Observations from 'A Day in the Life' of a school Senior Mental Health Lead

Kath Fraser, October 2024

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SMHLs often juggle multiple roles across the school.

Senior Mental Health Leads are being introduced across schools as part of the previous government's response to the 2017 'Transforming children and young people's mental health' Green Paper. Their intended purpose is to "strategically oversee the setting's holistic/whole school or college approach to promote and support children and young people's mental health and wellbeing." (Transforming children and young people's mental health implementation programme: 2023 data release, 2023, p15).

It's 9 AM on a Wednesday morning, mid-June. A colleague and I are spending the day observing a Senior Mental Health Lead (SMHL) in a Liverpool Secondary School. The development of SMHLs in schools has been a government led initiative following the 2017 'Transforming children and young people's mental health' Green Paper. Little is known about the efficacy of this role thus far, which in 2022 less than half of Liverpool schools had introduced (Thompson, 2022). The Observation is one of a series being carried out by Liverpool Mental Health Support Services across a range of primary and secondary schools. We arrive to find that the experienced Mental Health Lead is caught up in a meeting – the third of her morning so far. Taking a moment between providing pastoral support for two pupils she steps outside to greet us saying that she thought it was going to be a "quieter morning"! Her shared meeting space, situated on the edge of an open-access well-being and inclusion hub, is a hive of activity throughout the day. By 11 o'clock my colleague and I are exhausted. And thirsty! We note that the Mental Health Lead hasn't had a moment between these activities to take a sip of water, let alone take a break to visit the bathroom or make a hot drink. She has been busy since 7:30AM. We go and make her a drink whilst she writes up notes from the morning onto the school safeguarding system, CPOMS – this is a rare luxury. The rest of the morning and lunchtime is spent seeing a member of staff wanting advice regarding their daughter's mental health concerns, another ongoing safeguarding incident, compiling a list of pupils for upcoming 'Peer Mentor' training and supporting an upset pupil who dropped in during their lunchbreak.

Observations of a 'day in the life' of SMHLs were carried out across 12 Liverpool schools, revealing a diverse range of approaches to embedding this role into the school. Some of the staff observed held a more operational Mental Health Lead role (MHL) but were not part of their school Senior Leadership Team (SLT), whilst others carried both a senior strategic role, alongside delivering interventions. There was a wide variation across schools with some having several dedicated non-teaching pastoral staff (including SMHLs/MHLs), and others where these staff had to juggle teaching responsibilities. Given the significant time needed (Proctor et al, 2015) to develop and embed a Whole School Approach (WSA) to mental health and wellbeing, having staff with dedicated time to carry out the role is crucial to its success (Senior mental health lead training, n.d.). Even non-teaching staff observed were reported as wearing multiple hats. For example, one SMHL was also Deputy Head Teacher, Designated Safeguarding Lead, Head of Behaviour & Attitudes, Transition Lead, LAC Lead, RE Lead, Supervision Lead and Staff Welfare/Wellbeing Lead.

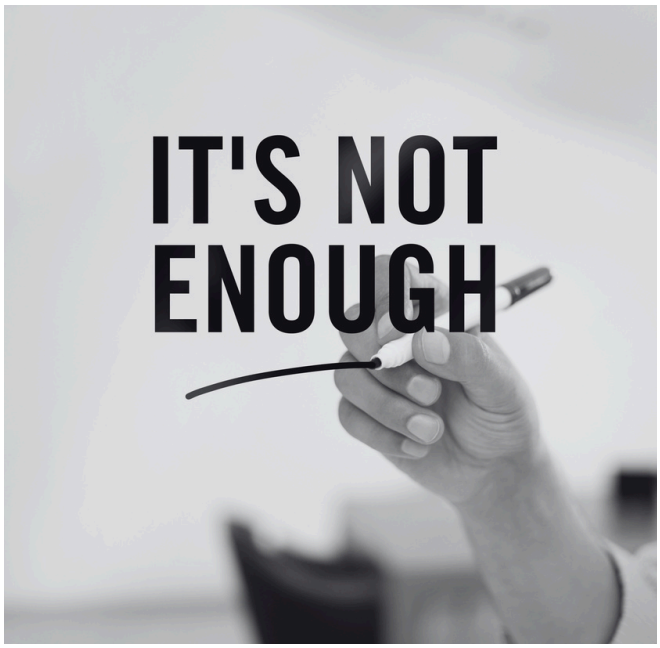
SMHLs find themselves under pressure from time constraints within the role.

The consensus from all SMHLs was that there is "not enough time in the day to complete everything you need to, or to be everywhere you need to be, or respond to everything you need to" (MHL). This view is documented in a government green paper data release (2023), which reported 47% of SMHLs feeling they did not have enough time to achieve their goals within their working day.

