Targeted Mental Health in Schools:

Outputs from a Qualitative Appraisal of the TaMHS Programme in Cumbria.

Research commissioned by Cumbria Children's Trust, Cumbria Partnership NHS Foundation Trust and Cumbria County Council Children's Services.

University of Cumbria

Cumbria Children's trust

Cumbria Partnership **NHS**
NHS Foundation Trust

Cumbria
County Council

Paul K. Miller, Nicki Wilson & Alyson Dickson
Faculty of Health & Wellbeing, University of Cumbria

TABLE OF CONTENTS

EXECUTIVE SUMMARY.

In Cumbria, the year-long TaMHS project concluded at the end of March 2011 after formal work in schools had begun in September 2010, supported by a steering group including senior managers from Children's Services and the NHS. Eighteen schools, in three clusters across the county itself, were supported. These clusters each included a secondary school and partner primary schools, plus one PRU.

The appraisal is based on rigorous qualitative investigation of 30 semi-structured interviews, each between 20 and 30 minutes in length, using a purposive sample of participants composed of TaMHS leads at participating schools (n=13), involved members of staff at these schools (n=11) and mental health professionals seconded to TaMHS from Cumbrian mental health services (n=6).

Thematic analysis of the collected evidence revealed eleven central issues, closely related to the priority concerns outlined by the commissioning body. These are listed below, with page references to fuller, bullet pointed summaries of findings pertinent to each:

Synthesis of the data revealed that the TaMHS project in Cumbria was, on the whole, very well received by professionals in education and mental health alike, and produced concrete positive impacts. Respondents involved in the appraisal identified many encouraging aspects. Only one of thirty respondents was broadly negative about the project, while the others reported a wide range of successes in a variety of structural, social and psychological domains, and tangible benefits for professional staff, students and students' families.

The TaMHS project was manifestly focused on raising awareness of mental health issues among school staff and developing the skills to recognise when students are experiencing emotional distress, and to intervene and support when appropriate. While there was a positive assessment of impacts on knowledge and skills, impressions of impact *level* varied, largely on account of many school staff asserting that knowledge and skill levels were already well-developed. Respondents from educational and mental health services, however, reported a clear and enhanced *confidence* among school staff to *use* knowledge and skills as a key output of TaMHS involvement. TaMHS was also viewed to have enhanced confidence and self-esteem among students, and boosted professional confidence among TaMHS staff with respect to activities such as training provision and small group work.

Although caveats and complaints regarding the operation of the TaMHS project were relatively few, those that were voiced related almost entirely to two interlocking issues: (a) the form and content of the early stages of staff training was regarded by some as too basic and others as too generic, and (b) the lack of an extended lead-in period to define roles, research school demographics and render available broad awareness of the purposes of the project among school staff.

Four major systemic and structural obstacles to the achievement of TaMHS aims were identified by respondents: (a) Competing pressures on school staff, particularly in Secondary education, obstructing full and widespread engagement with the project, (b) time/funding limitations on TaMHS workers, resulting in 'overstretch' that, while having no reported impacts on the *quality* of contact and support provided to schools, is viewed as having sometimes restricted the quantity and flexibility thereof, (c) standing funding limitations on schools themselves, potentially pushing mental health recognition and support down the agenda through diversion of funds to more 'instrumental' activities

such as open days and so forth, and (d) concerns for the sustainability of successful practices and raised awareness with departure of funding and expertise post-TaMHS.

A connected set of practices and ideas were also reported for surmounting these obstacles, both during and post-TaMHS. Foremost of these was current (and planned) engagement, with higher-level training (i.e. building on that provided by TaMHS) to develop the capacities of key staff within schools to carry forward much of the work initiated by TaMHS itself.

A range of sustainable practices were identified as being viable vehicles to carry forward the TaMHS legacy following the end of the project, such as the introduction of weekly safeguarding meetings, the maintenance of the highly-regarded SEAL work, Happy Kids workshops, annual screening and some quick, costless and productive activities inspired by TaMHS such as new systems for greeting students at the beginning of the school day. There was, however, concern among some respondents that many other of the advances made during TaMHS may be lost due to the inevitable withdrawal of funds and expertise at the end of the project.

One of the most prominent 'success themes' occurring throughout the data corpus was the formation or expansion of new communities of knowledge and new channels of communication involving teachers, parents, mental health workers and students themselves. New community bonds were reported to have had positive impacts at all levels, structural and personal. Cluster meetings, collaborative working between TaMHS and school staff, and between parents and teachers, were identified as having aided professional development and fostered a more supportive environment for students. SEAL and small group sessions for students were reported to have had visibly positive impacts on their self-esteem and group cohesion.

LIST OF FIGURES.

GLOSSARY OF ACRONYMS.

A number of acronyms that may be unfamiliar to non-specialists are recurrently used in both the TaMHS-related literature, and by participants in the research. These are detailed below:

CAMHS   Child and Adolescent Mental Health Services

DCFS   Department for Children, Schools and Families

HLTA   Higher Level Teaching Assistant

PMHW   Primary Mental Health Worker

PRU   Pupil Referral Unit

SEAL   Social and Emotional Aspects of Learning

SENCo   Special Educational Needs Coordinator

TaMHS   Targeted Mental Health in Schools

1. BACKGROUND TO STUDY.

The national Targeted Mental Health in Schools (TaMHS) programme was initiated in 2008 by the DCFS as a major component in a drive '...to transform the way that mental health support is delivered to children aged 5 to 13, to improve their mental wellbeing and tackle problems more quickly.' (DCFS, 2008, p. ii). The programme, aimed specifically at enabling schools to deliver a holistic, whole-school approach to the promotion of children's mental wellbeing, was implemented in three phases. In Phase 1 (2008-2009), 25 'pathfinder' children's trusts were funded for three years to develop and deliver a flexible, responsive and effective early intervention model of mental health services for children and young people. This model comprised two central elements:

Figure 1: Central Elements of TaMHS.

Element.	Description.
1. **Strategic integration**.	'[A]ll agencies involved in the delivery of child and adolescent mental health services (schools, local authority services, Primary Care Trusts, other health trusts, the voluntary sector) working together strategically and operationally...' (DCFS, 2008, p. ii) in pursuit of the key goals.
2. **Evidence-informed practice**.	The demonstrable integration of service delivery with knowledge of 'what works'.

The early outputs of these interventions would, moreover, inform a phased national implementation from year two of the programme (2009-10) onwards. In Phase 2 of TaMHS (initiated April 2009), 55 Local Authorities joined the programme, receiving funding for two years. In Phase 3 (initiated April 2010) - 72 further Local Authorities joined the programme, receiving funding for one year. TaMHS in Cumbria is part of Phase 3 of this national programme.

1.1. TaMHS IN CUMBRIA.

In Cumbria, the 12 month TaMHS project concluded at the end of March 2011. Formal work in schools began in September 2010, supported by a steering group including senior managers from Children's Services and the NHS. The programme was organised around a series of eight central aims, as stipulated in Cumbria County Council's original participation documentation (Cumbria County Council, 2010, pp. 6-8):

1. To develop a shared vision and understanding in Cumbria across settings, services and partners regarding what constitutes a 'positive approach' to good emotional well-being and mental health, and to agree on how to intervene where there are early indications of mental health need.

2. To ensure that all young people within the project schools are taught in an environment that actively enhances their emotional well-being and mental health, and builds resilience. N.B. this is one of the main aims of Cumbria's Social Inclusion Strategy.

3. To ensure that all schools within the project have a system in place for identifying and assessing young people who have significant risk factors or are already showing signs of distress.

4. To ensure that, where young people already have significant risk factors or are already showing signs of distress, that targeted interventions to address these factors will be available 'within the school environment' itself.

5. To identify where a universal and a targeted approach is not enough for young people with more complex needs (and specialist tier three CAMHS intervention may be required instead).

6. To ensure that services will be delivered as close to the young person's community and school as is possible in line with Cumbria's Closer To Home Strategy, ensuring that the locality focus that is promoted in the Cumbria Children and Young People's Plan is central to service delivery.

7. To involve young people and their families in the design of services to meet their mental health requirements which they can access easily, and that they feel does not stigmatise them.

8. To develop the whole children's workforce, raise awareness of emotional wellbeing and mental health and build capacity within schools and the wider community to respond to mental health need at an earlier stage, building on the work already being developed in schools in Cumbria.

Eighteen schools, in three clusters across the county itself, were supported. These clusters each included a secondary school and partner primary schools, plus one PRU in the Workington cluster. One specialist HLTA from the Behaviour Support Team and one PMHW from tier three CAMHS were seconded to support each cluster of schools (working part-time). These workers were mandated with the provision of staff training, support for parents, group interventions and direct work with young people. Through the TaMHS project all involved schools accessed cluster meetings, support from a Primary Mental Health Worker, small group SEAL and family SEAL, four days of mental health training and a mental health toolkit, including a mental health and emotional wellbeing policy, information on mental health and emotional wellbeing for students[1]. Additionally, some schools accessed parenting workshops, counselling for staff, outdoor activities for young people, Stardom projects or after school craft activities, and/or a whole school health day.

A range of partner bodies were also assimilated into the operation of the project, in a variety of capacities. Healthy Schools, Extended Schools and school nurses, for example, were involved in cluster meetings, and additional services were commissioned from voluntary bodies, e.g. Action for Children in the West. Moreover, additional mental health training for school staff was commissioned from the University of Cumbria, and will be delivered in June and July 2011. In terms of oversight and

---

[1] **Note:** throughout the data analysed in this appraisal, young people in schools are interchangeably termed 'students', 'pupils', 'kids', 'children' and so forth. The project itself consistently uses 'students' for clarity purposes, on account of it being the most commonly used term by research participants themselves.

appraisal, a CAMHS assistant clinical psychologist provided quantitative evaluation based on analysis of student questionnaires. The qualitative appraisal outlined in this report, meanwhile, was commissioned by Cumbria Children's Trust, Cumbria Partnership NHS Foundation Trust and Cumbria County Council Children's Services, and was conducted by an experienced research team in the faculty of Health and Wellbeing at the University of Cumbria.

1.2. RESEARCH MANDATE.

As required by the commissioning bodies, the findings detailed in this report are derived from a detailed qualitative investigation of the Cumbria TaMHS project. Interview evidence was collected from a total of 30 individuals from participating schools who were involved in the front-line implementation of TaMHS in a variety of key capacities. It should be noted that the appraisal was not conducted with relevance to all eight of the aims outlined in the original documents (and as specified above), but the specific issues that could be knowledgeably addressed by the participants in the research themselves. Some of the original aims make requisite either a general oversight (i.e. meta-managerial view) in order to be able to provide informed comment, or the point of view of schoolchildren themselves. The latter has been explored in the aforementioned CAMHS quantitative evaluation (p.3), the former is a function of official managerial feedback to national TaMHS. This report is designed to address the viewpoints of those involved in TaMHS at the mezzanine level between oversight and service users; i.e. the 'front-line' of service delivery. In these terms, the commissioning bodies outlined a series of priority issues for investigation and appraisal grounded in the elements of those aims pertinent to the direct experience of these particular respondents. Research tools were designed, and findings were appraised, with reference to these:

1. The impacts of the training provided by TaMHS workers on school staff knowledge and understanding of the mental health and emotional wellbeing of children and young people.

2. The level of priority accorded to the mental health and emotional wellbeing of children and young people in schools, and impacts of TaMHS thereupon.

3. The direct changes already made, and prospective changes to be made, in schools as an outcome of TaMHS.

4. Developments in the ability of school staff to identify and assess the mental health of children and young people.

5. The ability to support young people with mental health and emotional wellbeing needs.

6. The value of collaborative work in delivering Family SEAL and/or small group SEAL.

7. The overall value of participation in TaMHS for schools and individual professional development.

8. Suggestions for improvements in any future TaMHS-type project.

1.3. REPORT STRUCTURE.

The remainder of the report is organised into four primary sections:

- In **Research Methodology** (p.6), an extended account is provided of the manner in which participants were sampled (p.6), interviews were conducted (p.7), data were managed and analysed (p.9), and confidentiality was addressed (p.10).

- In **Thematic Analysis** (p.12), data arising from the interviews are displayed with respect to eleven central themes relating to the priority issues outlined by the commissioning bodies, with weighting based on the importance accorded to issues by participants themselves.

- In **Thematic Summary** (p.65), the findings from the analysis are presented in a condensed format, highlighting the practical implications of these findings.

- The **Data Synthesis and Conclusions** section, finally, (p.72) reviews these findings, highlighting four major crosscutting issues.

All research tools and additional project-relevant information can be found in the subsequent appendices (p.82).

2. RESEARCH METHODOLOGY.

In order to fulfil the requirements of the commissioning, a rigorous qualitative research strategy was applied, taking account of the specific nature of both the issues to be investigated and the roles of the participants in the research.

2.1. PARTICIPANT SELECTION.

Where the manifest goal of research is qualitative and thematic in nature, with a focus on depth and variety in the data rather than on pure representativeness, random sampling of participants is neither necessary nor desirable (Silverman, 2010). In the case of this particular research, purposive sampling was employed to ensure that information was collected from individuals *strongly placed* to provide detailed insight into the implementation of the TaMHS programme in Cumbria. Moreover, in order to glean the best range of information from the variety of possible perspectives on TaMHS delivery, these individuals were selected in relative balance from three categories: (a) TaMHS School Leads, (b) Teaching staff at participating schools and (c) Dedicated TaMHS workers; i.e. persons seconded from Children's Services and Cumbria Partnership NHS Foundation Trust.

The proposed sample included *every* involved individual from category A (*n=18*), plus one member of category B per school as nominated by the pertinent member of category A (*n=18*), plus *all* involved members of category C (*n=7*) providing a total of 43 interviewees. In practice, at two schools the original lead had left their post and was therefore able to neither provide information nor nominate another staff member. A further two schools were unable to provide leads or staff members within the timeframe of the research, and one TaMHS worker was also unavailable for the same reason. Finally, at three schools only the lead could take part within the allotted timeframe[2], and at

---

[2] Although one of these did also collect and relay feedback from a colleague.

another the lead was unavailable but a staff member did participate. In sum, therefore, the sample of participants involved in the research has the following anatomy:

Figure 2: Participant Sample.

Category.	Role.	Participants.
A	Project Leads	N=13
B	School Staff	N=11
C	TaMHS Workers.	N=6
	Total Participants	N=30

This sample comfortably provides sufficient participant numbers, and demonstrable balance of roles therein, to address the prerequisites of the appraisal in terms both of depth and specificity of derivable data.

2.2. DATA COLLECTION.

Data were collected through a programme of semi-structured interviews, conducted and recorded via telephone (Silverman, 2010) over a period of two weeks in March 2011, immediately following the final set of TaMHS cluster meetings.

Semi-structured (or 'focused') interviews are organised around a series of central broad and open questions, with subsidiary topical 'prompts', rather than a rigid set of pre-defined inquiries.

'…the interviewer asks major questions the same way each time, but is free to alter their sequence and probe for more information. The interviewer can thus adapt the research instrument… [to] handle the fact that in responding to a question, people often also provide answers to questions [they] were going to ask later.' (Fielding & Thomas, 2008, pp. 246-247)

The core strengths of this technique in qualitative research are three fold:

1. Lateral comparability of findings is still fully feasible across respondents, but:

2. The respondent is also given the opportunity to voice ideas and thoughts that might not have been strictly specified within the question; i.e. there is space for new and potentially valuable themes to arise.

3. The respondent can link topics and themes in their own way, providing a sense of how they themselves understand the 'bigger picture', rather than being tied to a structure that demands they (a) repeat things they have already said, and/or (b) answer questions in a sequence that does not seem logical to them – both of which that can often 'frustrate and annoy' respondents (Suchman & Jordan, 1990).

Three different, but strongly interrelated, interview schedules were developed, one for each category of respondent (see appendices 1-3) with a view to elucidating all priority issues in a manner sensitive to the roles of each respondent. For example, when addressing priority issue 1[3], questions were phrased to best engender information pertinent to the perspective member of each category could uniquely bring. Thus, dedicated TaMHS staff were asked to speak mainly at the broader level of 'schools', to glean a sense of the wider impacts; school project leads were asked to address the specific level of their own school and general staff therein, while school staff members were asked to address

---

[3] 'The impacts of the training provided by TaMHS workers on school staff knowledge and understanding of the mental health and emotional wellbeing of children and young people'.

their own personal experience. In this way a three-dimensional, but fully interlocking, sense of the overall picture (and any discrepancies in it) could be formed.

Each interview was anticipated to take between 20 and 30 minutes in total, though some were longer and some shorter contingent on the level of detail the respondent provided. Sound files from all interviews were transcribed verbatim, but are presented in this report with necessary deletions for clarity of reading wherever practically possible. These deletions are:

1. 'Minimal continuers' (Hutchby & Wooffitt, 1998), such as 'uhm', 'erm' and 'err'.
2. Word repetitions and stutters.
3. Aborted or reformulated sentence starts.
4. Linguistic idiosyncrasies, such as 'you know', 'kind of like' and 'sort of'.

