EXPERIENCES OF PROVIDING MENTAL HEALTH SUPPORT TO ENGLISH SCHOOLS DURING COVID-19 LOCKDOWN (APRIL-JUNE 2020)

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Table of Contents

SUMMARY OF RESEARCH ***2***

Infographics ***4***

Figure 1: Support provided by School Mental Health Workers **4**

Figure 2: Remote working for School Mental Health Workers **4**

Figure 3: Providing remote mental health support to specific groups via schools **5**

Figure 4: Diversity in current school mental health work **5**

Survey Responses ***6***

1. Who completed this survey? ***6***

2. Experiences of work during lockdown ***7***

3. Understanding provision for Black, Asian and Minority Ethnic Groups ***10***

4. Suggestions for improving mental health services provided to schools ***12***

Results from the in-depth interviews ***14***

1. SUPPORT PROVIDED BY SCHOOL MENTAL HEALTH WORKERS TO SCHOOLS DURING LOCKDOWN ***14***

2. THINKING ABOUT THE FUTURE ***19***

SUMMARY OF RESEARCH

In this report we present our findings from the questionnaire survey and the interviews conducted. They are first summarised in four infographics; we then present the survey responses with some interviewee comments and finally the interview findings are included in more detail. The results are broadly presented according to current experience, the perceived needs of Black, Asian and Minority Ethnic (BAME) students and thinking about the future.

There are a number of professionals who all play a significant role in providing mental health support to schools. This includes, for example: Education Mental Health Practitioners, Children and Young People's Wellbeing Practitioners, Primary Mental Health Workers, Educational Psychologists and School Nurses. In this report we use 'School Mental Health Worker' (SMHW) to encapsulate the different job roles of individuals who participated in the questionnaire survey and interviews.

Survey

88 SMHWs took part in an online survey to investigate their experiences of providing support during lockdown and their thoughts around what mental health support is needed as schools return. Results showed that some SMHWs had more contact with schools during lockdown (23%), 23% had the same amount of contact with schools, 46% of respondents had less contact and 7% no contact with schools.

Schools contacted SMHWs about a variety of concerns during lockdown, with the most frequent being general mental health concerns about pupils. The majority of respondents had not encountered any issues specific to BAME communities during lockdown, however it was suggested that more support and training around mental health for BAME communities was needed.

Over three quarters of respondents had done individual work during lockdown, using a range of virtual platforms. 82% found working remotely to be a positive experience, with most suggesting the option of continuing to provide sessions remotely as students physically return to school. Sessions with young people and parents were most frequently mentioned as an aspect of working remotely which had gone well. However, building and/or maintaining therapeutic dialogue, especially with new clients, during sessions was most often mentioned as an aspect of providing support which they were finding harder to do using virtual platforms. Planning for a whole school approach to mental health was felt to be important as schools return and workshops for schools and/or parents around common difficulties for students and Covid-specific difficulties (health anxiety, school refusal, trauma and bereavement) were most often mentioned as ways to support schools as students return.

Interviews

12 SMHWs were interviewed in more detail about their experience of providing support during lockdown and their thoughts about mental health support as schools return. The support they reported they had provided varied, but were predominantly 1:1 interventions, usually with clients referred prior to lockdown. Often, these interventions were with parents. Experiences of remote working varied, with all acknowledging that there were both benefits and disadvantages to providing remote mental health support. There was surprise that despite remote sessions differing from face to face sessions, they were still a successful way of engaging clients. Interviewees identified that the impact of lockdown on the mental health of students varied- for example, not being at school benefitted students whose anxieties related to attending school, however for some students, particularly those with low mood, not being at school had a negative impact on their mental health. Many concerns were voiced by interviewees about mental health support as schools return. A 'tsunami' of mental health needs was predicted and there was worry that services lacked the capacity to provide the support needed. A whole school approach to mental health was seen by many as an important way to help reduce waiting lists for support. There were also worries about the uncertainty of what returning to working in schools would look like. All interviewees felt that the option of remote sessions should continue as schools return, as they increase the accessibility of support to both young people and parents.

Conclusions

Many SMHWs highlighted that the option of providing remote support should continue to be offered as schools return. This would require an investment of resources for access to the right technology to facilitate this work. In addition, there are likely to be safeguarding considerations both for remote working when young people are at home and at school. Although this was not specifically addressed in this survey, the absence of safeguarding issues in all comments is noted and might require further examination.

Practitioners have provided a variety of support during lockdown, however it has predominantly been 1:1 remote sessions which were a continuation of support provided prior to lockdown. There are advantages and disadvantages to both practitioners and clients of providing/receiving remote support. An increase in mental health needs is anticipated as schools return, practitioners are concerned about the impact of both lockdown and returning to school on students' mental health. It is important to plan mental health support provision specifically relating to schools returning, in particular, the importance of taking a whole school approach to mental health was highlighted. Practitioners also feel there is a need for more training to better support the mental health needs of BAME students.