A typical day often starts with check-ins, triage meetings, and addressing any immediate safeguarding or mental health concerns. Throughout the day, SMHLs provide 1:1 support, facilitate group sessions, and respond to ad-hoc student needs – a combination of students seeking support themselves or being referred by other staff. Their role was described by observers as fluid, with the time spent on different responsibilities fluctuating based on the needs presenting in the school on any given day. Despite the challenges, MHLs/SMHLs strive to maintain an open-door policy, build strong relationships with students, and ensure that young people feel heard, supported, and safe within the school environment. MHLs/SMHLs maintain regular communication with parents and carers, make referrals to external agencies, and attend various meetings such as Child Protection, Child-in-Need, or Early Help Assessment Team (EHAT) meetings. They also dedicate time to administrative tasks, including record-keeping on systems like CPOMS. Several staff mentioned having to complete their administrative tasks at home. Lunchtimes were also busy, with MHLs/SMHLs running wellbeing clubs and activities, as well as providing support and supervision on the playground.

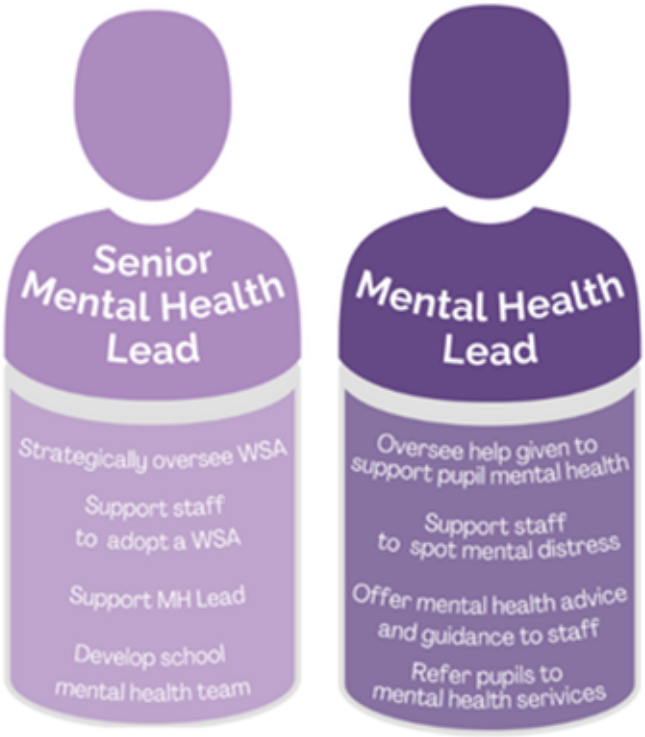
SMHLs have developed a high level of expertise through self-development and often self-funded training. Their advice is often sought by other staff and SLT.

The expertise and advice of SMHLs is often sought by other members of staff, including those in senior leadership. "X is the Senior Mental Health Lead. She does not sit within SLT; however, she is fully involved with decision making around policies, procedures, liaising with parents and outside professionals. She often advises and supports SLT." (Extract from observation notes). Given the strategic nature of the role, observers were surprised where these staff sat within pay and responsibility structures. As government funding for SMHLs currently only funds training, schools have often bolted this role on to existing roles such as Learning Mentors, Wellbeing Officers, SENCOs or in some instances Classroom Teachers. The pay reward for these roles is left to the discretion of the school (Minds Ahead, 2024). The fact that many of the SMHLs observed were not members of SLT, also led the observation team to question whether they held the authority and capacity in these settings to carry out the fundamental purpose of their role - embedding a Whole School Approach to mental health and wellbeing into policy and practice (DfE, 2022).



Guidance from the UK government questions whether such staff would have the authority, capacity and support to influence and lead strategic change. This was a key factor in the Liverpool Whole School Approach Partnership's move towards promoting two distinct roles in schools (see figure 1) to distinguish between operational mental health support and strategic whole-school development.

Figure 1- taken from 'Whole School Approach to Mental Health and Wellbeing - Impact Report' (Thompson, 2022)



Senior Leadership buy-in is crucial for the role to be successfully embedded in the school.