All data were transcribed and prepared for analysis by late April 2011.

2.3. DATA ANALYSIS.

Data were explored for patterns and themes using many of the general principles of Grounded Theory (Glaser & Strauss, 1967), and within Scientific Software's ATLAS.Ti qualitative analysis package. Grounded Theory, in its simplest terms, is '…the discovery of theory from data systematically obtained from social research.' (Glaser & Strauss, 1967, p. 2).

This analytic stance, thus, represents the endeavour to generate robust and defensible, practice-oriented findings from rigorous qualitative analysis of a single data-set. Evaluative dimensions herein involves two central analytic steps, as displayed in Figure 3.

Figure 3: Analytic Stages.

Step.	Activity.
1. 'Open' Coding.	The initial classification and labeling of concepts in qualitative data analysis. Themes are discovered through careful examination and questioning of the data.
2. 'Axial' Coding.	The reanalysis of the results of step 1, aimed at identifying the important, general concepts.

With respect to step 1, within the data corpus collected the themes identified closely mirror those outlined as priority issues (p.4) due to the manner in which interview schedules were specified. This phase of analysis is illustrated and evidenced in Section 3 (p.12), and summarised in Section 4 (p.65). Outcomes of the second stages of analysis, aimed at finding core patterns and tendencies in the collected data, are detailed in Section 5 (p.72).

2.4. ETHICS AND ANONYMITY.

At the beginning of each interview, and in line with formal academic research ethics, each respondent was provided with the following information, and consent to proceed sought:

1. The interview would be recorded.
2. Data from the interview would be disseminated as part of the qualitative appraisal of TaMHS in Cumbria in a range of forums.
3. These data will be rendered anonymous in all outputs.
4. The participant has the right, with no negative consequence, to:
   a. Refuse to be interviewed.
   b. Withdraw their whole contribution, or any part of thereof, after the interview itself, or within a 7 day 'cooling off' period.
   c. See all outputs of the research once completed.

In all reported data, the anonymity of all participants is preserved insofar as practically achievable. This intention was made clear to participants at the beginning of each interview as a constructive research strategy designed to stimulate the most open and honest feedback possible. With respect to the respondents themselves, consistent labels were attached to their contributions in place of names. These labels provide full role-specific information without divulging the specific identity of any respondent:

The six dedicated TaMHS workers interviewed are allocated the label '**DTW**', plus an arbitrary identifier number in the 1-6 range. Thus all responses labelled, for example, 'DTW3' are from the same individual. In terms of school staff members and school staff leads, a slightly different system was employed. Firstly, each school was allocated an arbitrary number (in the 1-14 range) plus level identifier (**p**=primary; **s**=secondary). Their role was then identified using the labels '**STL**' (School TaMHS Lead) or '**SSM**' (School Staff Member). Their label, thus, had three components. '**sSTL1**', for example, indicates a School TaMHS Lead at School #1, which is a Secondary. '**sSSM1**' indicates a School Staff Member at the same school. '**pSSM5**' indicates a School Staff Member at school #5, which is a Primary, and so forth.

Where a respondent makes specific reference to a particular school in the data, it is indicated by number. Where another individual contributing to the data corpus is mentioned, their name is replaced with their allocated label. Where an individual not contributing to the data corpus is mentioned, their name is replaced with a generic role descriptor. In this way, the links between individuals and schools can be displayed without specific identities being revealed.

3. THEMATIC ANALYSIS.

Initial analysis of the full corpus of interviews revealed eleven meta-themes, closely linked to the priority issues for investigation. In Figure 4 (below), these themes are outlined in terms of the categories of respondent contributing to each. See section 2.4 (p.11) for a summary of respondent label allocations.

Figure 4: Core Analytic Themes.

Meta-theme.	Respondents.
1. Overall impacts of TaMHS on school staff knowledge of issues pertaining to mental health and emotional wellbeing.	DTW, SSM, STL.
2. Overall value of TaMHS materials and training for school staff.	SSM, STL.
3. Changes in schools' priorities resultant of TaMHS.	SSM.
4. Structural changes in schools already resultant of TaMHS.	DTW, STL.
5. Necessary, anticipated and desired changes in schools post-TaMHS.	DTW, STL.
6. TaMHS impacts on staff capacity to recognise mental health and/or emotional problems in young people.	DTW, SSM, STL.
7. TaMHS impacts on schools' capacity to support young people with mental health and/or emotional problems.	SSM, STL.
8. School staff experiences of working on SEALs with TaMHS workers.	SSM.
9. Impacts of involvement with TaMHS on professional development of TaMHS workers.	DTW.
10. Overall value of participation in TaMHS.	STL.
11. Suggested changes and improvements to TaMHS structure and delivery.	DTW, SSM, STL.

In the remainder of this chapter, evidence pertinent to each of these themes is presented under corresponding subheadings.

3.1. KNOWLEDGE IMPACTS FOR SCHOOL STAFF.

Regarding the general impacts of involvement in the Cumbria TaMHS programme upon school staff knowledge and understanding of mental health and emotional wellbeing issues among young people, feedback was broadly very positive among all three categories of respondent.

3.1.1. LEVELS OF IMPACT.

The dedicated TaMHS workers (DTWs), often citing the feedback they had received *in situ*, were uniformly of the conviction that the TaMHS programme had produced firm positive effects in this respect. Similarly, many of the school staff interviewed (pSSM3, pSSM7, pSSM11, pSSM12, sSSM13, sSSM14) and some school leads (STL8s, pSTL12) were uncategorically positive regarding the overall impacts of the TaMHS programme on their own practical knowledge and that of colleagues. For example:

DTW1	Erm, well I'd say they engaged really well in the core training that we provided and the…you know…looking at the evaluations and talking to them afterwards they seemed to have taken quite a bit on board.
DTW3	Yes I think a large proportion of, of schools that have come to the training days laid on the primary mental health workers which has definitely given them a broader understanding. People I've spoken to from…in schools have erm mostly commented how little understanding they had previously of, of mental health in children erm and I think the understanding is a lot wider now.
DTW5	[I]n the evaluations that we've been getting…I think the classic comment was "we didn't know what we didn't know until we started TaMHS"
pSSM11	It's helped me a lot because I work with children with autistic spectrum disorder so their mental health is, is up and down…and because I've been able to speak to [DTW1] about things that are happening and she's given me suggestions it's really, really, really helped…on day to day working.
sSSM14	[I]t's made me a lot more aware of the needs and everything that affects them and how it affects them and how that…has a knock on effect on their behaviour and everything, and how they you know mix with one another and their self-esteem…it's deepened my knowledge in that way.
sSTL8	I think it's…had a big impact on how we actually view [mental health] now, I mean obviously we were aware when there were children upset…but now we sort of like focus more on…the reason. And we've used the training. The training that

	we've had has been good for that.
pSSM3	The TaMHS project has been very worthwhile, as a professional working in a school, to myself and the children. It's given me a better in depth knowledge of emotional and mental health issues within young children and it's also been a good pointer of contact when I've been able to pick up the telephone to a professional if I've needed advice or guidance as to make a referral...

3.1.2. MODES OF IMPACT.

Other respondents, although remaining supportive of the TaMHS programme, tended to clarify its impacts in a more cautious manner. An important point of divergence between respondents herein relates to the understood level of pre-TaMHS knowledge held by school staff. The DTWs, SSMs and STLs discussed in Section 3.1.2 suggested that well-developed understanding of the issues was relatively rare and that the programme, thus, had a substantial quantitative, linear impact; i.e. 'comparatively little knowledge' was converted to 'more knowledge'. Other respondents, however, including the majority of STLs, were of the reported that this core understanding of mental health and emotional wellbeing issues was, in fact, well developed in their schools even before the initiation of the TaMHS programme itself.

pSTL2	[A] lot of the things that were discussed...we're sort of aware of and we would look for in any case.
pSSM4	I think our knowledge of...their mental health, as I say, can always be better, can be improved, but I think it's pretty good.
pSTL4	I think we were fairly knowledgeable to start with.

In these terms, the most tangible positive impacts of the TaMHS programme were seen as more nuanced; existing knowledges were 'tweaked' or 'integrated', and existing practice 'validated' or 'modified' accordingly. This closely echoes the views of one of the DTWs:

DTW2	I think what came across in the training was that...a lot of staff have got a thirst for knowledge and want to know more, which is great...they've actually got quite a lot of knowledge already and that's just been helped through by TaMHS especially.

These qualified impacts are summarised in Figure 5 (below):

Figure 5: Qualified Knowledge Impacts of TaMHS.

Impact of TaMHS.	Resp.	Illustrative Evidence.
1. 'Foregrounding' the issues in the minds of staff – i.e. *reminding* them to use their knowledge of mental/emotional issues.	pSSM1, pSTL4, sSTL14.	• I suppose that it's brought it to the forefront of your mind so it gives you another aspect to look at, when you're looking at the children and their behaviour and some of the things they do, you know it gives you a little bit of insight you know as to maybe why they're doing it and it just helps you with a bit of problem solving, you know maybe things that you could do to help them. (pSSM1) • I think in terms of awareness raising…it's been a valuable input (sSTL14).
2. 'Bonding' pre-existing pieces of knowledge into a holistic unit.	pSSM6, sSTL14.	• Oh, I think it's made quite a difference. It's just having things pointed out to you, and it sort of linked everything together. (pSSM6)
3. 'Confirmation' of knowledge, building practical confidence.	pSTL9, pSTL2.	• What it does is it reinforces your…instinct… which I think is really important because it gives people confidence. (pSTL9) • It's more about the confidence and having someone to say 'yeah you are doing that right', that's what they need more than anything because they feel that they're not trained mental health professionals and it's explaining to them that they don't need to be trained mental health professionals that's not what we're trying to do (DTW2).
4. 'Transforming' existing knowledge into a more useful or practical form.	sSTL5.	• [M]yself and the other two learning mentors in school, obviously we're dealing with those types of students every day, but… it's even helped us as well, you know, just to look at it from maybe a different perspective as well. (sSTL5)

3.1.3. CAVEATS AND CONCERNS.

Only two caveats were voiced by TaMHS workers in terms of structural obstacles to improving the knowledge of staff. The first of these (DTW2) was that the involved primary schools operated more as

a complete staff as regards the training offered, while the size of the secondary schools precluded such generalised regular contact, meaning that in secondary schools improvements in knowledge were more likely to be 'unevenly' distributed.

> **DTW2** I think that the Primaries have probably been more a whole staff, the whole school have kind of accepted that and they know what it is. In the Secondary, because of the nature of the schools being bigger...I don't have much day to day running with the actual whole school staff even though that they've accessed the training.

The second caveat (identified by DTW4 and DTW5) was that the time-lag between the initiation of the project and the actual delivery of front-line service in schools reduced the overall quantity of service and, consequently, the impacts thereof.

> **DTW4** I think the only criticism I would have about that was the amount of time it took us to actually get in and deliver the training to the schools...

The only key mitigating concern in terms of knowledge impacts made salient by SSM and STL respondents alike, meanwhile, was a direct reflection of an issue voiced by DTW2 (above); essentially, and *in secondary schools in particular*, it was perceived that access to the knowledge-related benefits of the TaMHS programme was potentially spread unevenly across staff due to (a) difficulties in timetabling sessions that all staff could attend:

> **sSTL13** [T]he, the workers coming in for TaMHS have actually done training sessions...with [some] people...so it's increased their knowledge. In terms of the whole staff I think it's touched on their knowledge; I wouldn't say there's been a massive impact on that yet.

And/or (b) a reluctance among staff to participate on account of existing workload:

> **sSTL5** I think...the staff who *took up* the offer of the training, the after school training, I've had some I've had some really positive feedback from that...

> **sSTL10** I sort of *forced* them all to attend...the initial training, so I do think they have had

> their awareness, every member of staff has had their awareness raised about what, what mental health is all about.

Only two respondents, meanwhile, argued that the TaMHS programme had no tangible impact on the knowledge of staff, both working at the same school (school p4).

pSTL4	I don't think it's contributed vastly.
pSSM4	[I]t hasn't affected it at all.

In these cases, the reasons provided (respectively) were that the programme added nothing to the knowledge of an already knowledgeable staff (pSTL4), and that the '...the material and the presentation was of a very low standard.' (STMp4).

3.2. MATERIALS AND TRAINING.

A recurrent theme in the extant qualitative data corpus is the evaluation by SSMs and STLs of the overall clarity and usefulness of written training materials provided, and TaMHS training sessions themselves.

3.2.1. MATERIALS.

It is of some note that the printed and online training materials were singled out for widespread commendation by a significant number of respondents:

sSSM1	I quite like the SEAL books that we've been using they've got all you know sort of exercises and things and they were quite good, I found the resources in them to be beneficial you know.
pSSM3	They have been very, very useful. I've been handed the file with the tool kit with all the handouts and everything in... it's been excellent showing me how to work out plans via the booklets and everything so it's been really, really helpful.
pSSM7	I did find them helpful because everything that was on there, all the resources, we made and the parents and the children got a lot from it, working together, you know, parents, the children; I thought the resources were excellent.
sSSM10	[T]he materials that I was put in contact with were certainly helpful yes that's quite...I thought it was quite inspiring.
pSSM11	[T]he paperwork that went with [the training] was absolutely brilliant...it helped me understand me in regards to the child. But it's also helped me understand the child's mental wellbeing as well so...It was brilliant.
pSTL6	Very useful, particularly the folders that we've had.

Moreover, several respondents (pSSM6, sSSM13, pSTL6) cited the materials relating to bereavement and loss as being of exceptional value.

sSSM13	I have done training on that before which I found very good, but this helped me understand about the different stages and how, how you know you can't *assume*...that if a child's had a loss and they've coped very well with it you know at say age eleven that it's not going to affect them differently at age fifteen.

Two respondents maintained that the materials themselves were very good, but needed to be made more accessible to all staff:

pSTL4	[B]ecause of our low staffing numbers, I mean they're quite high in terms of the kids, but I haven't been able to commit to all the training so...if there could have been a mixture of things, been maybe after school, or whether any of it could have been done even by accessing some kind of, I don't know, distance learning in terms of 'you know this is what we did'.
pSTL6	[M]ake sure it's electronically available online!

Only one respondent, meanwhile, was explicitly critical of these materials, citing both quantity and quality as problems:

sSTL4	We weren't provided with a vast array of materials. I know that some people accessed some things via the internet, but no-one has said you know 'that's a superb material, we'd use that'

3.2.2. TRAINING.

While the reception of the training materials was overwhelmingly positive, the respondents' views regarding the sessions themselves was rather more mixed. This particular issue, perhaps more than most addressed in this chapter, divided opinion in a range of ways. A majority of voiced attitudes towards the training sessions were certainly positive:

pSSM3	They have been absolutely super. We've had one point of contact...She's been really, really good. [P]rofessional advice has been absolutely amazing.
pSSM6	[Y]es, yes some of them were really useful
pSTL7	[W]e had the basic awareness training just after Christmas there which was...we all felt was really, really good and the fact that we then came back to school...we had it on an inset day...and we continued in school, discussing our children from what we'd been thinking about in the morning and who we thought would be the children would be working in small group TaMHS work.
pSTL8	[W]e had circle time in school in three classes and that was really good, I mean we did a little bit of circle time before but what, what, and it, it sort of showed

> teachers...a model really on how to carry it out and it also give them a chance to observe the children, which was nice.

And, as with the printed materials, sessions on bereavement were targeted for particular praise from a number of respondents (sSTL5, pSTL8, pSSM9). For example:

> **pSTL8**   I had anxiety training and training on bereavement and loss...and that's been really good 'cos...although we knew, you know, the reasons why, we can actually...think a bit deeper really of...how we can help.

Some respondents, although broadly appreciative of the training in general, voiced specific constructive caveats, however, regarding the manner in which training sessions were themselves focused. It was suggested that, at times and in places, (a) there was too much emphasis on the business of raising awareness at the expense of practical intervention:

> **sSTL10**   [W]e wanted more, as well as our awareness raising, what support could we give to the student...we didn't get that.

(b) There was too much emphasis on mental health 'in principle' without adequate contextualisation for educators. pSTL8, for example, advocated a more concrete case-study approach as a means of focusing the teachers themselves.

> **pSTL8**   I think a lot of it came from the health side right at the beginning about mental health in, in children and adolescents, but I think if, if right at the beginning they'd said 'if you've got children in your school who this, and this, and this, that actually would be classed as a mental health problem' do you understand what I mean? So, I could give examples of, of the things that we would recognise as being, you know, bad behaviour, unacceptable behaviour in school, is probably because of.... or the underlying problem that they're having a problem with their mental health and I think if some sort of, you know sort of, I, I don't know video maybe of children misbehaving and say 'why do you think this is' and, you know...

And (c) the sessions, and especially those involving parents, were not sufficiently demographically tailored to the specific audience, i.e. were a little too generic.

pSSM9	I felt actually that...some of it it's not differentiated enough...because everyone has problem children from whether you live in a £600,000 house or a 'sink' estate...it did help the parents in my group and they were all very supportive but some of the slides were a bit obvious...and there was definitely high powered people in there with high powered jobs, trying to find out what to do with their children that they felt they were having difficulty controlling sometimes...and I did point out it wasn't a parenting course and that it was trying to link in with what we did in school but I think...people from all walks of life have problems with children and I felt that the actual slides was aimed at more the Sure Start end of the market.