Infographics

Figure 1: Support provided by School Mental Health Workers

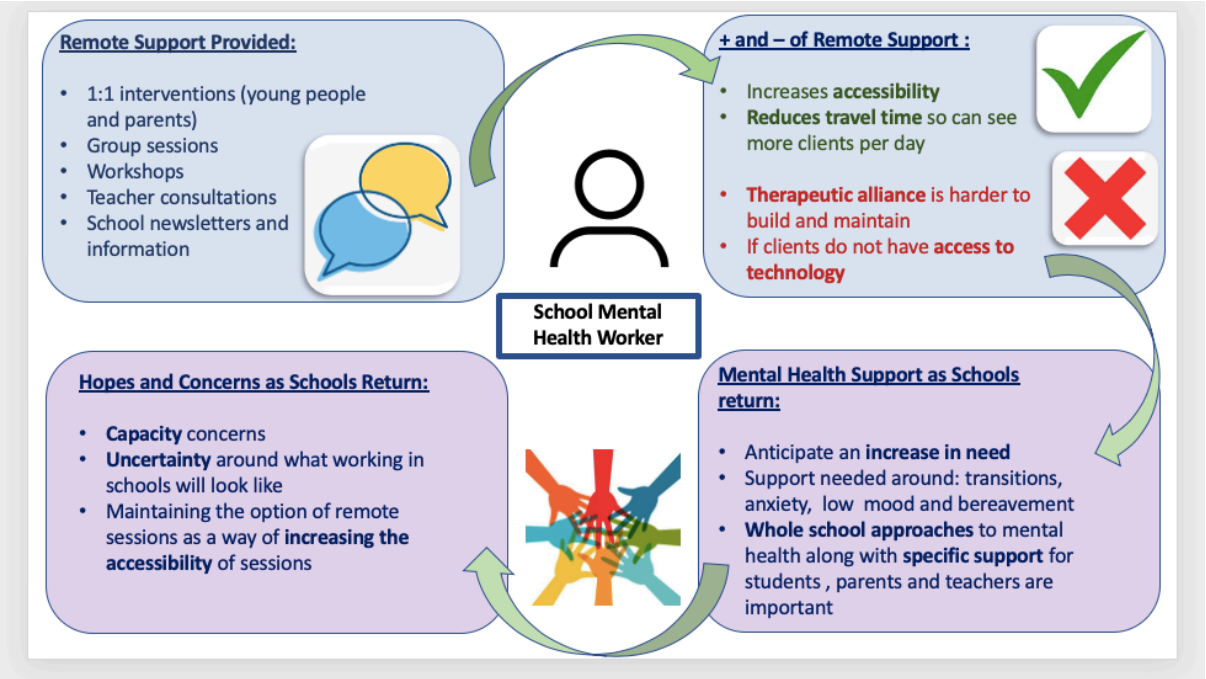


Figure 2: Remote working for School Mental Health Workers

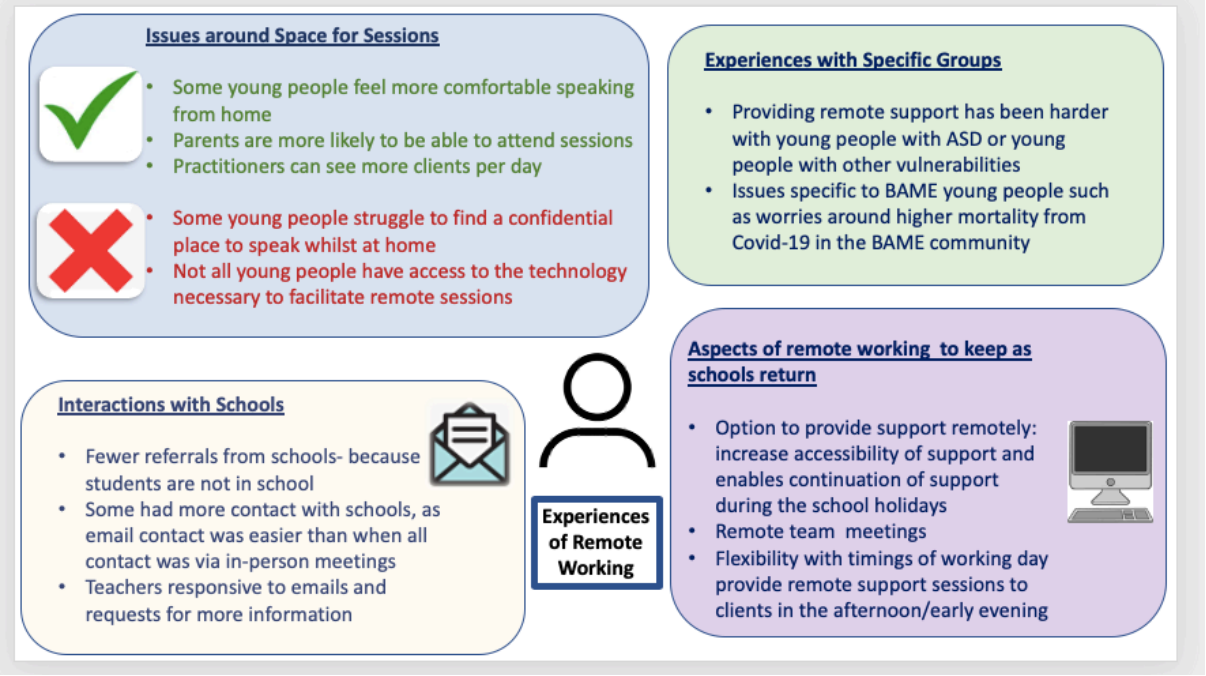


Figure 3: Providing remote mental health support to specific groups via schools

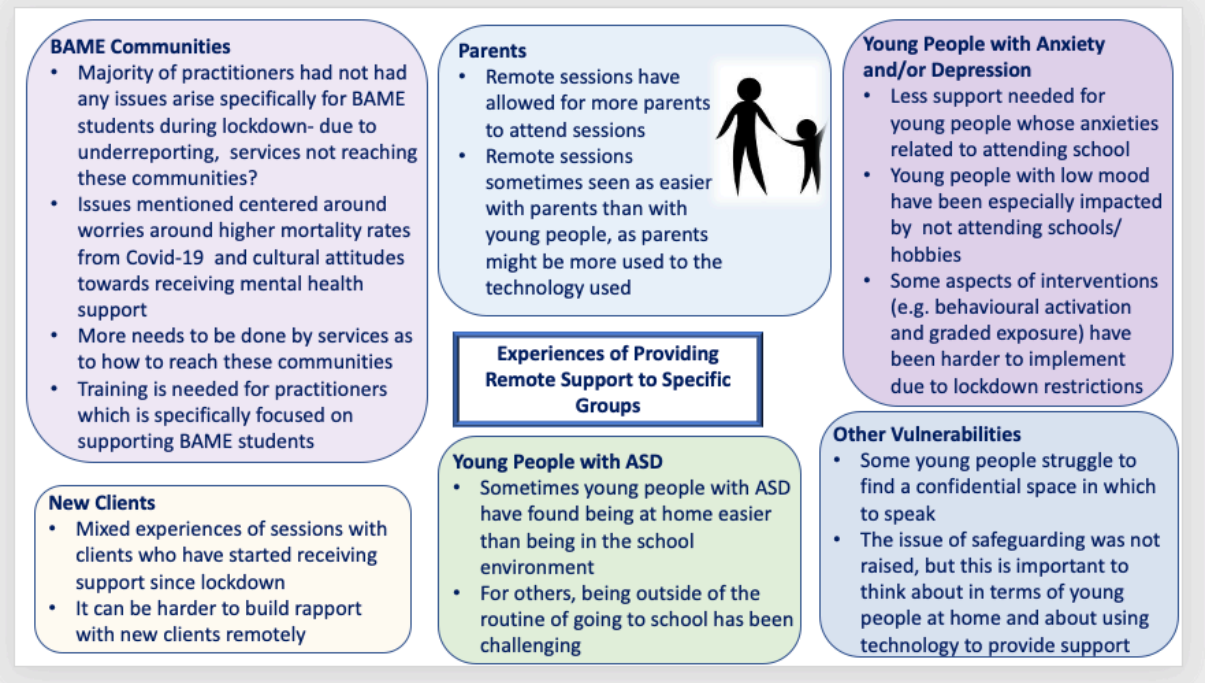
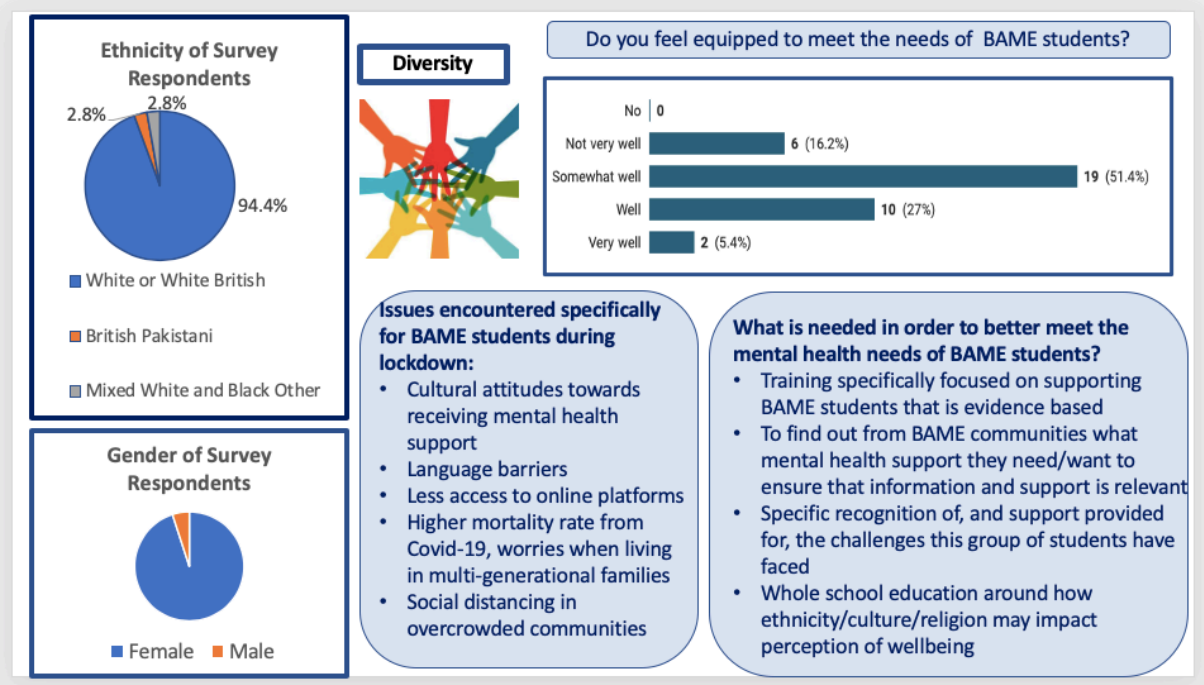