School leaders play a crucial role in health promotion efforts (Langford et al., 2017) due to their ability to collaborate with stakeholders and ensure that good practice is embedded across the whole school. Whilst not all SLTs are willing and/or able to adopt this approach (Glazzard, 2019), in many of the settings observed, SLT support was very evident, and a clear enabler of the model being embedded. For example, one school SLT were praised for allowing children to be taken out of class for their mental health and wellbeing needs. In another school the Head had set up a 'barrier fund' to ensure students could access whatever they needed (including wellbeing support) to attend school. Many of the schools observed had employed non-teaching pastoral staff, and clear support and intervention processes were in place -although some did report that hierarchical leadership structures could sometimes lead to confusion around roles and incorrect information being shared. Generally, coherent team approaches between the SLT, SMHL, operational MHLs and pastoral teams were observed. The schools demonstrated a strong commitment to staff and student mental health, with SLT playing a central role in fostering a culture of support and wellbeing. The limitation of this study casts uncertainty over whether the same level of WSA support exists elsewhere. A further study would be required across all Liverpool schools to get a better understanding of this. Additionally, population size and location of schools have significant bearing on the funds available to SLTs which is likely to make it harder for some schools to prioritize this role.

SMHLs have mapped out clear pathway to both internal and external support in their individual schools. There is a clear link to this and the SMHL training.

Observers reported multiple best practice examples being implemented by SMHLs to support student and staff wellbeing. A key component of this was mapping out their school pathway of support – ensuring that this is shared with all school staff. All SMHLs observed had completed Department for Education funded SMHL training, and this was cited as a crucial enabler for this process. Best practice examples included: Trauma-informed approaches that value relationships, contracting and confidentiality agreements, sensory and calming spaces, staff wellbeing initiatives, coordinated support across the school team, clear referral pathways and intervention mapping, pupil voice and self-referral options, parent engagement, and a whole-school approach embedded through policies, training, and regular review. School referral pathways usually operate via pastoral leads, and consist of a multidisciplinary team including school counsellors, family liaison officers, and external providers. Monitoring and evaluation are in place, with the school tracking participation in interventions and outcomes.

SMHLs are well connected with outside agencies. Some utilise these better than others.

Feedback from all observations evidenced a commitment to valuable (Spencer et al, 2022). partnership working between all stakeholders including senior leadership, teaching and non-teaching staff, as well as parents/carers and the wider community. SMHLs act as the engagement lead for local schools' mental health services including Seedlings, Mental Health Support Teams, Wellbeing Clinics, Link Workers, MYA, EIC, LFC, Wings (DV), ADHD Foundation, Yoga Bears, Wellness Lodge, Bobby Colleran Trust, Barnardo's, School Nurses, CELLs, and MTAS. The schools also utilised a range of in-house support from the SMHL/MHL, Safer Schools officers, and therapeutically trained staff.

SMHLs/MHLs are often holding complex caseloads and struggling to get external support with these.

Whilst support from external agencies was widely appreciated, and a vital part of school mental health provision, the capacity of these services was not scratching the surface of what was required. One SMHL explained the additional impact that she was able to have as a non-teaching member of staff – seeing over four times more pupils in an average year than the Mental Health Schools' Teams can see. However, gaps in appropriate services mean that SMHLs/MHLs are often holding complex caseloads and delivering interventions that while seemingly 'useful' (Caudwell, 2024), are at best evidence-informed but not always evidence-based.

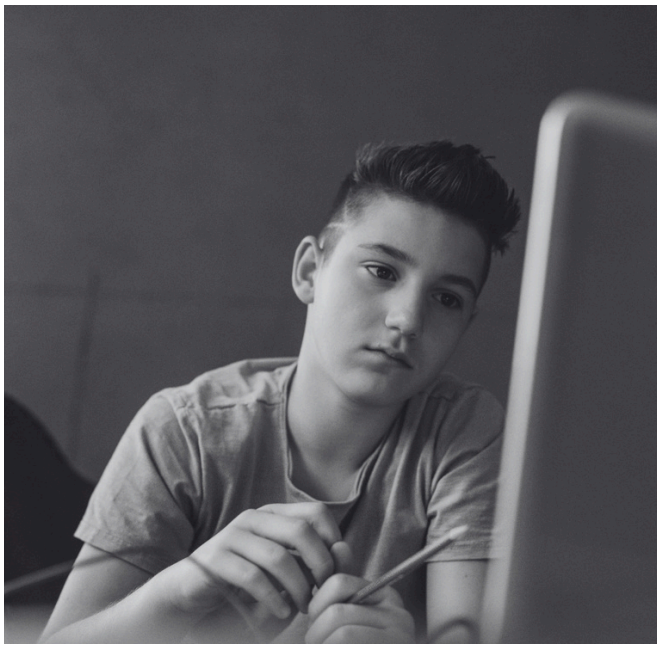
SMHLs reported that due to the high demands placed on schools there was often blurring of boundaries between the school's role and that of other professionals. They also commented on the need for increased understanding of attachment and trauma, a clearer pathway to services, and more designated teams to support children and young people with neurodevelopmental needs.