It was also argued that the chronologically positioning of the training with respect to the sessions the staff themselves had to run was a not always optimal.

sSSM1	I actually worked on a small group SEAL programme first of all and we went and we had one or two training sessions, but then for the session itself they more or less said right that's it go and implement it. Whereas I thought it would have been better it we'd actually had the working with a member of the TaMHS team first, you know, in the project and then perhaps doing a follow-on project by yourself...So I just felt that was bit back to front.
pSSM9	[I]f I could have had a bit more training beforehand I would have maybe been slightly more professional about it.

This issue of training and support also arose with respect to the issue of 'momentum', in which sSSM10 highlighted the need to follow-up training with pertinent and practical activities as swiftly as possible to avoid entropy in the stock of enthusiasm.

sSSM10	[T]here was a whole staff training event at which a member of the TaMHS staff came and, and did a presentation to us which was very good and I think a lot of staff when away thinking oh yeah you know there was a lot of good stuff on that so I can't see how that could particularly have been improved. I think...the impetus from that meeting probably dissolved fairly quickly after that because we probably needed some fairly focused action in school fairly soon after that event to make sure that, that didn't sort of fizzle out...So I think that some sort of

> planning in [by] key staff...to develop what went on at that meeting...needs to take place.

As regards the specific *content* of the training, three respondents felt that the early, basic training was too basic, effectively repeating those things that staff did, or should, know anyway.

pSTL2	We attended two sessions that were twilight sessions, inset, to do with mental health and sort of recognising mental health within young children and...well children and, and young adults. Both of those I found were not as helpful [as later sessions]...we found it was too basic, it was...they did say it was very basic but it really was very, very basic, and...I think with early years in key stage one certainly...we're very heightened to lots of aspects of this social emotional development anyway, because of the early years development profile.
pSSM4	[I]t really did sort of begin from square one really... it was like going back to an eighteen year old sort of starting.
pSTL4	[T]he introductory training sessions were not worthwhile...the presentation was poor and it de-motivated staff and we then went to a second session which was worse than the first session.

The same three respondents, were also critical of the way in which training, and especially early training, was actually delivered to staff:

pSSM4	I would suggest you have people standing at the front who, know how to deliver PowerPoints and not just reading off from the PowerPoint presentation. PowerPoint is supposed to be assistance to what you say, not something that you just read.
pSTL4	[I] contacted the TaMHS co-ordinator to say that the quality of the training was poor and was making people feel disaffected about the project.
pSTL2	[O]n the Inset it was a PowerPoint and it was basically just talked through and we worked in little groups but I think...it wasn't the highlight if you like...But I have to say it was probably because it was being run by practitioners and they were kind of out of their comfort zone.

One respondent, meanwhile, was actively critical of a TaMHS worker though not in terms of the quality of training itself which, as evident below, is deemed to be 'excellent'. Rather, the criticism is of 'inconsistency' in approach and availability.

sSTL13	[I]f we're evaluating it fairly and truthfully the training she did was excellent…but it took a long time for her to get into school and start delivering the goods in terms of the one-to-one with, with students… now some of that might be do with the, the poor communication at the beginning to do with the role of the worker but…promises were made and never kept, meetings were missed and things like that.

3.3. CHANGES IN SCHOOLS' PRIORITIES.

Section 3.3 reports a range of opinions regarding the impacts of involvement in the TaMHS programme upon the priority accorded to mental health and emotional wellbeing issues within involved schools. This issue was addressed only by SSMs, with a view to elucidating whether these priorities had specifically changed in the day-to-day practices of teaching and learning, and in which respects.

Within the pertinent data, only one respondent (pSSM4) argued that there had been no tangible shift in priority as a result of TaMHS involvement ('[N]o. It's always been high.') on account of the pre-existing high priority thereby accorded. There were, however, several others that described an 'uneven' shift of this order within their school. In some cases, it was argued that mental health and emotional wellbeing issues were already a high priority for *some* staff (be that a majority or specialised minority), but that TaMHS succeeded in widening this sense of prioritisation.

pSSM11	[I]t was [already] high priority for myself but maybe not for a lot of staff. I think it's made it a wider high priority.
sSSM13	I think it always has...certainly for me and my role so I wouldn't say it's any higher now...for some of my colleagues I think it's...probably had more effect on.
pSSM7	I mean personally it made me think about it more, but as for the rest of the school, I think it was already up there.
pSSM3	[M]y role of safeguarding officer was given to me three years ago because we have a lot of vulnerable children that we do take care of...However, it has been a bigger insight to all the other members of staff.

A further group of staff, however, more straightforwardly asserted that the programme had indeed raised priority school-wide, though to varying degrees.

pSSM12	Absolutely, yes definitely. Very much so...much more of a priority now because...as our awareness has become much more highlighted, you know, that we need to be aware that the children need this extra input, most definitely...
sSSM1	I mean we have always tried to look at sort of the mental state of the children's minds you know and any problems they've had previously...by being involved in

Given these observations, it is interesting to note the nuanced *range* of ways in which priorities were seen to have changed, and also the catalysts to these, which are outlined in Figure 6 (below):

Figure 6: Nuances in Priority Change.

Impact.	Resp.	Illustrative Evidence.
1. Better collective understanding and discussion.	sSSM10, SMSS14.	• [O]ther staff, that I have spoken to, informally can, can [now] talk about this in a way that I probably wouldn't have expected them to talk about it... staff that I have spoken to are, are certainly talking about it more than they were (sSSM10). • I think that's just really because of the erm awareness as well you know (sSSM14).
2. Bringing awareness into practice.	sSSM1, pSSM9, pSSM6.	• Well, we've [now] got targeted lessons, you know for targeted children..children that we feel would benefit from... from it most of all with being small group work you know I feel they're benefiting a bit better (sSSM1). • I think we now know what sort of an impact [mental health issues] can have (pSSM6).
3. Enhanced engagement.	pSSM3, pSSM12.	• [T]hrough the TaMHS project...where I would have normally have gone onto courses myself, because of the, because of the...way that my work brings me into the courses that I go on, there's maybe twelve or fourteen members of staff that are coming with me now (pSSM3).

3.4. STRUCTURAL CHANGES.

Both DTWs and STLs are in optimal overview positions to address changes that have already taken place within schools as-a-whole as a direct outcome of involvement with TaMHS. This section explores the broad diversity of themes arising from the data with respect to this topic, exploring specifically what is understood to have changed in practical terms, and why. It is of note that none of the respondents contributing to this section argued that TaMHS had produced no direct change to date. While, as the evidence shows, the *levels* of change are seen as varied, all respondents identify at least two ways in which the schools with which they are involved have changed in terms of structures, practices, personnel or broad attitudes.

3.4.1. PARENTAL ENGAGEMENT.

DTWs and STLs commonly reported that TaMHS has, to varying degrees and in different ways, stimulated parental involvement in learning about, and supporting, their children's mental health and emotional wellbeing. On the one hand, this manifests in terms of materials provided to, and specific involvement of, parents themselves within the TaMHS framework itself.

DTW1	I think there's been more parental engagement really due to that; that would be my biggest observation...I think they're engaging more in thinking about mental health and emotional wellbeing.
DTW2	I think the changes in some of the schools is they've actually got more mental health information available, for parents...that's been given through TaMHS [though] that varies through different schools.
pSTL12	[The TaMHS workers] also met with parents of, well of one of those children, to offer support and advice and support to a parent on child with specific sort of mental health issues.
pSTL11	[W]ell another aspect of the project that we focused quite highly on was parental workshops, helping parents...looking at the whole mental health..... parents find mental health a very scary title...so we called our workshops Happy Kids just to try and pull in more parents.

On the other, there is an increased readiness (or lessened reluctance) among staff to directly contact parents, and refer the parents to experts, with respect to issues of a child's mental health.

DTW5	[T]hey're dealing with things differently or approaching things differently even contacting parents, I think that's much improved now.
sSTL1	I think one of the things that's changed has been some small amount of greater parental involvement….we had a lady who was working again with the mental health team, and she's been able to work with one particular family now, basically we're at the early stages of seeing how that help can develop, but that's been quite useful, in that I've known who I can signpost, you know, this parent to…there's been somebody there to speak to them.
pSTL2	[A] lot of parents perhaps, you know, having to go through that formal process of a referral, are put off by.. especially when they see sort of 'mental health'… and that's a really big issue…but to have the professionals there that we could sort of tap into on the phone without having to have a referral and make a file on the child…was really beneficial to, to us all.
pSTL8	[I]f there is a problem, you know, we're not on our own in schools, there is…people we can contact and…signpost the parents at different places. That's one thing came across to me… as a member of staff you always feel it's, it's your responsibility to sort the children out and get them to, you know, get their behaviour sorted in the classroom …and it's one-off thing you know, as I keep referring to like, marriage breakdown, but that's a big issue at the moment in the school…and it is a case of offering them, you know signposting the parents where they can go for help.

3.4.2. INFORMATION PATHWAYS ESTABLISHED.

Issue 3.4.1 also, as is evident, embeds another change relating to the forming of solid networks of expertise; i.e. the building of firm pathways between schools and experts, along which regular referrals can be made and regular advice sought. Core to this was the 'informalising' of process. A number of respondents noted that being able to collect advice and address problems without recourse to 'standard' channels (which have a tendency to 'label' individuals) was of huge benefit both to discretion and expediency in addressing specific students' mental health issues.

pSTL11	I think culturally there, there's been a change in, in being able to talk more openly about children's mental health and wellbeing, and being able to sort of, sometimes some of their behaviours, not when we looked at the behaviour, but

	look at what's underlying, you know what might be prompting such behaviours.
sSTL10	[T]here's more idea of maybe what's out there as well as what other support can happen externally.
pSTL4	[T]here's a higher expectation that other agencies will be able to help us meet those needs.
pSTL12	[A] thing that has had a really positive impact has been the direct access to the mental health workers, either by telephone or by email...they've given us advice, they've been in to talk to my support staff about individual children that they are going to be working with to give advice and support on the types of activities, the types of conversations that staff should have with those children.
pSTL2	I think it's just having that, that open link to somebody who is a professional and a colleague who has got slightly different...sort of a focus within education because on one occasion we had one of the mental health nurses came in to...talk about setting up a nuture group...and she was able to have an hour's conversation and just ask questions, just sort of talk about a particular little boy as well and how we could help him.

As further identified by sSTL14, the presence of TaMHS workers in schools meant that the flow of

information also moved reciprocally.

sSTL14	I think I mean the instant [change] was the access to somebody from TaMHS. I mean, in, in just in terms of trying to get a TaMHS referral you know you've got to get the permission, you've got to get the young person to engage and sometimes the referrals are knocked back, and it just felt kind of a bit of a brick wall with a huge waiting list that everybody was trying to access...so actually having [DTW4] in the centre that we as staff could just generally have a chat to, and I think just [DTW4] being around and about...I think she got to feel, you know, she knew the centre a bit better, she what the kids were like and even if she didn't have any specific referrals, just being around while the kids are having tea and toast and key teacher time, I think gave her an insight into what might be useful training with the staff and she was coming back to us saying 'well I've seen a bit of this' or 'I've seen a bit of the other' you know, would it be helpful if I offered a staff session on it?

In short, the feedback received helped those workers tailor and adapt training and help to the needs of

the staff and students in particular institutions.

3.4.3. CULTURES, ATTITUDES AND PRACTICES.

Although somewhat less tangible than the changes detailed above, there was a very significant focus among all respondents upon how involvement in TaMHS had altered the general culture in schools in terms of awareness and understanding of mental health needs and emotional wellbeing issues. This did not just refer to a greater awareness and openness among staff, but also among students with resultant impacts on confidence and self-esteem.

pSTL11	I think culturally there, there's been a change in, in being able to talk more openly about children's mental health and wellbeing, and being able to sort of, sometimes some of their behaviours, not when we looked at the behaviour, but look at what's underlying, you know what might be prompting such behaviours.
sSTL10	I do believe that in areas where there is pastoral care going on...there's more understanding.
sSTL1	I think generally across the staff, the fact that we've got that greater knowledge of what might be involved and...we've *all* got mental health, whether it be good or bad...so that, yeah, generally the whole staff have been supported because they've got that greater knowledge. Pupils I think because we've managed to target pupils in two specific groups...I think that's having an impact on not just behaviour, but on self esteem.
DTW3	[S]chool staff were not...not exactly reluctant to deliver [TaMHS materials] but they were unfamiliar with the materials and they were less than confident at, at starting off new groups on their own; but I have noticed that since they've been acting as co-deliverers with me their knowledge [of mental health issues] has become much stronger and also their confidence has increased.
pSTL4	I think people are more forthcoming in identifying children who have social, emotional needs.

pSTL6 (below) narrates how a more positive attitude among staff has even altered the manner in which they greet students in the morning:

pSTL6	The first level is being really prominent in...the welcoming in the children to school, even if they're late, are you with me...the awareness that normally they have got themselves to school themselves...and welcome...and making a fuss of them even though they are later than everybody else......so on a sort of light level there's that. On a deeper level is this more understanding, of giving them the opportunity of talk and realise that other things underpin their behaviour...and the staff have a shared understanding of that, and that is very important. And

> that has a knock-on effect on engagement with the curriculum too.

Further respondents, meanwhile, describe very practical changes and developments resultant of the lessons learned from TaMHS:

pSTL9	I've started what I call a happiness chart, so that is provides a benchmark, and a child comes...this might sound a bit bizarre, but a child will come to me, there have been a couple over the last few months, I'm not saying that this happens at lot, but...we're kind of analysing their feelings of well-being about school and trying to unpick what it is that's making them feel uneasy... and that...giving marks out of ten for how the day has gone and if it isn't ten why it's not ten and what has happened, it helps the dialogue.
sSTL14	[W]e've introduced a safeguarding meeting every week where we openly discuss what's going on with the students.
pSTL4	[W]e've improved our profiling of children who may require support and we have received support for some children through the project at an increased rate. We had a system already, we just improved it with knowledge that we've taken off the TaMHS project.

3.4.4. THE SUSTAINABILITY CAVEAT.

It should be noted that, despite the positive changes that the respondents described, there was a concern voiced among some respondents that a number of those changes may not be fully sustainable post-TaMHS.

DTW6	[U]nfortunately it's come rather late because the project is now finishing, the schools have actually now got have not got a, a bigger understanding, it's taken a while for them to get their head round what it, what it all meant, and unfortunately because it's now finished and it's coming to an end they're obviously going to be very disappointed, but at this point in time the schools are now requesting more consultations and getting...and wanting us to becoming more involved...but I feel that because, you know, the project's coming to an end sadly they're kind of just going to be left really.
pSTL2	I mean what we, what we found was it was really, really brilliant, it was great but, and we will really miss it when we know it's all going to have gone.

It is of some note that the issue of sustainability is recurrent as a crosscutting theme in several sections of this analysis, with respect to a number of different issues, and is further elaborated in Section 5 (p.72).

3.5. PROSPECTIVE CHANGES.

Following from those changes already in place, DTWs and STLs also discussed the changes they hoped or intended to bring about in schools as an output of TaMHS involvement, and also necessary changes that this involvement had rendered salient.

3.5.1. CONTINUED CULTURAL DEVELOPMENT.

One of the central themes identified by both categories of respondent was the need and intention to sustain momentum in the development of a strong, widespread and cohesive culture of understanding of mental health and emotional wellbeing issues among staff, students and parents.

DTW1	I think that's about erm all staff seeing as their business and that it's, that it's about actually everybody feeds into the mental health and emotional wellbeing of young people, not just mental health professionals.
sSTL13	I think just perceptions of staff in our school, we need, we need to move those on in terms of...looking at children with difficulties and you know you've got to deal with the difficulties they bring into school but you've also got to help them and address those difficulties.
sSTL5	I think just a sort of greater awareness of seeing...seeing a young person and the family and, and it's not just what they're presenting within school.
pSTL8	I think it's just...to change the way we look at how we approach a problem and know where we can signpost the parents to.
pSTL9	To build up our knowledge and to recognise...that aspect is of an equal importance to level fours and fives as maths and literacy. I mean, our core being as a school is maths and literacy, of course it is to produce literate and numerate children amongst all the other subjects which we teach as well but that this emotional wellbeing, which I've always believed in, but everybody is aware that that is as important, and you can't get one without the other anyway.
DTW3	[I]n general to spread the knowledge wider, rather than one or two people, for instance learning mentors or SENCOs having information, I think that the you know the information needs to be spread wider; but hopefully the TaMHS toolkit will help with this because there's quite a lot of information in there, quite a lot of reading to do, and my hope is that that will be shared by all school staff, you know support staff, non-teaching staff, not just the people who collected it at the cluster meetings.