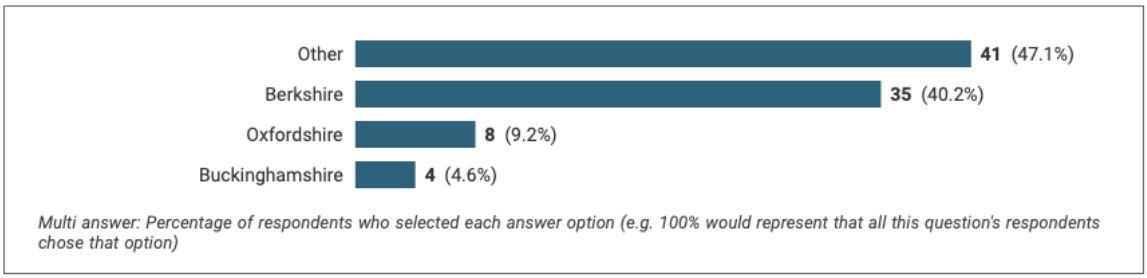
Figure 4: Diversity in current school mental health work



Survey Responses

1. Who completed this survey?

Which county do you work in? (88 responses)



'Other' (32 responses):

Hampshire	7 responses (21.9%)
West Sussex	7 responses (21.9%)
Lancashire	6 responses (18.8%)
Essex	3 responses (9.4%)
Kent	3 responses (9.4%)
Brighton and Hove	2 responses (6.3%)
East Sussex	1 response (3.1%)
Norfolk	1 response (3.1%)
Nottingham	1 response (3.1%)
Sussex	1 response (3.1%)

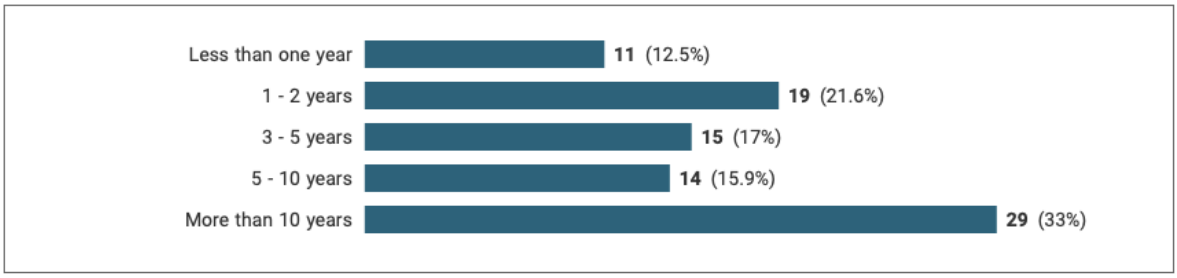
What is your gender? (40 responses)

Female	38 (95%)
Male	2 (5%)

What is your ethnic group? (36 responses)

White or White British	34
British Pakistani	1
Mixed White and Black Other	1

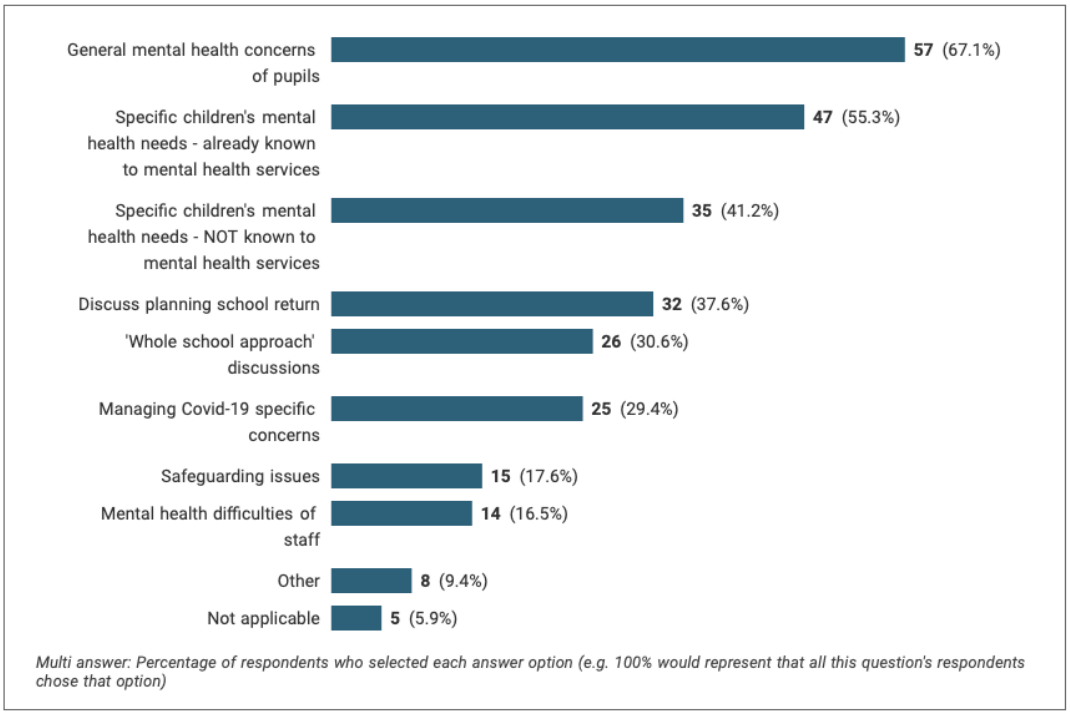
How long have you worked in the health and/or education sector? (88 responses)



Further analysis was done separating out respondents with more than 5 years' experience and those with less than five years' experience. Those with more experience were more likely to: be in touch with schools about whole school approaches and safeguarding; have found working remotely a negative experience and to have a greater range of responses to how equipped they are to meet the needs of BAME students.

