role in Senior Mental Health Leads do not always have sufficient time, pay and leadership roles in schools to have the impact they would like. The offer of training is being shared with governors to encourage them to advocate for this role, alongside working with regional DfE colleagues to support.

Successes

Following inception in 2019 as the first MHST to go live nationally the Nottinghamshire MHST services have grown exponentially. It has been regarded regionally as a centre of excellence, being chosen as the DfE location for their chosen regional visit from the Children and Families Minister.

The Nottinghamshire MHSTs are an established service now in 104 schools with an additional 45 coming on board as part of the site expansion in September 2024 and then a further 15 in January 2025.

The MHSTs have been intentional in involving young people and their families in service development – working alongside youth co-production and engagement group MH2K in the initial stages of the project and now have several young people champions who have helped design and develop a logo, marketing materials, education sessions with teaching staff and in relating to their peers. The team are also looking to explore the option of peer mentors as part of future recruitment.

The services have produced a high-quality booklet to be given to all children in MHST primary schools and are currently working alongside champions to develop emotional literacy and resources for secondary schools.

There is a well-established Mental Health Lead network of teachers who attend half termly meetings, which allow them to receive support as they undertake the Mental Health Lead role and provides them with updates and support for their own wellbeing.

The team have promoted emotional literacy and understanding via assemblies, videos recorded on our websites and embedding the offer as part of the curriculum. Schools can see how the MHST's can come in and deliver sessions around body image etc in place of teaching staff as part of the curriculum.

This has been well received by schools as the MHST's embed themselves into the school community. The MHST's attend parents' evenings, school fairs, and hold parent engagement events. In addition to this the team train and equip teachers in their understanding of common mental health needs in children and the signs to look for to ensure referrals are received as early as possible.

The MHST's have worked with teachers to develop the local referral form, to minimise their paperwork and offer consultation to teachers to ensure that they are not unnecessarily completing referrals when signposting would be more effective. The development of link workers for schools and referral co-ordinator has been key in this.

Nationally the Nottinghamshire MHST were shortlisted for an award in the Nursing Times in the Childrens Service Category. Locally MHSTs were finalists for the ICS Awards, within the Lord Lieutenant's Partnership category. In addition, the MHSTs also had a key role in contribution to the NottAlone partnership which led to the successful National Local Government Chronicle award in 2022.

Please see an example of feedback received below.

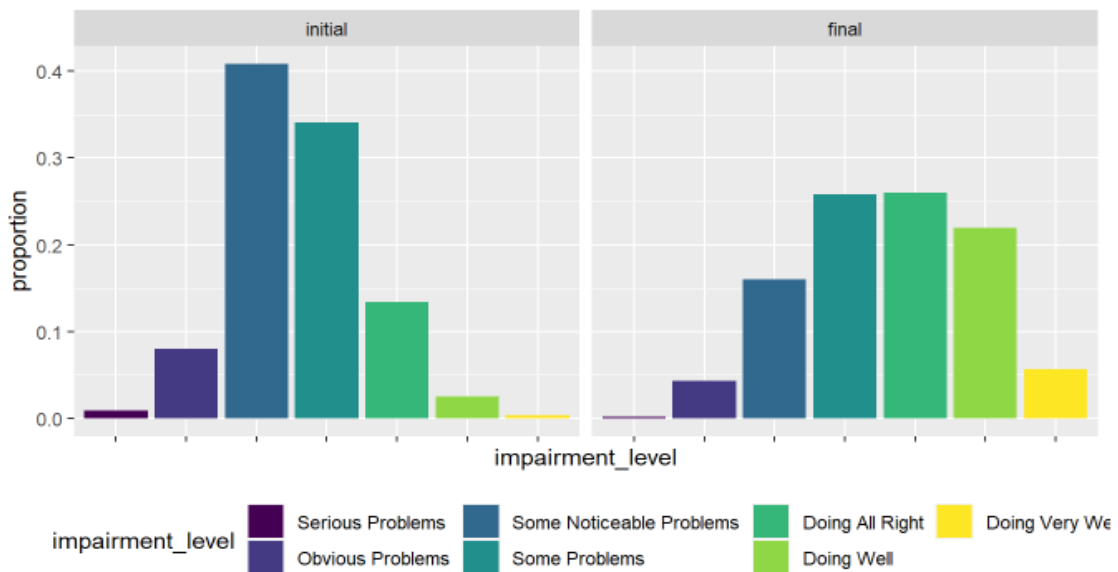
“This service works with students who need low level interventions which are usually tolerated until they become medium or high intensity which is too late. The areas covered are the most common areas of mental health which have the biggest impact on daily life and functioning of children. The speed of interventions is fast so the students receive the help needed much quicker and are better able to establish healthy ways of managing their mental health. For the pastoral team, reassurance and guided expertise is offered which we are proud to pass on to parents. This provides validation which has not been present before. We really are appreciative of the service and only hope this continues.”
School Feedback

MHST Data and Impact

The below is data for approximately 80% (n=995) of children and young people/ families who have completed outcome measure rating scales at the start and end of their involvement with the MHST from 2021 to current day.

This shows a clear improvement from initial assessment to final assessment in terms of functionality of young people using the service and demonstrates effectiveness of MHST intervention.

Graph 1- MHST Improvement Data



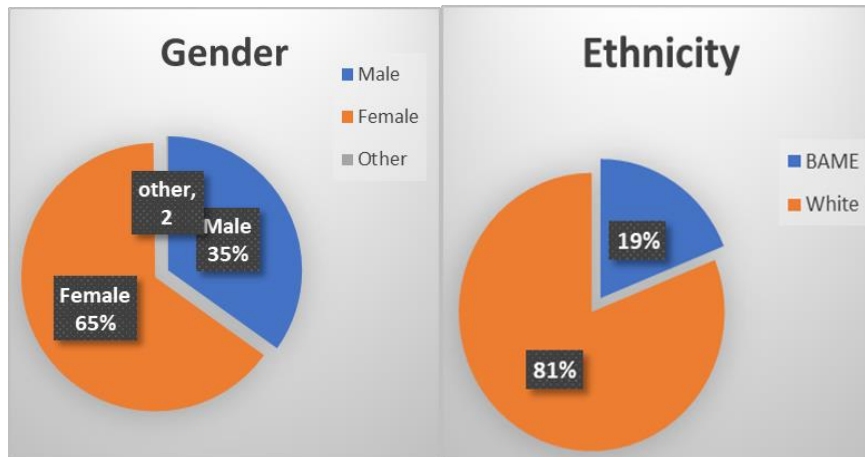
Source: NHT data

Outcome Data within MHST

Routine Outcome Measures (ROMs) are embedded throughout MHSTs. These clinical tools are utilised to map presenting difficulties and to evaluate progress towards a young person’s identified goals over the course of treatment. ROMs are often captured via questionnaires completed by young people and/or their family and/or the therapist. Information is gathered throughout their treatment and at the commencement and conclusion of therapy, which provides ‘paired data’ to determine the effectiveness of a therapeutic intervention or otherwise.

MHSTs have the highest performance in relation to data completeness for ROMS than any other team within NHT and will continue to improve completeness.

Graph 2- Demographics of children and young people within MHSTs



Source: NHT data

Appendix A

Department for Education Nottinghamshire MHST site report

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