3.5.2. FURTHER STAFF TRAINING.

Several respondents highlighted the need for and/or intention to provide further staff training in two senses. Firstly, there should be broad training for all school staff to ensure a solid understanding of mental health and emotional wellbeing among students in the general sense. Secondly, there should (or will) be more highly specialised training for key members of staff to provide a more expert role within the schools themselves.

DTW4	I think further training, ongoing training accessing ongoing training...They've been really on board with wanting to continue that, keep the links there.
DTW6	I think it's important that all schools receive training, certainly around mental health, and, and kind of understanding, recognising the early signs. I think the training...possibly in teacher training right at the beginning before they actually get in...into the classrooms working with the children, it should kind of be up there on the, on the, on the syllabus if you like...I think it's hugely, hugely important...
sSTL1	I think probably there'll be further staff training. I would like to see that and some sort of support programme for staff. I would like to think that out of this would come...a greater ease to link in with certain services, like I said, for parents to be able to speak to mental health staff as a sort of a quick referral to see whether or not we need...certainly we can plan that in ourselves into, our in-service training and into our school improvement plan. Whereas we see the need for that you know as staff change, then we'll certainly put that into staff meetings and like I say, inset training.
pSTL12	I've now got two support staff properly trained in small group SEAL they're going to share that practice with two other support staff next year to get them up-skilled so that we'll then have four support staff who are trained in small group SEAL and hopefully the year after that we'll build in another two or three support staff so that all of our support staff have that quality training.

Connected to this was some of the STL respondent's explicit conviction that the 'quick links' to mental health experts forged as part of TaMHS (see section 3.4.2) needed to be preserved in some form, though were equally clear that this may be difficult following the end of the project.

STL14	[W]e should be able to look within our locality teams for that level of expertise but until TaMHS came along we'd never been offered any hands-on, this is somebody who can come and get, get to know your school and your staff and

	your kids, and that's been the real bonus with, you know, having [DTW4] coming in because she started to build that rapport with the staff...and the kids and, and she gets to know what's going on.
sSTL10	[W]ell one of the things actually it's brought up is the need for us to have somebody supporting the staff...

3.5.3. SUSTAINING AND DEVELOPING PRACTICES.

The most commonly reported 'certain' future change to arise from the interviews with the STLs was the maintenance of particular sessions and strategies initiated during TaMHS, or inspired by them, and particularly those that focused upon engaging parents (as outlined in section 3.4.1):

pSTL8	[W]e were looking actually at doing some sort of inputs when the children come into reception ...it's not parenting skills as such, it's just for the parents... helping the parents understand the emotional needs of their children at that age because you get a lot of you know younger mothers and first time mothers, single mothers, you know who, who have, who don't have the support from extended family themselves and, and sometimes they don't know how to deal with issues themselves, you know behaviour issues with the children...So we thought we might implement some sort of programme, you know, right down at the bottom of the school to try and encourage them to sort of start now really in thinking about how they can help and what is appropriate behaviour.
pSTL11	Happy Kids [workshops are] something that I would like to continue running because I think now we've got that sort of basis; we've had four different sets of workshops now and it really was very positive.
sSTL14	[W]e've introduced a safeguarding meeting every week where we openly discuss what's going on with the students... I've gone back to our executive Headteacher and spoken about what we've done in the project for, you know, the last few months and whether that's something that's sustainable we could try and develop.
pSTL12	[W]e'll be carrying out an annual screening of children in order to measure their mental health and wellbeing as it were...... and from that, because of that screening, as opposed to just teacher referral we will include more small group SEAL work into our annual programme...so that's something that will change as a direct result of the programme.
pSTL7	[W]ell, to take part definitely, run Family SEAL sessions again for parents.
pSTL2	[W]e're continuing to do the Silver SEAL. We already did Family SEAL anyway so that won't change but, err we'll continue to do Silver SEAL group with both key

	stage one children and our foundation stage children, certainly reception children. I suppose if anything we're more open to discussions...within that sort of realms of could it be a mental health issue rather than is this child just being, being difficult, or is there something going on, and also with, with a link to parents as well because the HLTA in our school has also done a chronic sorrow course and things like that. And all of those things al help to, to sort of inform us when we're helping to deal with parents as well as the children.
pSTL6	[T]o have...more of a grounded approach to identifying children with the emotional needs that are not related to academic achievement. To understand the underlying issues that that child might have and to work very closely together as a staff...to see what we can put in place to support that child.

3.5.4. OBSTACLES TO CHANGE.

Although many respondents reported a number of TaMHS-resultant changes that were either in motion, intended or needed, there was, however, considerable concern among the STLs that issues of (a) funding, (b) time and (c) human resources could either strangle those changes already in motion, or prevent those in planning stages from coming to fruition:

pSTL11	I think it's always [the] same thing in any organisation, it's time and money. I'm not sure if you're aware of the single status problems in Cumbria at the moment, but potentially it's looking quite damaging for the school because we're going to lose all the experienced senior teaching assistants who've undergone all the training. So that could be quite a barrier...
pSTL12	The obstacles are the same as obstacles with any initiative or any sort of programme, it's time, it's money, it's err prioritising, it's just all part and parcel of a very busy schedule in primary schools.
sSTL14	[T]he nature of beast is it's something you can sit there every morning in a meeting saying 'oh I'm doing this and I'm doing that' you know, because some of it's confidential and some of it just is low level information gathering and observation...you know so I think that's the huge barrier to us is, you know, can we, can we *afford* that in our staffing and instant answer at the moment is no.
pSTL2	[S]taffing and funding....Definitely has got to be the biggest one. [W]e're a school who's in a deficit budget so we err, sort of, very sort of, thin on the ground with staff if you like, so that has an impact. If there was something like within the TaMHS organisation where we had other colleagues we could call in... [W]e've also got the Family Learning in doing the parent and craft group err after school at the moment through TaMHS. Now, we wouldn't, that's something you know, perhaps we wouldn't have had the staff err and manpower and what-have-you to

put on that so things like that are excellent. So, so within our capacity as a staff on our own we won't necessarily be able to run that.

pSTL6 It's a mixture of things; it the availability of the expertise of staff, you know from out of school and also it's the financial implications so you're fully aware in the current climate and being a small school with reducing pupil numbers, it's trying to look and being…what we can do within what we've got and without any additional funding or additional support, we're going to try our best but it would be most beneficial if we could continue with project onwards if we could.

3.6. STAFF ABILITY TO RECOGNISE MENTAL HEALTH PROBLEMS.

The issue of how, and how much, the TaMHS programme had impacted upon the specific, practical ability of school staff members to recognise mental health and emotional wellbeing issues in children was one upon which all three categories of respondent voiced opinions. While there was some variation in impressions of the *level* of impact, 29 of the 30 respondents reported that that recognition skills had clearly been improved in one or more positive senses.

3.6.1. INSTITUTION-WIDE IMPACTS.

Views regarding the manner in which TaMHS has impacted upon generalised recognition skills in relation to mental health and emotional wellbeing either across entire schools were varied. Some respondents maintained that the TaMHS programme had raised them significantly and generally:

DTW4	[With] early signs of distress...I think they've come a long way from where they were, but I still think there's a bit of work to be done...around the early identification [of] mental health disorders.
DTW6	I think in the main, generally most school staff, certainly school mentors, teaching assistants are [now] very confident, I feel, in recognising emotional distress.
pSSM11	[B]ecause we've done all of this training, we're all [now] watching for little things that may be a problem.
pSSM10	[I]t was effective in raising the issue *per se*.
sSTL1	I think it'll greatly help the staff in that...we can sort of see early indications...you hear mental health and you have all sorts of images in your mind but actually having these ideas pointed out to you, well, you know, we could be looking at emotional disorders, or it could be eating or...self harming then...to have that set out of us was very good, because then we've got a baseline to be looking at, to be working from.
pSTL11	I think it's improved their awareness. I think it's given them the confidence to be able to look more closely and being to think what factors maybe underlying, you know sort of, if a child presents in a negative way at school sometimes it's often easy just to see the behaviour rather than looking underneath and think well 'why is it they're doing that, what might be the underlying triggers?' So I think that's been a real strength. And it's also given them a confidence...to know [that]

	it's okay wanting to do that, it's just their way of asking for help...and, you know, it's not necessarily a negative reflection on the parents or on the adults working with them, it's just how a child's choosing express their need. And I think that's been quite helpful for some staff.
sSSM10	I think probably there are some very obvious signs of, of mental health issues emerging in young people which staff are probably, as being teachers and caring people and usually quite empathic probably...can pick up on quite quickly but I think there are some more...subtle signs which a TaMHS project may well have helped staff to pick up on.

Only a few respondents were of the opinion that TaMHS impacts on staff recognition skills had been relatively low in their experience. This was deemed to be either (a) on account of a perceived generalised low skill threshold which would take much longer than the duration of TaMHS itself to raise:

DTW3	I think there's a long way to go yet...[A] few of us said that when they've done the training obviously they'll have a deeper understanding which is all going to help but I still think schools have got a long way to go in being able to identify problems in the early days.

Or: (b) the opposite was the case, where a very high skilling was taken to be present and it was asserted that TaMHS has thus had only minimal impact on an already skilled staff in this respect:

sSTL14	I think within the setting we're in the recognition's always been quite high.

For one respondent, impact was deemed negligible on account of the quality of the TaMHS materials themselves.

pSSM4	[I]t won't have any effect at all... it's just a reflection on how I felt about the course. [I]t was poor to say the least.

A further group of respondents asserted that impacts had been clear in some cases, but uneven across staff.

DTW5	I think this very much depends on individual staff in schools. I still don't think it's a whole school approach sometimes; very much down to individual staff, who...some of [them acquired] a really good basic knowledge of it others haven't and just don't know where to start dealing with it really.
sSTL13	I think it'll be, it'll be diverse because the staff who are more involved, the student support staff, I think it will help them because it has raised their awareness, they've had training, or more training. So again, we were starting from a pretty good standpoint but it'll have improved that. Whereas the, the majority of the rest of staff you might argue it's less important that they are able to recognise that...

While a final group of respondents were of the conviction that many of the critical skills for recognition were already in place but that TaMHS, rather than simply 'improving' them had helped confirm, hone, develop and modify them in a range of ways. Herein, the theme of confidence-building is something of a *leitmotif*:

DTW2	I think they're more capable than what they think they are. I think a lot of teachers and support staff...actually feel that they can't do it or they don't know what they're doing, when actually they've got a lot more knowledge and don't give themselves enough credit than what they actually do...and that came across in a lot of the training really where it kind of confirmed what they already do was right.
pSTL12	Well I think due to the basic awareness training that we've all had, we're more aware of certain issues in children's lives that may lead to mental health problems. Things that you might perhaps not have realised could have led to mental health problems. So I think we're being made more aware of certain aspects of mental...you know children's wellbeing and mental health.
pSTL2	[H]aving the conversations with, with the colleagues in mental health...the practitioners that work within that all the time, those conversations with, even though it was only an hour, has...been extremely valuable because you were able to do the one-to-one and ask about specific children, on a confidential level but it was, you know, the, the, even if...sometimes you just want your staff to have that...somebody else saying 'oh yeah, that's really great, it sounds really good what you're doing already'...it gives people a boost and it gives them that extra support as in builds their confidence to, to think 'yes, I'm on the right lines; I'm

	looking for the right things'.
pSTL4:	It's refreshed their knowledge and I think it's, it's made people aware that they should be flagging up concerns they have about children, whereas in the past they may have put things in place for them within the class.
pSTL8	I think the staff are pretty well clued up on that, you know about recognising it. But...I think it was a case of not recognising it as a mental health problem just the fact that they were misbehaving as such, and now it's actually thinking yeah it is, it is actually their emotional health that's not being catered for really, you know, they've actually got a need there for their emotional health.
sSTL5	[S]o it's just having that confidence to talk to that young person. Or the confidence to pass it on, to signpost it, you know, because, you know, you've got to recognise in yourself as well, you know, even as us experienced learner mentors we know there comes a point where you've got to pass things

3.6.2. PERSONAL IMPACTS.

A number of SSMs felt they were not in a position to comment on the general capacity changes among staff at their schools in terms of recognising mental health issues in their students, but provided detailed feedback on impacts in their own individual cases. All of these were positive, either in terms of (a) general upskilling:

pSSM12	It will affect it a great deal because I've had a high level of training, a high level of ...talking with experts really, true experts in this field and so I've got a lot...a higher level of appreciation of it...I've been on courses, I've been able to communicate with different, different members of the team and actually identify different problems and talk to the team in that way. [M]y level of understanding and my knowledge has increased tremendously over the last six months. Not just as a result of courses, but as result of communication with the experts, if you like, in the field.
sSSM14	I've learnt from [DTW4] and just through general conversation as well as you know any training that she's delivered, it will give me the skills to be able to recognise problems earlier on and know the right process to take.
pSSM3	[I]t's given me more insight to look...at the child more in depth, just to listen, to listen more carefully, to take their wishes and feelings into [account], more as to what, you know what the child wants, other than what...we want as a learning objective, just to like look into more wishes and feelings of the child.
sSSM1	It will make me more aware; another issue to look at you know if their behaviour

	is a bit erratic at times you know that we question you know perhaps what other outside influences are going on with the children.
sSSM10	I've become more aware of mental health in students...as an issue, it came to the fore but I think I'll need more, more training...to help recognise symptoms and signs in students...I think, I think personally I'm probably quite good at that anyway, but I think that needs to be spread over the staff a little bit more.

Or (b) in terms of skill *modification*:

pSSM6	I think it's not so much that I'm going to recognise things, that I haven't recognised before but it's just being able to then know what they need from, from me or from somebody else.
pSSM9	I already have some young people in my class that have emotional problems, and it's helped me understand where those have derived from really...also it's helped me understand that the time that you need to help put these things right, there's never a quick fix.

3.6.3. OBSTACLES TO EFFECTIVE RECOGNITION.

Several of the respondents who addressed this general issue also identified obstacles to the effective (early) recognition of mental and emotional difficulties in students. As initially identified by DTW2 in section 3.1.3. (see p.16), there are different challenges, in terms of advancing knowledge and skills, in different types of school. In terms of the acquisition of stronger recognition skills, this issue was strongly articulated by one DTW and one STL who both noted that general skill improvement is more difficult to attain in Secondary schools due to (a) the sheer number of staff members, and (b) the regulatory pressures upon them.

DTW1	I think that Primary schools are much easier to engage and primary school staff...they generally are pretty good at spotting certainly emotional distress and mental health issues really. Secondary schools...they're such a big staff aren't they within a secondary school.
sSTL10	I think...there'll be some that it will help, but I think there will be a large number, being in Secondary school, that it won't. I think it's harder to introduce into the secondary school than a Primary school......in a secondary school you're bound by subject areas and content within the subject and that often...and, and, and league tables and therefore sometimes, some staff, and I'm not saying it's all

> staff, some staff in Secondary schools see themselves as 'I've got to get through this content and he's just being a pain, I'm sending him out, I'm not going to find out, I haven't got time to find out what's his problem'.

Concerns relating to routine and staffing were not confined to Secondary schools exclusive, with some Primary-based respondents also identifying such matters. For example:

pSTL8 Well obviously the biggest obstacle in school is staffing...that's going to be the biggest obstacle really because I think the parents are quite willing to come to things if they thinking it's helping the children. After that it is getting the parents in, but it's creatively thinking of how to staff it really and how to work round the rest of the timetable really.

One Secondary STL maintained that the main barrier to effective recognition is 'priority slip'; i.e. if mental health itself falls down the agenda in any way, staff will be less vigilant in practice.

sSTL1 I think to some extent it's probably a case of drip feeding and reminding staff because obviously we've got an awful lot to take on board and there are new interventions and there's all sorts of stuff coming out all the time so I don't think it's that they need new information, they just need to have to be reminded...of mental health.

A number of respondents voiced explicit concern that the ending of the TaMHS project itself would impact negatively on staff skills, not least in terms of the loss of constructive information pathways. For example:

sSSM13 [T]he obstacles at the moment is we're not, we're not sure at the moment what's happening within with the TaMHS project and with the TaMHS team.

pSSM6 [W]ell with the people who've been kind of available and it's been sort of a free service, I suppose at the end of this month everything's up in the air isn't it; whereas with the funding and thing just disappearing.

Finally, one respondent argued that one outcome of TaMHS had actually been a hyper-vigilance among staff that, in some cases, could itself prevent *effective* recognition through over-endeavour.

pSSM11   We might be over-analysing sometimes.

This last point is interesting in that it is the only point in the entire data corpus in which greater knowledge is *not* taken to equate directly to better practice.

3.7. ABILITY TO SUPPORT STUDENTS IN NEED.

A major issue discussed by STLs and SSMs, directly linked to recognition of mental health and emotional wellbeing problems, relates to the impacts of TaMHS upon the capacity schools to support young people with these specific problems and needs. Three major themes emerged, relating to the (a) staff knowledge of when and how to intervene, (b) the development of capacity in students (and their families) to ask for help, or to help themselves, and (c) barriers to the provision of appropriate and effective support.