2. Experiences of work during lockdown

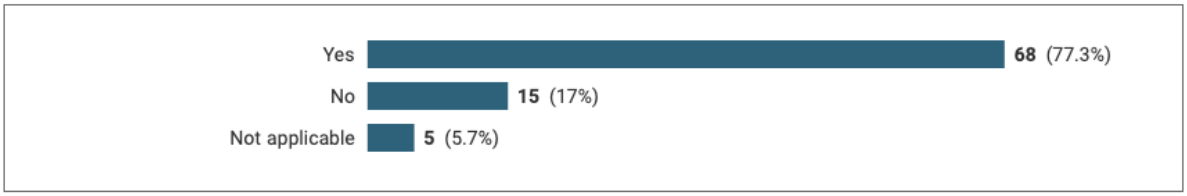
What have schools been in contact with you to discuss during lockdown? (multiple responses possible)



If Other was selected, please specify:

Liaison with school business manager for our MHST to be able to move into our new office which is based in a primary school. Discussions with staff clarifying contact Discussions with staff as to why referrals may or may not be appropriate for the MHST
Support for SEND needs.
Discuss planning for virtual support.
Concerns around medical issues on individual children
To organise ongoing online /telephone counselling for students
discussions in surgeries
Support for parents re anxiety around COVID, returning to schools and in general. Support groups for students after returning to schools.
Supporting parents of children who have mental health needs and are already known to MH services

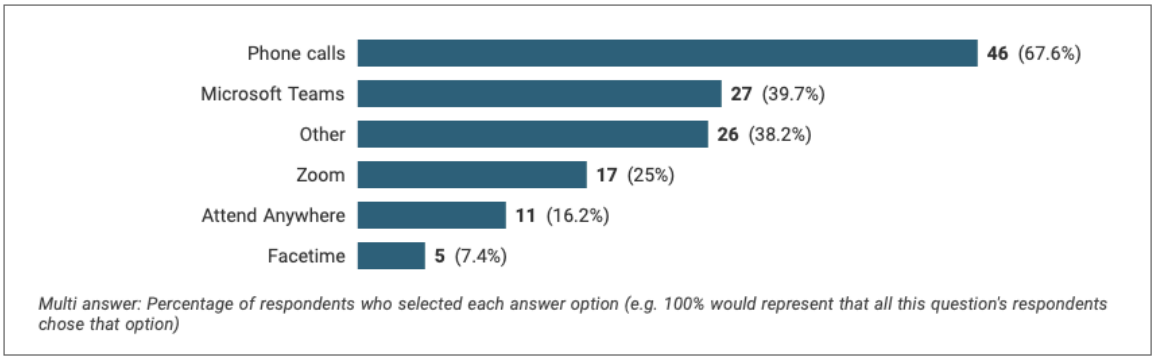
Have you done any individual work with students during lockdown? (88 responses)



'*for me personally it has been mostly 1:1 support and more so for parents and the younger children, the interventions I have been running have been parent led' [interviewee # 10]*

'*mainly it has been 1:1 support, mainly with parents but also some teenagers for support around anxiety and low mood'. [# 2]*

If yes, what platforms have you used for individual work? (multiple responses possible)

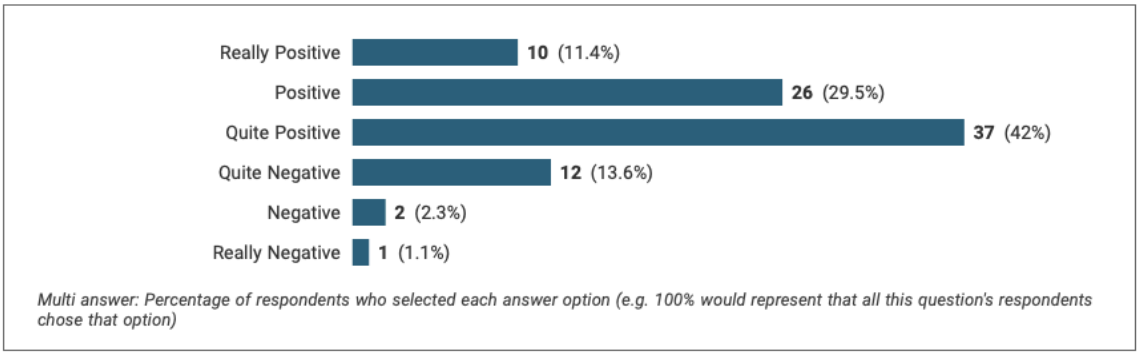


If you selected 'Other' for your response to which platform do you use, please specify: (26 respondents, multiple responses possible)

WhatsApp	12 responses

AccuRx (inc. AccurRx Fleming)	4 responses
Google Meets	4 responses
OneConsultation	3 responses
Skype	3 responses
Text Messages	2 responses
Doxy.Me	1 response
Email	1 response
FaceTime	1 response

How have you found remote working? My experience has been: (88 responses)



' I expected it not to be the same in terms of building a therapeutic alliance, but actually I haven't found that to be a problem, I have had success in sessions with pupils that I haven't met in real life' [# 3]

and *'it is very different working virtually, but it has been productive to be able to support staff and clients in an effective way.' [# 11]*

What parts of your job do you feel you have been able to do well whilst working remotely? (85 respondents) *free text response, categorised into most frequent responses*

Sessions with young people or parents (including assessment and 1:1 interventions), including having more flexibility with timings of sessions	43 responses
Teamwork: frequent contact with team/ more productive meetings/ supervisions/ planning/ sharing resources within the team	14 responses
Individual admin, planning and paperwork	13 responses
Keeping in contact with schools/ other professionals	10 responses
Academic studies/ training and development	7 responses
Creating/ sharing resources with schools, parents and young people	5 responses
Online training for school staff	4 responses

'some clients may prefer it online to face to face, I know some students struggle with that… it is an opportunity for them to take that first step of getting help without being face to face… maybe it is less scary for them.' [# 1]

'I think quite a few of the young people I work with right now, the face to face interaction would be really difficult if we were meeting in school during the school day. A lot of my appointments now are late afternoon or early evening but that has allowed these young people to access the service how they want to.' [# 8]