Common challenges are attendance, parental wellbeing & lack of funding/resource

All observation reports highlighted the complex and multifaceted nature of the challenges faced by the school in supporting the mental health and wellbeing of a diverse student population. Some of the key challenges facing these schools include: High levels of mental health needs among students, the complexity and diversity of the cases, lack of time and resources to provide adequate support, difficulty in identifying and measuring students' needs, the need for a more structured and collaborative approach to mental health support, the impact of parental mental health and other family issues on students' wellbeing, challenges around attendance and punctuality, lack of community engagement and parental involvement, staffing capacity issues, and the need for more training and support, particularly around LGBTQ+ issues and neurodiversity. Attendance is a significant challenge for schools, with various factors contributing to poor attendance and punctuality. Emotional-based school avoidance (EBSA) is a particular concern, where students may avoid school due to emotional or mental health issues. Schools have tried to support these students through reduced timetables, pastoral workshops, and involving parents/carers, but they often struggle to find effective solutions. The onus is often placed on parents/carers (DfE, 2024) to get their children to school, but schools recognize the need to support parents/carers, especially if they are struggling themselves. SMHLs reported that attendance and punctuality issues are often linked to home-related problems, such as domestic violence and attachment issues. SMHLs are often part of the schools' attempts to follow statutory guidance – working together with families and agencies (DfE, 2024). Despite schools' efforts, attendance and punctuality rates can still be low, requiring significant time and resources from staff to proactively manage and monitor attendance. Many of the non-teaching SMHL's reported that their time to focus on mental health and well-being has been greatly reduced due to needing to focus on attendance.

SMHLs are passionate and committed to the role. They go above and beyond for their pupils/staff - often forgoing lunch breaks and financing resources themselves.

The most striking theme across all observations was that the personnel within these roles were going above and beyond to ensure that provision was excellent. Examples of this included self-funding resources and CPD qualifications, attending training and meetings outside of school hours, completing administrative tasks out of hours, and carrying complex mental health needs within their caseloads.



Concerns were raised by many of the observation team around staff wellbeing and the pressures that SMHLs are facing. Alison Woolf (2022) endorses the concept of 'The Good Enough Teacher' (Davey, 2020) highlighting the importance of striking a balance between care of pupils and care of self. Taking a valuable pedagogical approach of building emotional literacy and good relationships with pupils, requires individuals to maintain good mental health themselves (Garner, 2019). Whilst most staff had a strong appreciation of personal self-care, within the school day, the over-reliance on these individuals was apparent. For example,

"Lunchtime arrived. X is not taking lunch but greeting some children who are eagerly waiting for the lunchtime groups he delivers. X had highlighted lunchtime as a key point in the day where children need support." (Extract from observation notes).

Furthermore, the sustainability of some schools' models would be challenged if these passionate individuals were to leave their role for any reason.

Final thoughts

Overall school the role of the SMHL in the schools observed was being developed and embedded in line with the guidance set out in the 2017 'Transforming children and young people's mental health' Green Paper. It is a vital, yet often under-resourced role in schools and central to children and young people getting timely and effective support for their mental health and wellbeing. SMHLs contribute significantly to a Whole School Approach to mental health and wellbeing and are often the catalyst for embedding its principles.

The lack of funding to support schools to implement and promote this role significantly hampers it's potential, and the onus is left with school leaders to decide whether to sacrifice elsewhere to fund this role. The need for SMHLs across the schools observed was undisputed and schools will benefit from more time and resource being given into this role. Whilst there were obvious advantages of SMHLs carrying out complementary roles in school, such as safeguarding, or family liaison, it is important to highlight the dedicated time needed to carry out this role effectively. Given the "field of tensions" (Woolf, 2022) facing school leaders, including ever-decreasing budgets, more evidence around the efficacy and cost-effectiveness of dedicated SMHLs needs to be gathered.

Services will benefit from a better understanding of the complexities of cases being held by school SMHLs/MHLs and schools would benefit from a wider range of evidence-based approaches for supporting these complexities. For example, schools who had embedded a trauma-informed approach appeared more equipped to support these children and young people. Further partnership working between SMHLs, education establishments (including universities) and mental health services can enable the development and embedding of evidence-based approaches.

Finally, the wellbeing needs of SMHLs need to be a priority. Dealing with high volumes of complex cases, filling in where there are obvious gaps, and often at personal expense, these staff need to both be applauded and pulled back into safety. Best practice around this includes regular staff supervision (particularly for SMHLs, MHLs and pastoral staff), consideration of where in the day these staff can take breaks, proper recognition of the role within pay-structures and team around the school triage processes to ensure the right support is given at the right time. Proper funding of the role (time and resources) will support these invested staff to continue to deliver the high level of support that they strive to provide.

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