3.7.1. INTERVENTION AND SUPPORT.

The vast majority of respondents who addressed this topic were affirmative in their appraisal of the impact of TaMHS on their own ability, and that of colleagues, to take positive and supportive action when a pertinent case arises. For example:

pSSM3	I've been absolutely delighted with the service that TaMHS has given to the school. I've been kept up to date with emails, I've met and liaised with other professionals like the behavioural team...that I would never have experienced in the past....and it's been really, really useful to know where to send a referral, how to refer even just a consultation with a parent just to ease a parent so that they don't need to go down the referral route. It's been absolutely wonderful and I can't thank the TaMHS enough.
pSTL11	Yes, definitely because some of the strategies and the work that they've used...has been really practical, real hands on, it's given staff ideas of things that they can do. So having...someone demonstrating has been great.

This enhanced ability is reported to be stimulated by a set of five (often overlapping) factors arising from TaMHS involvement. These factors range from the 'intangible', such as the building of confidence to intervene, to the introducing of more formal, structural systems as schematised in Figure 7 (below):

Figure 7: Factors in Effective Intervention.

Factor.	Resp.	Illustrative Evidence.
1. Improved reading of situations.	pSSM11, pSTL9, pSTL12.	• I've got a much...increased awareness of...when to step in really, just to be aware of it and to document it and to keep an eye I think is what I would gain from that and it if was an ongoing thing then obviously take it a lot further (pSSM11). • [I]n the past we may have just sat on things until something actually appeared to be wrong. You know, so I think we're being a little bit more proactive in pre-empting potential problems...or sort of offering support in order to divert potential problems (pSTL12).
2. Broadened knowledge of good practice.	pSSM3, sSSM14, pSSM9, pSTL2, pSTL4, pSSM12.	• I think that the knowledge and understanding that the TaMHS project has brought in...I definitely think that it has helped to work better and more clearly with the children (pSSM3). • [W]e do have a family who recently suffered a bereavement, so [the TaMHS training] helped everybody really understand what the children were going through (pSSM9). • Yes, I think so. I think it's enhanced their knowledge (pSTL2). • I think [TaMHS has] alerted staff to the fact that things that we've dealt with in school should be flagged up to other agencies (pSTL4).
3. Building of confidence to intervene.	pSSM6, pSTL11, pSTL2, pSTL8, pSTL12, sSSMS1, sSSM13.	• I think it's having the confidence...to know [the] child's got a problem and it's, it's the confidence of the staff to say 'right who do I need to go to?', you know 'do I need to get in touch with TaMHS?' (pSTL8). • I think so yes. We feel more confident (pSSM6). • [I]t's helped. [T]here's been some new training, so new awareness...but also it's confirmed what [we're] already doing and made [us] more confident I think when, when working with young people (pSSM13). • It will give [the staff] confidence, it will reassure them, they know there are materials there that they can get to support [the students] (pSTL9).
4. Better communication between staff regarding mental	sSTL1, pSTL2.	• I think staff have maybe discussed more pupils with me than previously. I mean we are a very open staff so we do discuss...issues going on within our own classrooms...nobody is afraid to say 'oh this has

health.		• happened, or that's happened'......but I think because of that heightened awareness they sort of brought it to me with a mental health eye on it (sSTL1). • [Staff] come to me and say 'Look...I've got a problem this child is maintaining this, you know, level of heightened distress, if you like, about something or they keep saying this, or they're obviously bothered about that' for us to then intervene either with the parents or with a referral (pSTL2).
5. Formalisation of structures for supportive action.	pSTL11.	• [W]e've got we've got the toolkit...it looks really good in terms of having supporting material as a reference tool that myself and the SENCO and other people can go to and just think 'oh well, hang on a minute, this will help identify their needs and help us be quite clear in expressing what we think the need is'. So I think that's quite a sustainable long term benefit (pSTL11)
6. Improved relations with families.	sSSM1, pSSM12, pSTL8.	• I think...through these projects...[parents] see us less [as] odorous people to talk to about it...if they're just sort of targeted members of staff that are involved in this...they see more as a friend and an ally to give them a bit of support (sSSM1).

Only two respondents in the sample were of the conviction that impact had been low in terms of directly developing support capacity, on account of (a) the generality of the training received:

sSTL10	I would have to say it hasn't done…because the training didn't focus on that…the training was more about what had we done…well we were put into situations where we had to brain storm and discuss things about, maybe, relate things to our past which was great because then you could relate to things that little Freddy was going through in lesson, but what it didn't do, was then well having recognised little Freddy, what strategies should I put in place to support him, even though it was pointed out in the first feedback, that that's what staff felt they didn't get…the second feedback didn't really go that one stage further.

And (b) the strength of support structures and practices already in place:

sSTL13	I think that we're starting from a pretty high level therefore it's more difficult to make a really big impact. [I]f we had no training at all and we didn't have the, the

> support structures we had in place than I would say absolutely; you know it will make an immediate impact and improve on what we're doing. But because we're starting from that higher level then I think yeah we, we can support them already. Obviously we're looking to improve that so it will impact but not as well as we might like it.

3.7.2. INCLUSIVE CULTURE.

In the interviews, respondents did not exclusively address their own capacities, as school staff, to intervene in cases where a mental health issue is recognised or suspected. Another strong theme emergent from the data relates to the manner in which TaMHS has helped build a culture that also incorporates students (and their families) to foster both palliative and preventative support. For example:

pSTL7	[W]e have what we call bubble time or one-to-one time. We have worry boxes [for the students] in school already so...it isn't that we haven't done anything before, we're quite hot on it, so we probably were aware of it but I just, I just think being part of the project has just heightened everything...
pSTL8	I think the biggest thing is...using the circle time and actually picking up on, on the any problems appearing in the class and giving the children time to actually speak and you know with the circle time it's all sort of confidential in the circle time and you've for your rules, there's no laughing, none of that type of thing at each other and, and giving them a little bit of time be valued. I think it's opened up a new avenue really for the school to be able to support the children that way...through the parents and you know, using the Gold SEAL doing the same way, you know, sending things home and actually, you know sort of, including the parents more so I mean you send Maths homework home and you send your English homework home but you don't actually send anything home to help them on that, on that, sort of like that the emotional side...and the on the mental health side; so I think it's, it's made us think that's [an] important part of it as well.
sSSM1	[I]f we've got those strategies we can pass them onto the children I can only see it will be beneficial towards them
sSSM14	[W]e went out on some Saturday events [and did] activities with a group of children...who had been flagged...through the TaMHS programme and we went out with them...and it was fantastic just to give the kids that kind of like...oh you know just a bit more than they would generally get and it was brilliant to see and the effect that it had on the relationship with me and the kids...it's really good it's improved our relationship loads.

sSSM3	[T]he children are buzzing when they come out of the Silver SEAL and there's a lot more children are saying, well, when is it our time with the puppets and I want to go and do what, what the children have been doing...so it, it is and the, the learning that the , that the TaMHS has given to me

3.7.3. OBSTACLES TO EFFECTIVE SUPPORT.

Finally, some respondents were of the conviction that, in their schools, there were no tangible barriers to the provision of effective support for students in need thereof. For example:

sSSM14	Interviewer:	[C]an you see any obstacles to being able to put that support in place?
	SSMs14:	Not really, no...

Other respondents, however, drew clear attention to some very practical obstacles. These related almost exclusively to issues of (a) overall time, (b) lack of funding and (c) schedule pressure in working schools.

pSSM12	[T]he biggest issue as far as personally I'm concerned, trying to fit it all in really and trying to make....do the best for the children and make sure they get 100% support so you don't just sort of do a small group with them for six weeks and then just drop it...you know and sort of follow it on really but we're very, very lucky, or I feel like we're very fortunate here we've got a very support team, we've got a very supportive head who....you know and everything does get followed on but *time* is the biggest issue.
pSSM9	I think obviously further training would be brilliant for everyone, if you could get, you know, if you could get that, though with funding as it is at the moment it seems unlikely...stuff like this needs to be kept fresh in peoples mind it's, you know it's a bit like teaching children you have to keep, not going over the same ground but, revisiting areas; so I think continued training would be fantastic if it could be, you know if you could get it but...I see that as unlikely at the moment.
pSTL12	Well the only thing is you've got a limited number of support staff and limited number of hours in the day, you know. So it's the capacity of timetabling really to allow for that but we do...we make space even if it's just five minutes a day for that child, you know, we do make space.

pSTL2	[U]nfortunately, the way of the world at the moment in education is that because we're paid per child, so to speak, we're doing the utmost we can for those, and the individuals do get what they need but it could be to, for example, taking the HLTA out of the class on a Friday afternoon for an hour is taking her away from the class of 24 where she's working with a class of six…which is doable and we, you know that's the sort of thing that we do in this school but, you know when there's nobody else there, if, if we were lucky enough to have an extra pair of hands, an extra member of support staff it, it would be, we would be able to do it much more and we would be able to run nurture group every morning which we would dearly love to do but we just haven't got the staff to do it. [W]e have children that would really benefit from that but it is a bit of a funding issue…in school at the moment.
sSSM10	I think it's quite competitive in, in terms of the time…the sort of very valuable time that we have with, with staff training and meetings and what we use it for……I'm not saying that mental health is not a priority for us at all of course, it is, but I think that would be a barrier. It would be, 'do we do a mental health training evening instead of a staff meeting?' or 'do we do something about teaching and learning or do we do something about etc.?',…so I think that's the barrier, it's what we see as being the priorities and how we use the, the valuable sort of meeting time that we have, or do we train a small number of willing staff who then find creative ways to cascade that…
sSTL10	[W]hat [the DTWs] did do with students…I couldn't fault that; I just think it…it's very hard to, change a cynical secondary school teacher's perception on a Monday night of training; and we couldn't devote…in a way I suppose it was unfortunate that it was being launched at the same time as we were launching a new initiative in school. So our training days were given over to, to…the…our launch rather than the TaMHS.

The issue of sustaining parental involvement, especially with those with most to gain, in the overall process was also identified as critical for the provision of effective and sustainable support, and the development of mechanisms to ensure sustained involvement a major challenge for schools. For example:

pSSM7	[S]ome of the parents that we would really have liked to have been there, sort of, they dwindled and didn't come…so I don't know if there would be any way possible to encourage those parents to stick with it because, I mean, there are parents that would really benefit from that and they just, you know, they stopped coming…so I don't know how that could be achieved but, I mean, if there was some incentive to get them there that would be really good.

3.8. SCHOOL STAFF EXPERIENCE WITH SEAL.

A number of the SSMs, in the course of their interviews, commented upon their experience of working alongside TaMHS staff in SEAL work and the impacts and outcomes of this work itself. The data corpus reveals a strong unanimity relating to the value of this particular mode of involvement, with SSMs finding both the practices and practitioners equally praiseworthy.

3.8.1. IMPACTS OF SEAL WORK.

Feedback on SEAL sessions was universally positive, a typical response being:

pSSM12	I've done small group SEAL with a year 4 of children that [we] identified and that was very, very beneficial.

The SSMs, with respect to the SEAL, detailed three main domains of impact: (a) benefits for themselves as educators and their schools on the whole, (b) direct benefits for the students and (c) benefits for the families of the students. In terms of the former, benefits were mainly seen in terms of self-organisation and enhanced communicative capacity:

sSSM1	[I]t does give you a few extra, I keep saying this word strategies, but it gives you a few more ideas of how to deliver the programmes that are there.
pSSM3	It has been very, very useful because it has given me a learning tool, it's given me resources to use with vulnerable children and children that do…and can get very emotional. [I]t's also been very useful to share those methods and tools with the rest of the members of staff. [I]t has been useful for the support teachers within the school to have a tool and to have resources that we can openly use that maybe will have been in a file maybe with the teachers in the past. But it's now an open tool…it has been worthwhile, it's been very, very useful for the school.

In terms of benefits to students, the reported impacts were direct and extensive. Respondents indicated that the sessions were enjoyable for the children in-themselves, but also had produced tangible changes in behaviour.

pSSM3	[T]he children are so full of the puppets that've been used, and their wishes and feelings, the little games that we've played...
pSSM6	[C]ertainly some it helped their self-esteem, their confidence and just...actually they way they related to other people as well.
pSSM9	[I]t's actually the children within that group gained an awful lot out of it...they're a lot more tolerant I think, and they will stop and think whereas before they didn't do that.

Respondents were similarly positive regarding the impacts for parents and the family lives of the students:

pSSM7	I think the parents have got a lot from it; I think...they were really open about it; I think they went away with a better understanding and better ways to deal with, you know, emotional behaviour at home and what they could do and they took resources away with them as well, which I know they all benefited from, like...charts and things...and I think they all benefited from that; they were, they were really good.

Moreover, the SSMs often provided strong and explicit cases of how SEAL work had been of benefit in this regard. For example:

pSSM3	Yes, yes it has made a difference because, as I say, it's been very child orientated, the children have loved using the puppets and when the puppet's had a bad day and when it's been feeling upset even the parents have come in talking about the puppets...and the parents are using the techniques that our Molly and... we've called ours Molly and Wally, because our children are only small, they start from four, age four and go to age seven... even the parents want a Wally and Molly because they seem to do as they're told for a Wally and Molly. So they want the techniques as well so it has made a difference and when the children have maybe been having quite a behavioural problems...at home as well as school, they never want this Wally and Molly to find out....So, so you know, the parents will openly come to me, because I'm the one point of call for all the parents to come to within the school, "I think you need a conversation with Wally and Molly because we had quite a little, you know, very cheeky yesterday evening..." "Oh well, that's okay because I will be discussing it with Wally and Molly"... and then it goes, the behaviour stops.

3.8.2. EXPERIENCE OF COLLABORATIVE WORKING.

Opinions on SEAL work with TaMHS staff were similarly positive, with SSMs citing the quality of support and feedback as essential to the success of delivery in general terms:

pSSM7	[DTW3] was really supportive; I couldn't fault her at all, she was really supportive and she was helpful, she done a lot of work and no I couldn't fault her at all.
pSSM12	[T]he SEAL programme itself...worked very well and [TaMHS worker] was very, very supportive, came in observed and we got reports back from her about the progress of the children as a result of the SEAL group.
sSSM14	I've enjoyed working alongside them, I've done the [small group SEALs] actually with [TaMHS worker], so I particularly enjoyed that and I know the children did as well, that was absolutely great.
pSSM9	[T]he actual TaMHS staff have been very supportive all along. The ladies who delivered...things are very good as well, very understanding, very knowledgeable and yes, we've just had a...it's been a good relationship.

And also in more technical terms:

sSSM1	[W]hen I did a programme by myself I was a bit concerned that I wasn't actually fitting everything in that I needed to...it was taking me slightly longer to get through the lesson than I think it possibly needed...[W]hen I was working with a member of the TaMHS team I saw that...if there was bits I couldn't do it wasn't important to squash them in.
pSSM9	[T]he site manager...was not concerned about doing it; he didn't think he had the skills to do it. But we all thought that he did have the skills to do it; and [DTW5] was fantastic with him, she gave him the confidence...to carry on and do the whole group project...with the children.

3.9. IMPACTS ON TAMHS STAFF.

As part of the broader interview, DTWs were provided with an opportunity to reflect on how taking part in the TaMHS programme had impacted upon their own professional practice and how, in an ideal world, they would like to see their roles as professionals supporting schools developing.

3.9.1. IMPACTS ON PROFESSIONAL PRACTICE.

There is some variation between DTWs in the perceived overall level of impact, largely premised upon the degree to which their TaMHS role replicated the tasks they were performing pre-TaMHS. In some cases, the overall impact was deemed to be relatively low, as those tasks were being replicated almost exactly.

DTW2	Has it made any difference to my practice? Probably not majorly because this is the job I was doing anyway before I came into TaMHS. It's just...made it easier because I was focused on one secondary and the cluster schools whereas before I came into do this I was doing exactly the same role but actually for the whole of Carlisle district.
DTW3	My professional practice... well I was delivering small group work anyway previous...to doing for the TaMHS.
DTW6	I've actually been doing this being doing this kind of TaMHS for the last seven years, although it didn't have a title...earlier on, so it's just, it's just an extension of what I've already been doing for, for quite, quite some time.

In other cases, DTWs cited much more solid impacts resultant of taking on new roles and tasks.

DTW4	[I]t certainly has. My previous role was community nurse within the TaMHS team so I've stepped aside from [that and]...it's increasing my knowledge and development around the early intervention...work and the training.
DTW1	I've got much more involved...thinking about emotional wellbeing rather than thinking about just a behaviourist sort of approach but [parents] to think about what's really going on underneath all the stuff that young people do. [S]o the parental engagement to me has been...a really useful thing and I've certainly done more if that in TaMHS than I had done.

Whether citing minor or major impacts, however, DTWs made salient four clear and positive issues relating to new ways of thinking or practicing in schools that involvement in TaMHS had brought about. These are summarised in Figure 8 (below):

Figure 8: Impacts on Professional Practice.