'it reduces travel and going between schools… you can kind of fit them in, because we have quite a few schools in my service, you can do one after if need be, without having to travel between schools' [# 1]

What parts of your job do you feel have been hard to do whilst working remotely? (86 respondents) *free text response, categorised into most frequent responses*

Building and/or maintaining therapeutic dialogue, alliance and engagement with clients during sessions	31 responses
Planning remote sessions, adapting handouts for clients and learning how to use the technology for remote sessions	21 responses
Contacting and maintaining/building relationships with schools	13 responses
Interventions and assessments (including safeguarding and risk)	12 responses
Not seeing team in the office	11 responses
Maintaining a work/life balance when working from home	5 responses
University learning	5 responses
Group work	4 responses

'At first it was a big stress to learn how to work remotely, because we haven't done it before and it requires a lot more preparation and time after the session to outcome everything' [# 6]

'you don't have those kind of visual cues, so it was difficult to assess them more generally, social responses were hard to see'. [# 9]

'It requires more energy, a different kind of energy, but when you are sat in front of a computer all day and it isn't the job you are used to, that can be draining' [# 6]

'it hasn't felt quite as collaborative. We don't have a system right now where we can share documents in a session to work on, and so the session in terms of pacing takes longer' [# 8]

3. Understanding provision for Black, Asian and Minority Ethnic Groups

Are there any issues arising specifically for BAME communities that you have encountered? (29 respondents) *free text response*

No:	17 responses

-No, because of a lack of diversity in schools but also perhaps because it hasn't been explored sufficiently/ haven't engaged with these clients sufficiently (3 responses) -No different to any other groups (1 response)	
Parents might not have a level of education that is sufficient to provide a helpful learning environment. This increases the level of disadvantage.	3 responses
Problems that BAME children face are under-reported by families and schools.	2 responses
BAME young people being additionally worried and concerned about catching Covid-19 (or a family member catching it, additional risk of multigenerational families)	2 responses
Cultural attitudes towards young people receiving mental health support	2 responses
Teenagers frustrated with their families because they feel their families do not take social distancing seriously	1 response
Some have had a language barrier which is harder to overcome in lockdown and online	1 response
Some families have less access to online platforms (i.e. laptops / good internet connection / space within the house for private conversations).	1 response
A sense of unfairness. BAME families appear to have mainly been key workers and therefore on low wage and 'having' to work while being more at risk	1 response
Living in busy, sometimes crowded households during lockdown, which led to increased family arguments and tension	1 response
Concerns around social distancing in overcrowded communities	1 response
Possibly greater risk of anxiety-based school non-attendance	1 response

'The one school that did contact me about it, it was specifically around bereavement because they felt their BAME students and families could be, they were being pre-emptive, could be disproportionately be affected by this.' [# 7]

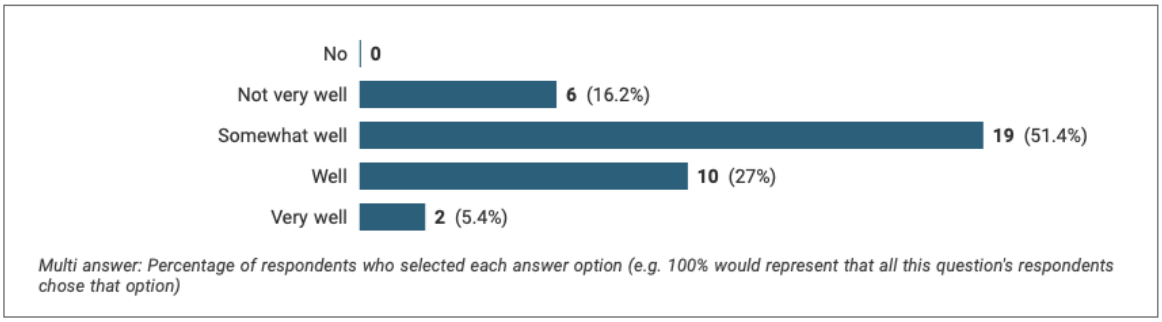
Is there anything else we can do to support BAME students? (16 responses)

free text response

Encouraging students to access mental health support: reducing any perceived stigma around accessing mental health support, as well as educating BAME communities and families around mental health to develop their understanding and knowledge about how they can support their young people.	6 responses
Increasing opportunities for schools to discuss openly and explore pupil voice around BAME experiences	4 responses
Specific recognition of, and support provided for, the challenges this group of students have faced, not just because of increased risk associated with Covid-19, but also the wider context around Black Lives Matter	4 responses

Educate the whole school, including staff, on how ethnicity/culture/religion may impact perception of health/wellbeing/safety/death/grief/coping- develop a better understanding of how anxiety and depression are displayed in BAME children and young people.	2 responses
Deal with bullying as it arises	1 response
Increase accessibility of activities in and outside of school that can provide relief and boost social skills of BAME children and young people.	1 response
Recruit a more ethnically diverse body of MH workers in schools	1 response

Do you feel equipped to meet the needs of BAME students? (37 responses)



If you selected no/not very well/ somewhat well, what would help you to better meet the needs of BAME students? (19 respondents) *free text response*

Training specifically focused on supporting BAME students that is evidence based	14 responses
To find out from BAME communities themselves what they need/want to ensure that information and support is relevant	3 responses
Helping parents understand the wishes and feelings of these young individuals who are often not taken seriously because of their culture	1 response
Targeted health information for BAME pupils and parents	1 response

' I think there hasn't been a lot of effort put into reaching out to certain groups. And it is early days for our service, but I don't think we have ever really talked about and it is something we need to address. Especially looking at Covid, we know it affects certain ethnic groups more, there are difficulties certain groups are more prone to... I don't think there has ever been a discussion about who do we talk to, to understand different cultures. All us trainees are all White British for the most part. We are trying to reach out to people without really understanding how it is.' [# 8]

4. Suggestions for improving mental health services provided to schools

From your experience, as schools and service leads plan for mental health provision in schools over the coming months, what do you think should be

prepared and provided in terms of mental health support in schools? (81 respondents) *free text response, categorised into most frequent responses*

Whole school approach to mental health- including space for pupils to voice their concerns, peer mentoring, offering resources to schools, teacher consultations, drop in sessions and assemblies to re-advertise MHSTs, ensure referral pathway is clear	19 responses
Workshops for schools and/or parents around common difficulties for students and Covid-specific difficulties (health anxiety, school refusal, trauma and bereavement)	19 responses
Teacher training about their own wellbeing	12 responses
Groups/ assemblies around general anxiety returning to school or Covid-specific concerns, space to reflect on lockdown	10 responses
Transition groups for students going from year 6 to year 7	6 responses
Continuation of 1:1 support for pupils	6 responses
More flexibility with sessions- ability to offer remote sessions for those who need or prefer it	6 responses
Bereavement specific support	6 responses

'having certain days where we can spend a day or a morning being a presence in schools so students will know our faces and can talk to us about things and teachers can do the same, so they are aware of what our role is'. [# 9]