Factor.	Resp.	Illustrative Evidence.
1. Building more focused relationships with those in need.	DTW1, DTW2, DTW5, DTW6.	• [It] has given me an opportunity…to be very targeted…and that's very useful because you can build up relationships and I think it's those relationships that impact and make changes… when you can do it in an intense way like that (DTW1). • I think it's erm enabled me to work more with families, which has really helped (DTW5). • [I]t's made a massive difference to me in terms of the health promotion and working with families (DTW6).
2. Building more focused relationships with professionals.	DTW2, DTW5.	• I've been working more collaboratively with the primary mental health workers and I think schools have benefited from that in that we have a much broader expanse of experience when we're working together (DTW2). • I've worked closer and longer with staff in schools over a certain project so that's been helpful as well (DTW5).
3. Developing small-group skills.	DTW2, DTW4, DTW5	• I think it has benefited my practice and I think it also I suppose I've become more confident in delivering the small group, and certainly with the Family SEAL, because I had done that previously but not as much as I have done under the TaMHS umbrella (DTW2).
4. Developing training and educational skills.	DTW4, DTW6	• [I]t's increasing my knowledge and development around the early intervention…work and the training. • [I]t's given me confidence…to pass that confidence on (DTW6).

3.9.2. IDEAL ROLE DEVELOPMENT.

Building upon these impacts, DTWs also identified two major ways in which they would like to address their own prospective professional development as an output of working in TaMHS. Firstly, there was an evident desire among DTWs to evolve their roles to involve more, and more direct, engagement with the families of students in need.

DTW1	[P]arental engagement to me has been, I guess, the one thing that I'd like to sort of move forward with and I have sort of talked to managers about that…before. I think it's been a really useful thing and I've certainly done more of that in TaMHS than I had done.
DTW3	I would really like to see me and my team working alongside the primary mental health workers, doing a lot more work with families and parents.

Secondly, it was hoped that, as an output of TaMHS, roles would expand to include more contact, knowledge transfer and direct training with staff in schools.

DTW2	I would like to think there is still some training and some role out of that.
DTW4	[T]he consultation side with the schools continuing that and the…additional training.
DTW5	I personally just feel to be there in schools doing something working alongside is how I would like to see my role developing…because I think…you can't just go in and say 'do this' and expect them to do it, it's working alongside, which I think TaMHS has done really well.
DTW6	I would like to see an expansion of this service so that each and every school has access to a primary mental health worker, working very closely again with, with mentors, teaching assistants, school nurses, the whole agencies early identification and health promotion and intervention.

Is should be noted, however, that some DTWs did firmly posit that such development was likely to be hypothetical, or 'ideal' at the very best, citing structural, funding and broader political climes:

DTW2	I'd love to be able to kind of carry this on in a lot of the schools; I just think the future doesn't hold that for TaMHS really...I don't know how much will actually happen.
DTW3	[A]ll this is very difficult when I could possibly be made redundant in the next few weeks so you understand it's not any easy...none of us are in an easy position at the moment...with all these cut-backs in, in the county council. Our jobs are all under threat.

3.10. APPRAISAL OF OVERALL INVOLVEMENT IN TAMHS.

Following the detailed discussion of their own involvement in TaMHS outlined in sections above, STLs were invited to provide a brief overall appraisal of whether participation in TaMHS was a worthwhile undertaking for their particular school, and to describe the matters underpinning their opinion.

Twelve of the fourteen STLs provided overall appraisals of involvement with TaMHS that were unmitigatedly positive, answering the direct question 'Has involvement in TaMHS been worthwhile?' in largely very direct ways, for example:

sSTL1	Right yes. Definitely.
sSTL5	Oh definitely, yes.
pSTL6	Very much so.
pSTL11	Oh definitely.

These positive respondents included two that admitted having been initially sceptical or unsure about the form and goals of TaMHS involvement:

pSTL8	I think at the beginning...we were a little bit unsure about what it actually was about, right at the beginning of the project because it was sort of came just before the summer holidays and it was three terms and it started in the June...but since about just before Christmas it's all very apparent and very clear what the whole thing is about. [It's] a shame that it's stopped.
pSTL12	I would say that participation has been worthwhile; actually I have to be honest at the start I was not convinced. I didn't really believe in whole-heartedly simply because I thought what can we possibly achieve in two terms...I thought the timescale was unrealistic and what was expected was completely unrealistic. But, actually, in terms of a springboard to further developments I think it's been brilliant.

A total of six broad reasons were given for positive appraisal of overall involvement, which are summarised in Figure 9:

Figure 9: Positive Appraisals in Context.

Factor.	Resp.	Illustrative Evidence.
1. Bringing in otherwise unaffordable expertise.	sSTL1, pSTL8.	• [B]eing a small school...we have no money in the budget whatsoever, we're down to a skeleton staff so one of the benefits has been actually having expertise brought into school...to work with children, alongside a teaching assistant, but that expertise you know...We can't afford to buy it in, so the funding's been great in that respect (sSTL1). • You know because we've been given this little bit of time and with the extra funding you know.,,the input and everything, and how can we build on that now really as a staff and how can we incorporate that type of thing into, into what we're doing in the school. (pSTL8).
2. Formation of supportive and knowledgeable communities.	pSTL2, pSTL7.	• I've been to the meetings, the cluster group meetings with the other heads locally, it's a really good opportunity and a forum to share ideas, share what we all would like, and what has been particularly good about it is we, we didn't just all get one, one size fits all, we were able to say what we really need (pSTL2). • I mean it would be brilliant if we could continue having a cluster meeting every so often, I know we've had them fairly regularly, but every so often just to like touch base...yes, just keep ticking over and thinking oh we did and it's been really good meeting with the secondary...colleagues as well and those in the PRU. [I]t's just to listen to what they're doing and their successes and it's wonderful just listening to them...it's brilliant (pSTL7).
3. Student benefits from contact with professionals.	sSTL1, pSTL11.	• [I]t's very good for pupils sometimes to have a different face who they feel, you know they feel they can actually talk to this person but they are not being judged because it's not an adult that they know in school as a teacher...even though they will talk to the staff obviously but you know it's that somebody different...So I think that's been of great benefit (sSTL1). • [T]he feedback from the kids was really positive at the time, but having seen those kids...six months on, some of them are still referring to 'oh when that lady came and did that...it helped' (pSTL11).
4. Student benefits from new practices.	pSTL6, pSTL11.	• It was very much so, because for our children, speaking from our small school's point of view, we've been very fortunate not only have we had the TaMHS training for

		the whole staff but we've also had Stardom project run, which is all about raising self-esteem, in years 3, 4, we've had a SEAL project running in year 5 for those that have emotional problems but are based at home and to do with self-esteem again and it really has a positive effect on them (pSTL6).
5. Staff benefits from contact with professionals.	pSTL7, pSTL11, sSTL13.	• [I]t's been mainly the training hasn't it and working alongside, but having [DTW3 and] these professionals who can come in and train us and then we can continue on doing those things. • [I]n terms of my professional knowledge and understanding I think it's been worth any additional work (pSTL11).
6. Inspiration for further staff development.	pSTL2, sSTL13.	• [W]hat I have found useful is...further enhancing knowledge, sort of from the top down, if you like, I'm actually signed up to do the, the M level course, you know the one that University of Cumbria are running (pSTL2). • [O]ur family support worker have now been able to access training at the University of Cumbria (sSTL13).

One respondent was largely positive, though did mitigate this a little in terms of the TaMHS project not going far enough in the training provided to staff:

sSTL10	I think to a point, but not as much as perhaps the TaMHS team would have wanted it to be...I think that it was a short time, only...it was just under a year wasn't it, that we've been involved, and I think that, because we had one member of the team working with us but working with a number of other schools, and the response was better for example from the primary schools than ourselves, we didn't necessarily...get the training that we needed.

And only one was largely negative, again in terms of the level at which training was 'pitched':

pSTL4	[T]he introductory training sessions were not worthwhile...that didn't sell the message particularly well to the staff.

3.11. STRUCTURAL AND SUBSTANTIVE IMPROVEMENTS.

At the close of each interview, the respondent was invited to propose how, from their own position within the programme, the organisation and delivery of TaMHS might be improved or developed if it were to be run again in the same, or other, schools. Only one respondents (SSM11) suggested that that they would make no changes. Among the others, regarding appropriate modifications and improvements were highly constructive, and those that did not replicate those already detailed elsewhere in this chapter fell into two primary domains, addressed below.

3.11.1. TIME AND (HUMAN) RESOURCES.

One of the main issues arising from the interview data related to the amount of time that any particular DTW could dedicate to any given school or school-based task:

DTW6	[S]uggestions for improvement? I think for me would be more hours to be allocated to the school. I think that's been a stumbling block for us as well that the lack of hours that we could, that we could actually provide. You know we were only allocated a certain amount of hours and it wasn't enough personally I think it should be a full time role in order for relationships to be built up and getting to know the children and stuff so that, for me, would be the time I think.
sSTL1	[T]he time that [the DTW] been given to be actually spend within schools has been quite limiting so therefore the time that we've managed to, sort of, take up of hers has been quite small.
pSTL8	[S]he came to watch…everything you know but I think she seemed to be a little bit overloaded with work. I mean that's just my opinion and…she's brilliant. I'm just saying you know she seemed to be rushing around here, there and everywhere and I think you know, you might worry for *her* mental health.
sSTL14	I mean it was difficult that she was only obviously able to a couple of hours once a week, and then there were one or two occasions where I think she was poorly and that week kind of passes by and I think that in terms of, you know, somebody being there regularly, I mean more than once a week would have been absolutely fantastic for us.
pSTL11	I think the experts had the constraint of being limited in the days because they had their other jobs to do as well so they were limited in the days they could work with us.

With respect to this, two logical solutions were posited by DTWs: (a) this perceived shortfall could be realistically addressed through the involvement of more DTWs overall for a project of the same size ('..employ more of us.' – DTW1). Alternatively, (b) the practice of 'splitting' roles could be ended:

DTW2	[W]e still had 18 hours this and 18 hours of our other post...so it was kind of juggling hats whereas if you actually did it full time it would be a lot easier because you wouldn't be then saying 'no, I can't do this there, I can't do that there'....I think we started off where it was coming in and trying to run certain groups on, you know, things...stand alone projects and it doesn't work. Parents won't accept that because it takes a long time to set a project up and I think it's working with existing school staff, existing systems that we've done over the last couple of months where we've joined parents evenings, we've joined the Christmas school concerts, school plays to be around when the parents are already there because to ask them to come in to a separate stand alone, they're quite wary of who you are, so I think it's getting into the school culture by getting in through things that are already happening within the schools really...So you're actually physically there and that does make a big difference.

Another common suggestion ventured was that the TaMHS programme would have benefitted from a longer overall running time, largely to enable sustainable structures, relationships and practices to 'bed-down'.

DTW3	[I]f we were to do it differently I think it would work better over a longer period of time, because I feel that we're just getting into out stride...and also because of the, the short nature of the, of the intervention we weren't able to offer as much support as we wanted to, to the schools. So I think definitely a longer period of time would have, would, would be better.
sSTL1	[C]ertainly a longer time to actually make use of [DTWs] because now the project's coming to an end and we're only just starting....our community well they're...generally reluctant to take on anything new. You know, people who come into school, it takes them quite a long time to actually use any services that are offered, even though they need them...so to some extent it's cruel isn't it because we're saying to people 'come and use this service and then once you've got used to using it you know and you recognise the need and the benefit that you can reap from it then we'll just take it away again'.
pSTL6	[E]xtended projects basically. We're just coming to grips with it, it's beginning to work it's in place and everything stops... and from what I gather the system is reverting to how it was before this project was initiated and it seems such a terrible shame because...everyone was working in a collegiate fashion.

| **pSTL11** | [I]t wasn't even really a full year by the time the project got up and running...and that we could, really to fully embed it, have done with longer to make it more sustainable. |

Finally, a need for greater funding was identified as a means of avoiding negative impacts on (a) the overall effectiveness of the project for the region. For example:

| **DTW1** | I guess that's the problem is that...you know it's all very well isn't it doing something like [TaMHS] but if there isn't...the money to roll it out...you can put into that one school and it's helpful but without, without funding you know you can't just roll it out everywhere...and unfortunately all the other schools have been missing out while that's been going on because they haven't been able to draw on our resources...so it's a bit of a resource issue I think would be the thing. You know it's all very well isn't it doing a project like this but, but what next? And in this project there isn't a 'what next' really...we're sort of going in doing this and then leaving schools a bit high and dry. |

And also (b) very specific impacts within schools. For example:

| **sSTL1** | [W]e have had very good support from members of staff coming in to the school [but] there hasn't been funding for the school to actually be able to...supply a member of staff in there from our school... so that's caused one or two issues with behaviour management and...we then don't benefit from the training element of experts coming into school to work with our pupils so I think that would be something that I would address. |

3.11.2. PLANNING AND ROLES.

A key concern regarding the Cumbria TaMHS project related to the initial rollout of services seeming 'rushed', with several consequences. In these terms, a regular suggestion regarding a potential improvement for future comparable interventions was that a more staged lead-in period be established.

| **DTW4** | [It is important that] the planning's done a little bit *before* we start the project, [that] schools are given more notice, because what we found was schools were quite booked up, their timetables were booked up, a lot of the training slots were |

	booked up....That would be the main, main area I'd look to change.
pSSM12	[H]aving plenty of time beforehand to, to read it through, get your head round it and know exactly what you're doing.
pSTL12	[E]verything could have been improved if the lead-in time was longer. What happened was [the] county got this money, it had to be delivered by such and such date...it was already quick at the beginning...I felt that it was asking too much, too quickly, in too short a timescale and we had enough on quite frankly...I am glad we've taken part now, but they need to give schools bigger lead-in time to get their heads round things like this because you need to really plan it into your school development plan as opposed to it being an add-on...so in terms of holistically we would have benefited from a slower introduction and a longer lead-in time really.

A number of respondents highlighted how the rapid lead-in resulted, in their schools, in some initial uncertainty and misunderstanding over the roles that individuals should be adopting, particularly the DTWs themselves.

sSTL5	I think there was a little bit of confusion at the start about how the primary mental health workers would actually work in schools, and I think we were under the impression in schools that they would be working one-to-one with a lot of young people and there was quite a lot of confusion about that...and whether...that could maybe have been looked at, you know prior... I mean we did have some really good briefing meetings, it wasn't that, but I think the project as a whole maybe wasn't explained as clearly...that the primary mental health workers were there for sort of consultations with staff rather than the in-depth work with the students which I think a lot of schools, I don't, I think you might get this from other schools, we expected them maybe to work one-to-one with the students...rather than just with the staff. So maybe that, that might have been something that maybe needed explained a little bit more.
sSSM13	I think it would have been better if we'd have know exactly what we were...you know what the TaMHS worker was going to be doing.
sSTL13	I think there were, there were communication difficulties at the beginning. I think because we were taking workers from TaMHS then there was confusion from that end as to what the role of the workers in the school was...so that was a difficulty and I think that needs to be cleared up.

Another respondent pointed to the manner in which more lead-in time may have produced a greater clarity for staff regarding the overall purpose and structure of TaMHS.

pSTL8	I think if there'd been a bit more input into what it was all about and why, I think that was the biggest thing that I felt, it was why we were doing it, do you know what I mean, I don't mean why for the children's emotional benefit but you know where it all fit into the big picture.

Finally, and also related to the notion of an extended lead-in was the suggestion that some form of pre-assessment of school staff themselves be completed before active intervention and training begins, such that sessions can be better tailored to pre-existing knowledge.

pSTL4	I think that they need to do some pre-assessment of what knowledge the staff have before they start presenting very generic, generalised training...so that they can actually meet the needs of the staff who they're actually working with.

4. THEMATIC SUMMARY.

In this section, findings from the initial analysis are condensed into practical summary points for ease of general reference, and also as an important analytic step towards final synthesis. Evidence for all summary points can be found by referring back to the indicated sections of the Thematic Analysis.

Summary Point 1: Knowledge Impacts of TaMHS.

Data Location: pp.13-17

- All TaMHS workers were uniformly positive about the impacts of the programme on the knowledge of school staff, and the scale thereof (substantial), citing only the timeframe and larger structures of secondary schools as obstacles.
- Over half the school staff and school leads were similarly affirmative on the topic, citing substantial advances.
- A further number were clear that although knowledge was good to begin with among staff, the TaMHS programme had (a) foregrounded the issues, and/or (b) linked ideas, and/or (c) confirmed good practice and built confidence, and/or (d) translated 'theoretical' knowledge into a more practical form.
- Some secondary school leads maintained that the knowledge benefits were uneven due to constraints on staff time and workload.
- Two respondents (from the same school) identified no knowledge impacts.

Summary Point 2: Materials and Training.

Data Location: pp.18-23

- The quality of printed and online materials provided was very widely praised by school staff and leads, with materials on bereavement and loss singled out for strong acclaim.
- Easier access to printed materials, with a stronger online presence, was advocated.
- Only one respondent criticised the materials themselves, both in terms of overall quantity and quality.

- There was a great deal of praise for training sessions for clarity and relevance, especially (again) for sessions on bereavement.
- It was felt that some training could have been better tailored to specific audiences, i.e. de-genericised, especially in terms of providing a stronger and more practical educational focus, and a need to preserve the momentum generated by training was also reported.
- There were some concerns that the basic training was too basic for some school staff.
- Some respondents were critical of the content and delivery of training, or the consistency of the trainer.

Summary Point 3: Priority Shifts in Schools.

Data Location: pp.24-25

- There was a widespread conviction that mental health and emotional wellbeing issues had been shifted up the agenda in the participating schools, with only one respondent reporting it had not, because it was already a top priority at their school.
- Three mechanisms through which priorities had been raised were identified, these being (a) better collective understanding and discussion of the issues among staff, (b) the provision of a practical focus for more generalised awareness and (c) an enhanced engagement with professionals and training.

Summary Point 4: Structural Changes in Schools.

Data Location: pp.26-31

- All respondents identified tangible changes in their schools as a direct result of TaMHS involvement.
- The increased involvement of parents with pertinent wellbeing issues, both directly in sessions, and also through greater staff confidence in contacting them, was seen as a major development.
- The building of networks and contacts to deal effectively with issues as-they-arose was seen as a central benefit of TaMHS.

- There was a particular concern that these networks would dissipate with the end of the programme.

- Respondents identified a generalised culture change regarding mental health in their schools, producing a greater openness to the benefit of the students.

- Concrete practices put into place as an outcome of TaMHS were also identified, including new ways of interacting with students, dedicated staff meetings and stronger profiling.

- There was a concern that some or many of the affirmative changes made may not be sustainable post-TaMHS.

Summary Point 5: Prospective Changes in Schools.

Data Location: pp.32-36

- Respondents identified a number of changes that will be brought about as a result of TaMHS, or that TaMHS had highlighted as a necessary or desirable change.

- A number of respondents identified the need to maintain a culture of awareness as critical for effective practice in the future, and both broaden and deepen it among staff.

- Respondents indicated their own intention, or that of their colleagues, to take part in further training in mental health issues.

- The development or preservation of number of concrete practices arising from TaMHS, including workshops for students and staff, and SEAL sessions, were cited as sustainable endeavours.

- There was some concern among the STLs that issues of (a) funding, (b) time and (c) human resources could either strangle those changes already in motion, or prevent those in planning stages from coming to fruition.

Summary Point 6: Problem Recognition Capacity.

Data Location: pp.37-43

- While there was some variation in impressions of the *level* of impact, 29 of the 30 respondents reported that that recognition skills had clearly been improved in one or more positive senses.

- A majority argued that TaMHS impacts on staff recognition skills had been significant (if not always uniform within and across institutions) while only a few were of the opinion that these impacts had been relatively minor.

- The latter invoked already knowledgeable staff, or there being 'a long way to go' in explaining the low impact.

- Improvements were not always seen to be a direct outcome of improved 'skills' in-themselves, but rather of improved confidence to use them.

- Personal accounts noted both effective upskilling, and effective skill modification to purpose.

- Obstacles to effective and sustained recognition of problems included (a) difficulties in assimilating larger staff groups in secondary schools, (b) general timetabling and staff prioritisation of time and resources under pressure, (c) maintaining good practice post-TaMHS and (d) information saturation and over-analysis.

Summary Point 7: Support Capacity and Provision.

Data Location: pp.44-50

- The vast majority of respondents were affirmative in their appraisal of the impact of TaMHS on their own ability, and that of colleagues, to take positive and supportive action when a pertinent case arises.

- The mechanisms through which TaMHS facilitated this improvement were: (a) improved reading of situations, (b) broadened knowledge of good practice, (c) building of confidence to intervene, (d) better communication between staff regarding mental health, (e) the formalisation of structures for supportive action and (e) improved relations with families.

- Only two respondents were of the conviction that impact had been low in terms of directly developing support capacity, on account of (a) the generality of the training received and (b) the strength of support structures and practices already in place.

- TaMHS was credited with having helped build a culture in some schools that also incorporates students (and their families) to foster both palliative and preventative support.

- Obstacles to the provision of effective support related almost exclusively to issues of time, funding and schedule pressure in working schools, and to the capacity to keep parents engaged with the process.

Summary Point 8: SEAL.

Data Location: pp.50-53

- There was a strong unanimity among respondents relating to the value of SEAL, with SSMs finding both the practices and practitioners equally praiseworthy.
- Three main domains of direct and tangible impact were reported: (a) benefits for SSMs as educators and their schools on the whole, (b) benefits for the students and (c) benefits for the families of the students.
- Practical examples of these benefits were also reported, with the value of puppets for primary school children gaining particularly positive attention.
- Opinions on SEAL work with TaMHS staff were similarly positive, with SSMs citing the high quality of support and feedback as essential to the success of delivery in both (a) general and (b) technical terms.

Summary Point 9: Professional Development in TaMHS Staff.

Data Location: pp.53-56

- In some cases, DTWs rated the overall impact of their involvement in TaMHS as low due to their roles replicating closely those they had previously performed, while others cited much more solid impacts resultant of taking on new roles and tasks.
- Respondents made salient four clear and positive issues relating to new ways of thinking or practicing in schools that involvement in TaMHS had brought about for them: (a) building more focused relationships with those in need, (b) building more focused relationships with education and health professionals, (c) developing small group skills and (d) developing training and educational skills.

- Two desirable types of future role development were identified: (a) more, and more direct, engagement with the families of students in need and (b) more contact, knowledge transfer and direct training with staff in schools.

- Respondents posited that such development was likely to be hypothetical, or 'ideal' at the very best, citing structural, funding and broader political climes as major obstacles.

Summary Point 10: Appraisal of Overall Involvement.

Data Location: pp.57-61

- Twelve of the fourteen STLs provided overall appraisals of involvement with TaMHS that were unmitigatedly positive.

- Six primary reasons were identified as being central to these appraisals: (a) bringing in otherwise unaffordable expertise, (b) formation of supportive and knowledgeable communities, (c) student benefits from contact with mental health professionals, (d) student benefits from new mental health practices, (e) staff benefits from contact with mental health professionals, and (f) inspiration for further staff development.

- One respondent was positive but argued that the overall value of TaMHS was lessened in not providing sufficient training for school staff.

- Another was negative, and maintained that the introductory training was aimed at too low a level to be useful.

Summary Point 11: Recommended Improvements.

Data Location: pp.60-66

- It was argued that DTWs should be allocated more time to attend to particular schools and particular task either by employing more of them, or making better use of their time.

- A longer overall running time for the project, largely to enable sustainable structures, relationships and practices to 'bed-down', was seen as an important improvement.

- The need for greater funding was identified as a means of avoiding uneven distribution of service in general regions and in particular schools.

- A more staged lead-in period to service delivery was seen as essential to ensuring that: (a) DTWs are certain of their roles and tasks, (b) school staff are prepared and aware of the purposes of the programme, (c) effective communication is established between schools and TaMHS in advance and (d) some pre-assessment of the needs of particular schools and their staff can be completed such that training can be tailored.

5. DATA SYNTHESIS AND CONCLUSIONS.

In this final section, four crosscutting issues that that arose within multiple analytic themes are investigated, with a view to elucidating the most important TaMHS-related matters as perceived by the participants themselves. Herein, all points are made with reference to the analytic sections in which strong supporting evidence can be found.

5.1. SUCCESSFULLY BUILDING CONFIDENCE.

The TaMHS project was manifestly focused on raising awareness of mental health issues among school staff and developing the skills to recognise when students are experiencing emotional distress, and to intervene and support when appropriate. A major crosscutting theme within the findings, however, relates to the rather less tangible issue of confidence-building. While there was a broadly positive assessment of impacts on knowledge and skills, impressions of impact *level* varied, largely on account of many SSMs and STLs asserting that knowledge and skill levels were high already. Respondent from all three categories, however, reported an enhanced confidence among school staff in the *use* of knowledge and skills as a critical output of TaMHS involvement. This manifested in a number of domains, with firm and constructive impacts of its own. For example, in Section 3.1.2, the function of TaMHS as a 'confirmer' of good knowledge was identified as a major confidence boost for staff in their dealings with students, and also the students' families (see also 3.2.2, 3.4.1). In Sections 3.3, 3.4.3, 3.6.1 meanwhile, staff members' confidence to discuss mental health issues openly with colleagues was raised; this was reported to engender a stronger shared sense of priorities, while working with TaMHS staff in practical sessions was reported to have direct impacts on staff confidence in their specific interactions with students (3.4.3, 3.8.2). In Section 3.6.1, improved confidence to *apply* knowledge to issues of problem recognition is discussed at length by respondents, again in terms of interacting with the students about sensitive issues and to ask what is happening, but also to (a) trust their own opinion when they suspect that something *is* wrong and, moreover, to (b) trust their own ability to do the right thing when intervening (3.7.1). These issues are schematised in Figure 10:

Figure 10: Confidence Impacts.
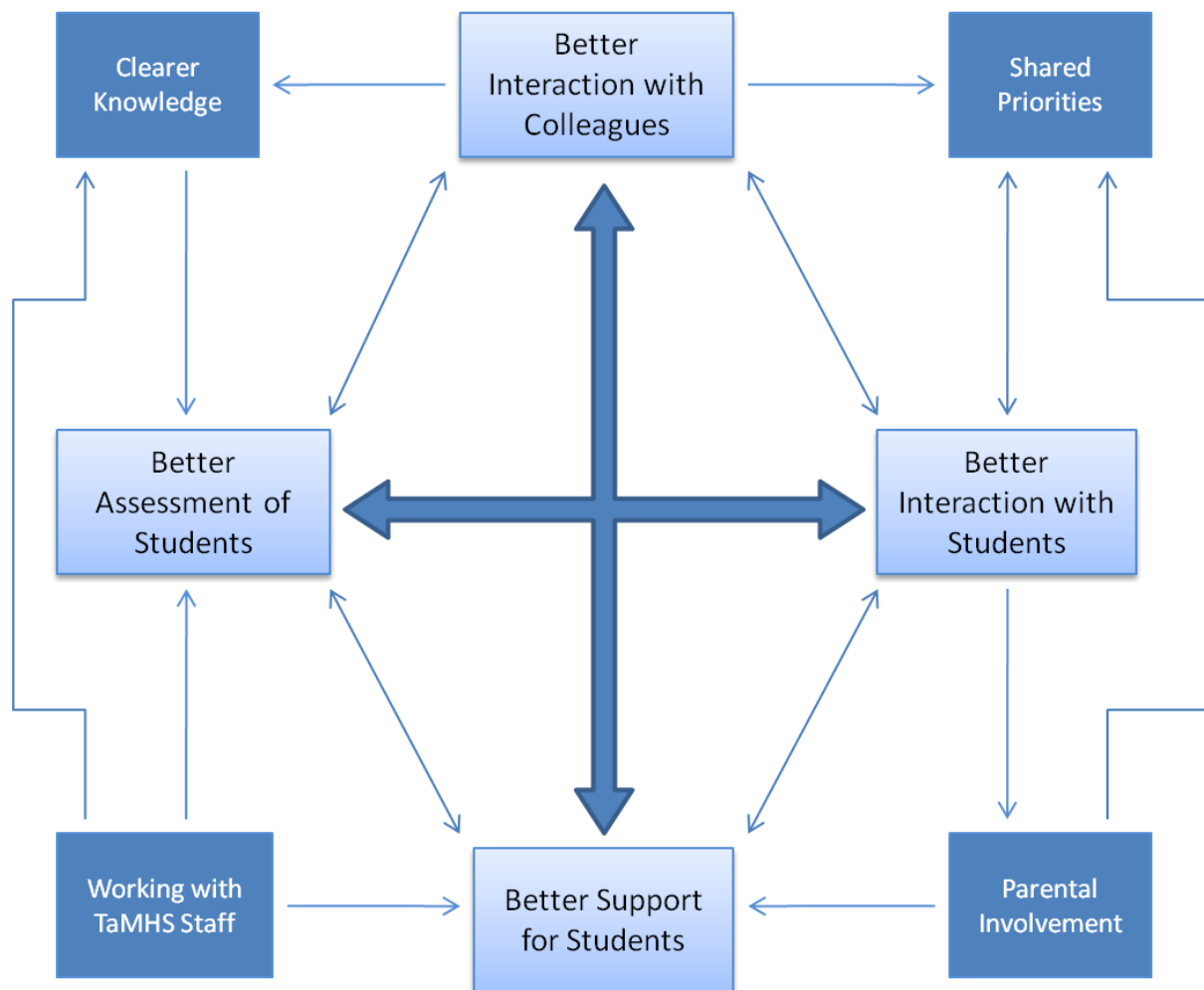
It is highly noteworthy that the theme of confidence does not only permeate reports relating to impacts on school staff. It is also highlighted by a range of respondents that TaMHS activities, especially those relating to SEAL, were highly effective in bolstering the confidence and, indeed, the self-esteem of the students through the fostering of a greater openness with (a) staff and (b) their own families and (c) each other (see Sections 3.4.3, 3.8.1). Finally, confidence-building was also an issue in the accounts of professional development provided by DTWs; in Section 3.9.1, it is reported that the

training and small group work involved in TaMHS provided a significant confidence boost to step outside of the normal parameters of mental health work and take the ideas into new forums.

5.2. GLITCHES AND HITCHES.

Although caveats and complaints regarding the operation of the TaMHS project were relatively few, those that were voiced related almost entirely to two interlocking issues: (a) the form and content of the early training, (b) the lack of an extended lead-in period. As regards the former, although broad feedback was very positive, it was proposed by some respondents that the early stages of the training (in particular) were pitched a little too low for some staff (3.2.2), were too focused on mental health itself, without providing clear links to educational practice (3.2.2), and were prone to be over-generic – i.e. not designed to take account of the different demographic compositions in different schools (3.2.2). A small number of staff members were also dissatisfied with the manner of the training delivery (3.1.1, 3.2.2). As one (sSTL10) identified, however, this was likely due to the TaMHS staff being unfamiliar with the particular type of delivery and audience at that stage of the project (3.2.2). Finally, it was suggested that in a few cases the practical aspects of TaMHS implementation (such as SEAL) and the training for them were 'chronologically inverted', which is to say the practice occurred before the training (3.2.2).

Much light is shed on these training matters when reflecting on the second central 'glitch' issue, that of a perceived insufficient duration given to the lead-in period. Firstly, it was contended by some STLs and SSMs that this resulted in a certain form of 'role confusion' among the DTWs; i.e. clarity had not been established regarding what their exact roles and tasks would be within schools, the upshot of this was some initial (though not sustained) uncertainty about 'who should be doing what' (3.11.2). Secondly, it was reported as having produced a lack of awareness among school staff in terms of what TaMHS was 'really about' when more time in advance to digest would have resulted in a more prepared audience (3.11.2). Finally, and crucially, it was suggested by a number of respondents that a longer lead-in period may have offset most of the difficulties regarding training; more planning

could have been completed, more assessment of individual school's needs and so forth (3.2.2, 3.11.2).The full set of 'hitches and glitches' issues is schematised in Figure 11 below:

Figure 11: Glitches & Hitches.
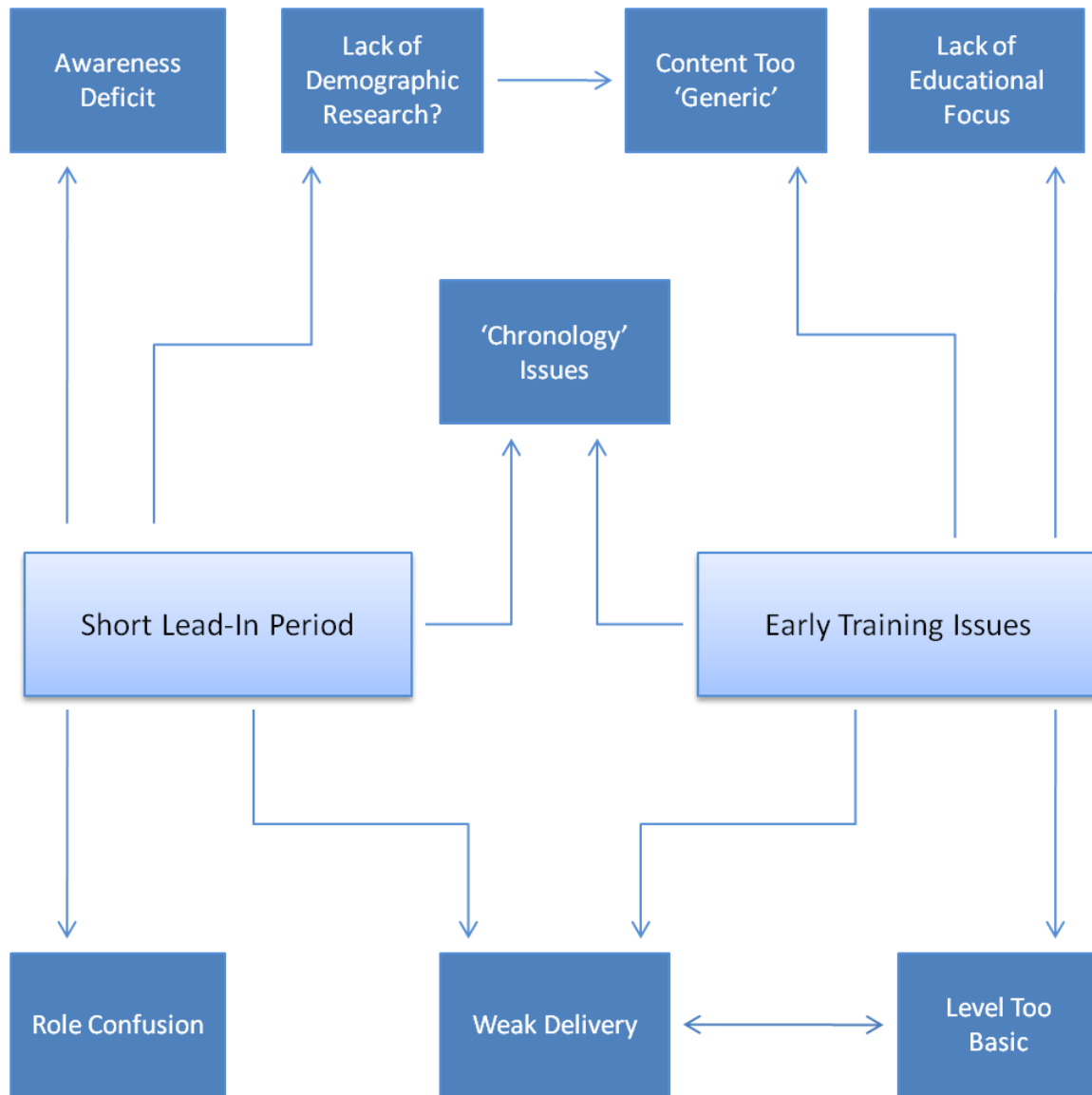
One should be mindful that this schematisation is one of the *relationships* between issues that were raised, not quantification thereof. Caveats, as aforementioned, were relatively low in number.