'If we see their education and their mental health as two separate things, then I feel like there is going to be a lot of lost opportunities, I feel like it should really be in the school curriculum to be taken care of, rather than just jumping straight back into it as if things were normal.' [# 6]

'schools have a lot of knowledge about mental health issues in general and often what they know helps conflicts with their own pressures they have got, they always aim to put things into place but I think they struggle with the bigger things that affect mental health in children… I think extra training and support for schools around those things and consultations would be useful for them' [# 2]

Is there anything about the current ways of working that you would like to maintain even when lockdown ends? (80 respondents) *free text response, categorised into most frequent responses*

Providing sessions remotely with some clients and schools or to enhance face to face sessions (reduces travel time between schools, reaches children not attending school, increases accessibility of sessions- location and timing restrictions reduced)	45 responses
Working from home when possible	20 responses
Remote team/ multi-service meetings, as they are more productive/ more accessible	15 responses

'a combination of the two (remote and face to face) in the future is going to be beneficial, I wouldn't want to be exclusively one or the other anymore, going forward' [# 7]

'I guess when I was thinking about this interview and what I wanted to get across is that I would push the remote working to continue. I get one of the ideas behind our service is working in schools and that is important and helpful, but we need to do more than that.' [# 8]

Results from the in-depth interviews

Methods used

The aim of this research was to investigate school mental health workers' experiences of providing mental health support to schools during Covid-19. Twelve school mental health workers were interviewed to find out about their experiences of providing mental health support during lockdown and what they felt was important to plan and prepare for in terms of mental health support for schools over the coming months. We hoped to learn about innovative practices and positive experiences which can be shared and from which services might be able to learn and plan for mental health support as schools return.

Interviewees were recruited via email advertisements shared with local services and word of mouth. Interviews lasted for approximately half an hour and were conducted with an interviewer (ES) over either Microsoft Teams or telephone. A broad topic guide was used but there was flexibility for interviewees to raise issues of their own. Recordings of the interviews were transcribed by ES and analysed thematically by ES and MG. Remuneration was given for the time taken for the interviews to be conducted.

Detailed Findings

Sample characteristics

Twelve Mental Health Support Workers (MHSWs) were interviewed, the majority (10) were Education Mental Health Practitioners (EMHPs) or trainee EMHPs. Ten interviewees were female and two were male.

Two main themes emerged from the analysis of the interviews and these were: support provided during lockdown by EMHPs and other MHSWs and thinking about the future and planning for mental health support.

1. SUPPORT PROVIDED BY SCHOOL MENTAL HEALTH WORKERS TO SCHOOLS DURING LOCKDOWN

a. Support provided

EMHPs and other MHSWs have provided a variety of online mental health support to schools during lockdown. This has ranged from 1:1 interventions with pupils or parents, to group work, consultation lines for teachers and support for the wider school.

For many MHSWs, they predominantly provided 1:1 interventions, usually with clients referred prior to lockdown. Often, these interventions were with parents:

> '*for me personally it has been mostly 1:1 support and more so for parents and the younger children, the interventions I have been running have been parent led' [# 10]*
>
> '*mainly it has been 1:1 support, mainly with parents but also some teenagers for support around anxiety and low mood*'. *[# 2]*

There were mixed feelings about working remotely with parents, with some finding it easier to work with parents over other groups:

> '*I have definitely found working remotely easiest with parents' [# 2]*

and some finding that working with parents was harder:

> '*Seeing them face to face can be more beneficial and roleplay is harder over Teams, they can learn more face to face… they are still working well (virtually) but are probably the least effective' [# 1]*

Some felt the focus of their work had changed during lockdown from providing individual support, to a whole school approach to mental health:

> *'a lot of my work has been around supporting the mental health lead with the whole school approach, so helping to provide resources for young people and families, we put together things like weekly wellbeing bulletins, so trying to keep the school connected during lockdown. So, there has been a lot more of that, perhaps less of the 1:1 work'. [# 12]*

b. Feelings around providing remote support

Feelings around providing remote support centred around thoughts around remote working and the benefits and disadvantages of this way of working, for both MHSWs and for students.

Professionals Experiences:

MHSWs' experiences of remote working varied. Most acknowledged there were both benefits and disadvantages to providing remote mental health support. There was surprise that despite remote sessions differing from face to face sessions, they were still a successful way of engaging clients:

> *'I expected it not to be the same in terms of building a therapeutic alliance, but actually I haven't found that to be a problem, I have had success in sessions with pupils that I haven't met in real life' [# 3]*
>
> and *'it is very different working virtually, but it has been productive to be able to support staff and clients in an effective way.' [# 11]*

Sharing your screen with clients was seen as particularly helpful for increasing client's engagement with a session.

Positives

It was also acknowledged that remote working had made some aspects of MHSWs' jobs easier, as the reduced travel time between schools means that: more clients can be seen per day; it is easier to attend remote meetings than ones in person and there is no longer the stress of finding space in schools for sessions:

> *'it reduces travel and going between schools… you can kind of fit them in, because we have quite a few schools in my service, you can do one after if need be, without having to travel between schools' [# 1]*

Challenges

However, on the other hand, there were aspects of work that have been harder for MHSWs when working remotely. For example, although 1:1 sessions were seen, for the most part, to be successful group sessions and learning have been harder remotely, with more time taken to plan group sessions and conducting university learning (for trainee EMHPs).

The increased time to adapt sessions to run remotely, along with preparing and outcoming sessions was also raised as an aspect of providing support which has been harder remotely:

> *'At first it was a big stress to learn how to work remotely, because we haven't done it before and it requires a lot more preparation and time after the session to outcome everything' [# 6]*

This is especially an issue now that individuals can see more clients per day, as:

> *'this comes with more admin and I am struggling to get time to type up notes at the end of the day and keeping on top of paperwork has been quite difficult.' [# 11*

Alongside this, adapting resources to online working was also seen as challenging, because of the content that could be delivered remotely during lockdown. Several interviewees raised that aspects of interventions such as behavioural activation for low mood or exposure therapies for anxiety were difficult during lockdown when opportunities to engage with the outside world were limited. Assessments were also mentioned as harder to do remotely, especially if done over the telephone because

> *'you don't have those kind of visual cues, so it was difficult to assess them more generally, social responses were hard to see'. [# 9]*

The nature of working online was also seen by some as tiring:

> *'It requires more energy, a different kind of energy, but when you are sat in front of a computer all day and it isn't the job you are used to, that can be draining' [# 6]*

and relying on technology to deliver interventions

> *'The tech side of things, when it fails it is stressful' [# 6]*

> and *'it hasn't felt quite as collaborative. We don't have a system right now where we can share documents in a session to work on, and so the session in terms of pacing takes longer' [# 8]*

<u>Benefits to clients</u>

Several benefits to parents and young people of providing remote support were identified, namely that remote support removes potential barriers to accessing sessions, such as time or space restraints, or a reluctance to engage in face to face sessions. For example:

> *'some clients may prefer it online to face to face, I know some students struggle with that… it is an opportunity for them to take that first step of getting help without being face to face… maybe it is less scary for them.' [# 1]*

> *'some have been more open and saying how they are feeling… they don't need to feel embarrassed about getting support, because it is online'. [# 5]*

One interviewee also raised that

> *'As a man, meeting with younger children, that that physical presence can sometimes be a bit difficult for them, so meeting in a space they have chosen and on a format they have chosen has allowed them to engage better, right from the beginning.' [# 9]*

It was also acknowledged that online sessions might mean more parents can engage in sessions:

'I have found I had a lot more contact with parents and families. That has been really good and positive. Because I think sometimes in schools, especially secondary schools, you don't always get that, a lot of connection with parents, it is difficult for them to get in, they are at work or whatever'. [# 12]

Being able to offer sessions outside of the school day has also been a success of remote learning:

'I think quite a few of the young people I work with right now, the face to face interaction would be really difficult if we were meeting in school during the school day. A lot of my appointments now are late afternoon or early evening but that has allowed these young people to access the service how they want to.' [# 8]

Furthermore, processes surrounding referrals and interventions have been more efficient since remote working, for example, one individual raised that

'You don't have to rely on posting letters because you can email thing out, so things tend to be much more instant in terms of delivering interventions'. [# 3]

<u>Challenges for clients</u>

Building relationships with their clients was also seen by many MHSWs as much harder to achieve when working online:

'there are moments that are missed where if I was in a room with a young person those connections could be made' [# 10]

'working remotely is harder building that relationship with a client, you have to work harder to get a therapeutic alliance' [# 3]

and '*there is something about sitting next to someone and looking at a printed out resource that can feel a bit more collaborative and also because then they have the option of writing or drawing something… that is missing when we are online*'. *[# 9]*

This had the effect of sessions being harder with new clients:

'The ones I was working with pre-lockdown has been fine because I suppose you build up that rapport beforehand, but I have had a couple of new ones where I have really struggled with engagement'. *[# 5]*

Delivering sessions remotely was seen as harder with young people with ASD as

'if their computer doesn't work, children on the spectrum benefit from visual aids so remote working is harder'. *[# 3]*

Children who might not have a quiet space to talk in their homes were also harder to reach, or if their access to technology was limited then this sometimes restricted the contents of interventions:

'some of it before I had to do over the telephone…I struggled a bit with that. Especially with explaining things… usually I would send over the stuff beforehand, but some people don't have laptops'. [# 1]

However, it was also noted that, for these students, sessions were important- providing a temporary relief from their homelives and a sense of routine.

It was mentioned often that interventions with younger children were harder:

'I have found remote working easiest with parents, I think some of them used video for work…With children and teenagers it feels harder to engage them' [# 2]

'that key stage 2 bracket has been tough, we have had to include parents a lot more than we would have. That has had some trade-offs, in some ways it has been really good but in other cases that has

been a real no-no and the young person has refused to engage because they don't want their parent with them'. [# 8]

It was also raised that some young people might find the nature of online interactions uncomfortable:

'What I have found very surprising is that not many people actually like that face to face work, it is really interesting, I was really surprised at that. They are used to facetiming their friends and that but this is quite intense, and if you think, when I am working face to face with a person in a room I would seat the chairs so that we weren't directly face to face, so I think on screen it is very direct face to face and I think a lot of young people find that very awkward. So, a lot of my young people have preferred telephone calls, and texts.' [# 12]

c. Impact of lockdown on different students

There are some students whose mental health has benefitted from not being at school, mainly because of the pressures associated with schools being removed:

'students who have absolutely flourished in lockdown, being at home, not having some of the pressures that are difficult for these individuals at school, they have engaged better at home and learnt more, their behaviour has been calmer and they have been much calmer at home' [# 7]

This has even resulted in some students stopping their support during lockdown:

'Lots of teenagers that are referred just before lockdown decided they didn't want to carry on with support because a lot of their anxieties were removed because they were around school and exams and the pressures of socialising and actually that was all taken away and then they felt a lot better.'

There have also been some benefits for students with ASD:

'I have a client who is autistic and has a lot of sensory difficulties, and actually being in the safety and comfort of their own home has made things better for those young people'. [# 12]

However, it was also acknowledged that for some students being out of the routine of school has negatively impacted their mental health, particularly if they have low mood or are young people with ASD, who have the found the change of not going to school difficult. Those with difficult living circumstances have also been identified as struggling:

'Who they are living with, that has probably had a really big impact and loads have really struggled, especially in a big family in a small house.' [# 5]

d. Issues around mental health arising specifically for BAME students during lockdown

The majority of interviewees had not encountered any issues that had arisen specifically for BAME communities during lockdown. Some interviewees felt that this might be because of the locations they work in lacking diversity, being predominantly White British. Another felt that this might be due to there being barriers to students in BAME communities to speaking about their mental health, either due to cultural reasons, or because mental health services are not accessing these populations:

'I think there hasn't been a lot of effort put into reaching out to certain groups. And it is early days for our service, but I don't think we have ever really talked about and it is something we need to address. Especially looking at Covid, we know it affects certain ethnic groups more, there are difficulties certain groups are more prone to... I don't think there has ever been a discussion about who do we talk to, to understand different cultures. All us trainees are all White British for the most part. We are trying to reach out to people without really understanding how it is.' [# 8]

When thinking about how to reach these communities, it was raised that:

> *'we haven't put thought into it. I don't think it is impossible, I think we live in a time where those discussions are more available than ever. The discussion about race we had, we sent a leaflet out about the Black Lives Matter movement, that we could share with kids. It is not, not really good enough.' [# 8]*

When issues had arisen, they tended to be around providing bereavement support:

> *'The one school that did contact me about it, it was specifically around bereavement because they felt their BAME students and families could be, they were being pre-emptive, could be disproportionately be affected by this.' [# 7]*

e. Interactions with schools during lockdown

The majority of MHSWs experienced fewer requests for support from schools during lockdown. Suggested reasons for this varied from school staff being occupied with additional concerns during the pandemic

> *'My gut instinct is that, school staff are probably overwhelmed with a lot of things at the moment… because they don't know when to open the school or how to run it post lockdown, I think they are prioritising that over mental health support. Not out of choice maybe, but yeah, just a loss in communication' [# 6]*

or because it was harder to identify students in need of support when students were not in schools. Another reason was the relative newness of the EMHP role in schools meaning that schools might not be aware of how to refer students or what they can refer them for:

> *'I think we still need to do a bit of work around training teachers for the referral process, I think you know, there are still young people getting missed or not being noticed.' [# 12]*

However, some experienced an increase in contact with schools, because relying on emails or phone calls meant that they were more likely to be able to get in touch with members of staff who can sometimes be too busy to see MHSWs in person schools.