5.3. SURMOUNTING STRUCTURAL OBSTACLES.

It is of considerable note that, while systemic and structural obstacles (which is to say largely unavoidable barriers) to the achievement of TaMHS aims were identified by respondents with reference to a range of issues, a connected set of practices and ideas were also reported for surmounting them. The main obstacles reported by respondents are four fold:

1. Competing pressures on school staff, particularly in Secondary education, obstructing full and widespread engagement with the project (3.1.1, 3.6.3).

2. Time/funding limitations on TaMHS workers, resulting in 'overstretch' that, while having no reported impacts on the *quality* of contact and support provided to schools, is viewed as having sometimes restricted the quantity and flexibility thereof (3.11.1).

3. Standing funding limitations on schools themselves, potentially pushing mental health recognition and support down the agenda through diversion of funds to more 'instrumental' activities such as open days and so forth (3.5.4, 3.6.3, 3.7.3).

4. Concerns for the sustainability of successful practices and raised awareness with departure of funding and expertise post-TaMHS (3.4.4, 3.6.3).

The primary way in which all four obstacles were being addressed was through current (and planned) engagement, with higher-level training (i.e. building on that provided by TaMHS) to develop the capacities of key staff within schools to carry forward much of the work initiated by TaMHS itself. It was variously proposed that this has helped, and/or would help, (a) overcome difficulties with engaging the wider staffing base by having a consistent knowledgeable presence, (b) compensate to some extent for the absence or loss of a concrete contact in mental health services, (c) facilitate direct knowledge transfer within schools and (d) sustain existing practices and projects without the expense of bringing in external help (3.5.2, 3.7.3, 3.9.2).

A range of other practices were also reported which were designed to address these barriers. With regard to barriers (1) and (4), for example, the introduction of weekly safeguarding meetings was reported (3.4.3) as a means of bringing a large number of staff together, maintaining the profile of

mental health and sharing ideas and good practice with respect to particular cases. With regard to barrier (2), the flexibility of DTWs' limited time was maximised during TaMHS itself through greater use by staff of telephone and email contact when seeking advice, making referrals and so forth (the availability of which, and routine promptness of response, was a matter of hugely widespread praise; 3.1.1, 3.4.1, 3.4.2). The core problem itself, as noted by DTWs, however, could really only be redressed in the future through the employment of more TaMHS workers, or the ending of 'job splitting'[4] (3.11.1).

It is with respect to barrier (4), however, that difficulty was most recurrently identified. There was a widely reported sense that the sustainability of projects and practices that required direct cash input, or the presence of a dedicated expert could to some extent be offset by having relevantly-trained staff in schools, but not completely. Some SSMs and STLs were largely confident that many aspects of the very highly-regarded SEAL work could continue (3.5.2, 3.5.3, 3.10), and some had introduced a number of quick, costless and productive practices inspired by TaMHS such as new systems for greeting students at the beginning of the school day (3.4.3). Others intended to use resources available to sustain concrete practices such as Happy Kids workshops, and annual screening (3.5.3). There was, however, concern that many other of the advances made during TaMHS may be lost due to the inevitable withdrawal of funds and expertise at the end of the project (3.5.4, 3.6.3, 3.7.3, 3.9.2).

5.4. EFFECTIVE COMMUNITIES AND COMMUNICATION.

One of the most prominent 'success themes' occurring throughout the data corpus, and one linked closely to that of confidence-building, regards the formation or development of new communities of knowledge and new channels of communication. Such community bonds were reported to have had positive impacts at all levels, structural and personal. Cluster meetings, for example, were cited as a venue in which the mental and emotional wellbeing of students ossified as a priority at the local

---

[4] Which amounts to much the same thing.

educational 'meta-level' (3.10), with a number of respondents finding them a strong source of knowledge and practical inter-institutional support. Within schools, staff regularly reported a greater level of interaction and open, constructive communication with colleagues about the mental health of their charges (3.3, 3.4.3, 3.6.1). The lines of communication opened by having both personal and electronic contact with TaMHS staff, moreover, were seen as a valuable extension of these community-building and knowledge-building processes.

The broad sense of 'working together' for the good of the students was, however, not restricted to strengthened relationships between professionals within education, and between professionals in education and health. Staff also indicated that TaMHS activities had incorporated parents in such as way as disassemble pre-existing barriers, and in doing so facilitate much stronger and integrated supportive environments for students (3.2.2, 3.4.1, 3.5.1, 3.7.1). Direct impacts upon challenging behaviours were reported as a firm outcome of this form of community interaction. Similarly, the more informal modes of interaction between staff and students promoted within TaMHS (notably that relating to SEAL) were often seen to be highly productive in encouraging students to 'open up', especially in primary schools, in turn facilitating better and earlier recognition of problems, and thereby capacity to intervene and support (3.7.2, 3.10). As discussed at length in Section 5.1, and a central tenet of modern social psychology, a corollary of effective interpersonal work and community formation is an enhanced confidence and self-esteem in the attached environments (Tajfel, 1981). These exact outcomes are reported to have arisen with respect to a variety of staff and students throughout the data. Finally, one other mode of community that should not be neglected in terms of the student experience resultant of TaMHS is that formed among themselves. Respondents reported that small group sessions, in particular, successfully promoted more constructive and supportive interaction between students, with visibly positive impacts on their self-esteem (3.7.2, 3.10).

5.5. CONCLUDING COMMENTS.

There can be little doubt, from a detailed review of the collected evidence, that the TaMHS project in Cumbria was, on the whole, very well received in schools and produced concrete impacts in many areas. All three categories of respondent involved in this qualitative appraisal identified many

encouraging aspects, and only a limited number of glitches and hitches, largely tied to the manner in which it was introduced. Only one of thirty respondents was broadly negative about the project, with the others reporting a wide range of successes in a variety of structural, social and psychological domains. One might regard the greatest mark of the project's success, however, to be the widely-voiced disappointment at its ending.

ENDS.

Cumbria County Council. (2010). *Targeted Mental Health in Schools (v2 27.1.10): Cumbria 2010-2011*. Cumbria County Council/Cumbria Partnership NHS Trust.

DCFS. (2008). *Targeted mental health in schools project. Using the evidence to inform your approach: a practical guide for headteachers and commissioners*. (9781847752475). Nottingham: Department for Children, Schools and Families.

Fielding, N., & Thomas, H. (2008). Qualitative Interviewing. In N. Gilbert (Ed.), *Researching Social Life* (3rd ed., pp. 245-265). London: Sage.

Glaser, B., & Strauss, A. (1967). *The Discovery of Grounded Theory*. Chicago: Aldine.

Hutchby, I., & Wooffitt, R. C. (1998). *Conversation Analysis: Principles, Practices and Applications*. Cambridge: Polity Press.

Silverman, D. (2010). *Doing Qualitative Research* (3rd ed.). London: Sage.

Suchman, L., & Jordan, B. (1990). Interactional troubles in face-to-face survey interviews. *Journal of the American Statistical Association, 85*(409), 232-241.

Tajfel, H. (1981). *Human Groups and Social Categories*. Cambridge Cambridge University Press.

AUTHOR DETAILS AND CONTACT INFORMATION.

DR. PAUL K. MILLER.

Senior Lecturer in Social Psychology, Faculty of Health & Wellbeing, University of Cumbria.

Bowerham Road, Lancaster, Lancashire LA1 3JD.

Email: paul.miller@cumbria.ac.uk

Tel: 01524 384427

NICKI WILSON, PGDIP, BSC., BABCP ACCREDITED.

Senior Lecturer and Programme Leader, CBT and Psychological Interventions. Faculty of Health & Wellbeing, University of Cumbria.

Bowerham Road, Lancaster, Lancashire LA1 3JD.

Email: nicola.wilson@cumbria.ac.uk

Tel: 01524 384599

ALYSON DICKSON, BSC., MA, RN.

Associate Dean for Continuing Education, Faculty of Health & Wellbeing, University of Cumbria.

Bowerham Road, Lancaster, Lancashire LA1 3JD.

Email: alyson.dickson@cumbria.ac.uk

Tel: 01524 590863

APPENDIX 1: PROJECT LEAD INTERVIEW SCHEDULE.

TaMHS Qualitative Evaluation

Schedule A: Project Lead

School	
Name	
Role	
Date of Interview	

Preamble:

- Greeting.

- Interview should take no more than 20-30 minutes, though if you have the time you can go on for as long as you want.

- Interview will be recorded, consent required.

- All responses are voluntary. You do not have to answer a question, or address a topic, if you do not want to.

	QUESTION	PROMPT ON (WHERE NECESSARY)	√
1	*How do you think the TaMHS programme has affected your staff's knowledge of emotional wellbeing and mental health issues in young people?*	• Key areas of impact.	
		• Levels of impact.	
		• Role of key materials provided.	
		• Role of key contacts/experts used.	

Notes.

	QUESTION	PROMPT ON	√
2	*What, if anything, has <u>already</u> changed in your school as a direct result of participation in the TaMHS programme?*	• In staff attitudes.	
		• In pupil attitudes.	
		• Structures/procedures for implementation of changes.	

Notes.

	QUESTION	PROMPT ON	√
3	*What do you hope, or intend, to change as an outcome of participation in the TaMHS programme.*	• Likelihood of changes taking place.	
		• Timescales.	
		• Systems for implementation.	
		• Anticipated benefits of these changes.	
		• Obstacles to change.	

Notes.

4	*How do you think that participation in the TaMHS programme will affect your staff's ability to <u>recognise</u> mental and emotional problems in young people?*	• Key signs.	
		• Methods/techniques for recognition.	
		• Levels of impact.	
		• Obstacles to recognition.	

Notes.

5	*How do you think participation in the TaMHS programme will help staff <u>support</u> the young people who need it?*	• Knowing when to intervene.	
		• Methods/techniques for providing support.	
		• Obstacles to support.	

Notes.

6	*Overall, would you say participation was worthwhile?*	• Given weight of expectation on participating schools.	
		• Personal and general workload involved in implementation.	
		• Most significant benefits for school.	

Notes.

7	*If a similar programme were now to take place in other schools, do you have any suggestions for how it might be improved to help them implement it?*	• Guidance in-advance.	
		• Preparation & Training.	
		• Quantity and clarity of materials provided.	
		• Regularity of meetings.	
		• Number of contacts/experts available, and ease of contact.	

Notes.

| 8 | *Are there any other matters you'd like to add that we've not covered in this interview?* | |

Notes.

- Thank you.

- Printed outputs of study will be made available to you via the TaMHS systems, and it is also hoped that the researchers will be able to put together a presentation for stakeholders at a later date. If the latter were to take place, would you be interested in attending such an event?

  Yes / No

TaMHS QUALITATIVE EVALUATION

SCHEDULE B: STAFF MEMBER

SCHOOL	
NAME	
ROLE	
DATE OF INTERVIEW	
PREAMBLE: • Greeting. • Interview should take no more than 20-30 minutes, though if you have the time you can go on for as long as you want. • Interview will be recorded, consent required. • All responses are voluntary. You do not have to answer a question, or address a topic, if you do not want to.	

	QUESTION	PROMPT ON (WHERE NECESSARY)	√
1	*How do you think the TaMHS programme has affected your own knowledge of emotional wellbeing and mental health issues in young people?*	• Key areas of impact.	
		• Levels of impact.	
		• Role of key materials provided.	
		• Role of key contacts/experts used.	

Notes.

	QUESTION	PROMPT ON (WHERE NECESSARY)	√
2	*Do you feel that the mental health and emotional wellbeing of young people is now a higher priority at your school than it was before the TaMHS programme?*	• What has changed?	
		• In what ways?	
		• Structures/procedures for implementation of changes.	

Notes.

	QUESTION	PROMPT ON (WHERE NECESSARY)	√
3	*How do you think that participation in the TaMHS programme will affect your ability to <u>recognise</u> mental and emotional problems in young people?*	• Key signs.	
		• Methods/techniques for recognition.	
		• Levels of impact.	
		• Obstacles to recognition.	

Notes.

4	*How do you think participation in the TaMHS programme will help staff <u>support</u> the young people who need it?*	• Knowing when to intervene.	
		• Methods/techniques for providing support.	
		• Obstacles to support.	

Notes.

5	*Can you comment on having worked alongside TaMHS staff in delivering Family SEAL and / or small group SEAL?*	• Usefulness.	
		• Differences made.	
		• Biggest benefits.	

Notes.

6	*If a similar programme were now to take place in other schools, do you have any suggestions for how it might be improved to help the staff implement it?*	• Guidance in-advance.	
		• Preparation & Training.	
		• Quantity and clarity of materials provided.	
		• Regularity of meetings.	
		• Number of contacts/experts available, and ease of contact.	

Notes.

| 7 | *Are there any other matters you'd like to add that we've not covered in this interview?* | |

Notes.

FINALISING.

- Thank you.

- Printed outputs of study will be made available to you via the TaMHS systems, and it is also hoped that the researchers will be able to put together a presentation for stakeholders at a later date. If the latter were to take place, would you be interested in attending such an event?

    Yes / No

APPENDIX 3: TAMHS WORKER INTERVIEW SCHEDULE.

TaMHS QUALITATIVE EVALUATION.

SCHEDULE A: TaMHS WORKER

SCHOOL	
NAME	
ROLE	
DATE OF INTERVIEW	

PREAMBLE:

- Greeting.

- Interview should take no more than 20-30 minutes, though if you have the time you can go on for as long as you want.

- Interview will be recorded, consent required.

- All responses are voluntary. You do not have to answer a question, or address a topic, if you do not want to.

	QUESTION	PROMPT ON (WHERE NECESSARY)	√
1	*Do you think the support provided by TaMHS personnel has increased the knowledge and understanding of staff in TaMHS schools with regard to the mental health and emotional wellbeing of students?*	• Key areas of impact.	
		• Levels of impact.	
		• Role of key materials provided.	
Notes.			
2	*How confident and effective do you think schools are in general with regard to the identification and support for children and young people showing a) early signs of distress b) MH difficulties*	• Key signs.	
		• Methods/techniques for recognition.	
		• Levels of impact.	
Notes.			
3	*Have you seen any changes in TaMHS schools as a result of the programme?*	• In staff attitudes.	
		• In pupil attitudes.	
		• Structures/procedures for implementation of changes.	
Notes.			

4	*What changes do you think schools in general need to make regarding the mental health and emotional wellbeing of students?*	• Likelihood of changes taking place.	
		• Timescales.	
		• Systems for implementation.	
		• Anticipated benefits of these changes.	

Notes.

5	*Has taking part in the programme made any difference to your own professional practice? In an ideal world how do you see your role as a professional supporting schools developing?*	•	
		•	
		•	

Notes.

6	*If a similar programme was to take place in other schools in the future do you have any suggestions for improvement?*	• Guidance in-advance.	
		• Preparation & Training.	
		• Quantity and clarity of materials provided.	
		• Regularity of meetings.	
		• Number of contacts/experts available, and ease of contact.	

Notes.

7	Are there any other matters you'd like to add that we've not covered in this interview?	

Notes.

FINALISING.

- Thank you.

- Printed outputs of study will be made available to you via the TaMHS systems, and it is also hoped that the researchers will be able to put together a presentation for stakeholders at a later date. If the latter were to take place, would you be interested in attending such an event?

  Yes / No