Schools were seen as very receptive to offers of support and that they had *'started implementing some of our suggestions of work into the curriculum that they are delivering remotely to young people… it has been massively well received, a lot of schools are very keen to work with us'. [# 3]*

Teachers were praised for their responsiveness to requests for information from MHSWs and their support of students:

> *'Teachers have done an amazing job of supporting children in schools at the moment, I don't know how they could have done any better'. [# 3]*

2. THINKING ABOUT THE FUTURE

a. Concerns for students as schools return

MHSWs voiced many different concerns for students as schools start to return. There was consensus that there will be an increase in mental health needs or a '*tsunami, seeing a lot*' as schools return, with both young people and parents expressing concerns about returning to schools.

The uncertainty around schools returning and what this will look like was voiced as a concern for both MHSW, young people and parents:

'uncertainty of not knowing when, not knowing how or how long it is going to be, we have had to do a lot of work on tolerating uncertainty and just getting used to that we can't know everything that has happened. That can be hard for some young people.' [# 12]

'they are aware it might be tricky but they can't envision yet what will be tricky about it. Will they still be worrying about the virus or interacting with people on that level again? Also separation anxiety. It is difficult to think what they need.' [# 4]

MHSWs also had concerns around specific areas of mental health needs as schools return. An increase in low mood was anticipated, as was increases in both general and social anxiety. This was thought to be due to young people being away from school routines, socialising and their normal activities:

'because a lot of people have come out of their routine of socialising, going out and doing activities, spending time with people… I think that is going to have a massive impact on them' [# 2]

'low mood has been exacerbated by teenagers being home a lot, not getting out and doing activities'. [# 2]

Worries were also raised around separation anxiety and supporting primary age children to settle back into a routine without their parents:

'With the primary school kids, because they have been out of school for so long, getting back into that routine of going to school is going to be a bit of an issue for them as well'

'Having that support from their parents all the time, that is going to influence their anxiety as well, so when they do go to school they won't have their parents with them all the time, that will play a part in it'. [# 1]

It was also predicted that there will be referrals for young people who might not have needed mental health support prior to lockdown, for example around anxiety exacerbated by lockdown or because of traumas or bereavements young people might have suffered during lockdown:

'you've got what could be a whole cohort of traumatised children for all sorts of reasons, not just the pandemic but whatever they might have encountered during their difficult home lives in this period… high end difficulties, schools will need more support at that end'. [# 2]

Supporting young people around bereavement was often raised as a concern, especially as for EMHPs this is not an area they are trained to provide support on:

'Schools are looking for advice about how to support children who might have lost a loved one to Covid… the thing is thought, within the low intensity work we are able to offer, bereavement isn't on our referral criteria' [# 3]

'Bereavement isn't something we would be trained in to support fully, so we need preparing to know what agencies are out there and how do we signpost.' [# 12]

b. How to prepare for schools returning

Many MHSWs were taking specific steps to help schools prepare for students returning, for example running workshops for schools on worry management, groups for parents, setting up wellbeing groups for students and producing questionnaires for students to give their thoughts on what areas of mental health they needed support on as schools returned.

Raising awareness of the role of MHSWs was also seen by many as important, so that staff and pupils are aware of the referral process (in particular self-referrals). This was thought to be achieved by presentations in schools or

> *'having certain days where we can spend a day or a morning being a presence in schools so students will know our faces and can talk to us about things and teachers can do the same, so they are aware of what our role is'. [# 9]*

More generally, MHSWs felt it was important that planning for mental health needs are prioritised and an important part of the school curriculum:

> *'If we see their education and their mental health as two separate things, then I feel like there is going to be a lot of lost opportunities, I feel like it should really be in the school curriculum to be taken care of, rather than just jumping straight back into it as if things were normal.' [# 6]*

Additionally, acknowledging that individual student's experiences of both lockdown and returning to school will differ:

> *'maybe having extra space to acknowledge it might be really hard for some of these kids to go back to their routine and then others will thrive on it.' [# 6]*

The importance of a whole school approach to mental health as schools return was raised by many individuals. Whole school approaches were seen as important in ensuring all staff have an awareness of mental health issues for students, rather than just being seen as the job of MHSWs. It was acknowledged that this approach will take both time and training to implement:

> *'schools have a lot of knowledge about mental health issues in general and often what they know helps conflicts with their own pressures they have got, they always aim to put things into place but I think they struggle with the bigger things that affect mental health in children… I think extra training and support for schools around those things and consultations would be useful for them' [# 2]*

> *' This way of doing it is new, so I think it will take a long time to challenge the culture of that feeling that we are a separate team coming into fix the mental health side of things, rather than it be a whole school approach, which is what we are trying to aim for, for mental health'. [# 6]*

Whole school approaches to mental health were also seen as a way to alleviate some of the anticipated increased pressures on services as schools return, as

> *'hopefully through staff training or staff consultations they might be able to put things in place to support children in school.' [# 2]*

c. Hope and concerns about MHSW job role

Concerns voiced by MHSW about their job as schools return centred around worries about their caseloads, schools shifting the focus away from mental health and the practicalities of returning to schools.

Worries about caseload split between those who worried that their capacity would reduce as schools returned and those who felt underutilised. Individuals worried that young people who were being seen remotely might not be able to receive in person support if capacity reduced as schools return and MHSWs spend more time traveling between schools. Alternatively, some felt frustration that

> '*what we can offer is quite limited at the moment. A lot of my colleagues have voiced frustration at that, we are aware there is so much need, but our capacity is very limited' [# 8]*

and that the focus might not be on mental health and wellbeing as schools return:

> *'I just think the focus will inevitably be on catching up on education, and I hope that it doesn't, but there is a chance that it pushes out this focus on wellbeing. When actually it should probably be the other way around.' [# 8]*

Practicalities such as

> '*trying to talk to a nine-year-old about their thoughts and feelings and you are dressed in PPE' [# 8]*

and coordinating sessions if schools do not want too many external visitors were also raised as concerns, along with the worry that travelling between several schools might increase MHSWs' risk of transmitting or becoming ill with Covid-19.

All MHSWs felt that there should be the option of remote working once schools return, especially offering remote sessions to young people and parents. The main reason for this was that the option of remote sessions increases the accessibility of mental health support, particularly for students who are not attending school, those who might be reluctant to access support at school, or parents who might struggle to attend sessions during school hours. Additionally, remote sessions during school holidays might ensure the continuity of sessions when meeting in school isn't an option.

Overall, the sense was that a combination of remote and school working would be beneficial:

> *'I think, I don't want to work from home every day because it is tricky and you don't see colleagues but working from home a few days a week would be really great, because then you'd have that balance between seeing young people in schools but then also capturing those who aren't in schools, or you'd be able to get those, parent interventions without parents having to get to schools and fit it in their schedules more easily' [#6]]*

> *' a combination of the two (remote and face to face) in the future is going to be beneficial, I wouldn't want to be exclusively one or the other anymore, going forward' [# 7]*

> *'I guess when I was thinking about this interview and what I wanted to get across is that I would push the remote working to continue. I get one of the ideas behind our service is working in schools and that is important and helpful, but we need to do more than that.' [# 8]*

Offering remote sessions was seen as a way to extend the support currently offered by services.

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