

RISE Mental Health Support in Schools:



Understanding the views and experiences of schools in Newcastle and Gateshead

June 2025



This report was produced by Involve North East on behalf of NHS North East and North Cumbria Integrated Care Board (NENC ICB).

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Charity number: 1116182
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Introduction

Part of a joint programme between NHS North East and North Cumbria Integrated Care Board (NENC ICB) and the Department for Education (DfE), RISE provides low-moderate levels of mental health support to children and young people in schools in Newcastle and Gateshead via two Mental Health Support Teams (MHSTs). The programme has been operating since May 2019 and since February 2021, The Children's Society has been commissioned to provide the service.

The service

The remit of MHSTs is to provide low-moderate level wellbeing, emotional and mental health support to pupils in their school setting, with the support offered falling into the 'Getting Advice' quadrant of the Thrive Model (Figure 1).



Figure 1: Thrive model

MHSTs do not replace any existing support or resources already present in schools but work alongside existing staff and structures to provide additional support.

Utilising a whole-school approach RISE's Education Mental Health Practitioners (EMHPs) support children and young people (aged 5-18) alongside parents and teachers. EMHPs:

- o Deliver evidence-based interventions for mild-to-moderate mental health issues to children and young people via 1:1 and small group therapy with the aim of equipping pupils with a range of strategies to give them the resilience and competence to better cope with any emotional or wellbeing issues they may encounter.
- o Support the school's senior mental health lead to introduce and develop the whole-school approach such as culture changes around mental health, adapting policies, shaping lesson plans and training staff where appropriate.
- o Provide timely advice to school and college staff and liaise with mental health services to help children and young people get the right support and stay in education.
- o Support parent/carers whose child(ren) have received their support through:
 - o Parent/carer workshops
 - o Parent/carer-led Cognitive Behavioural Therapy (CBT) – a one-off call

- o Parent/carer-led CBT – full programme on a 1:1 basis
 - o Parent/carer-led CBT - full programme in a group setting
 - o Parent/carer information sharing sessions
 - o Parent/carer contact sessions
- o Support all parents/carers through access to digital online resources.
- o As well as providing support direct to schools, the RISE team have also developed a digital offer which is available to all schools, children, young people, and their families.

Across Newcastle and Gateshead there are two Mental Health Support Team's (MHSTs) each comprising of four EMHPs plus a trainee EHMP and two further practitioners who work across both areas.

Schools are selected by the team to receive support for an academic term basis. Selection is based upon deprivation, pupil premium and demand/need from schools but there was a requirement for the teams to offer support to every school in Newcastle and Gateshead by 2025. Limited referrals are also received from the Single Point of Access for 1:1 support.

Between 2021 and 2025 the RISE team has:

- Delivered support 119 times into schools in Newcastle.
- Reached 56,948 children and young people in Newcastle via:
 - o 1:1 support (251)
 - o Small group work (649)
 - o Assemblies (25,262)
 - o Class groups (13,878)
 - o Year groups (16,418)
 - o Drop-in (503)
- Delivered support 166 times into schools in Gateshead.
- Reached 74,700 children and young people in Gateshead via:
 - o 1:1 support (410)
 - o Small group work (1,115)
 - o Assemblies (35,401)
 - o Class groups (12,652)
 - o Year groups (23,973)
 - o Drop-ins (1,170)

The most common themes supported were around:

- Anxiety (including separation anxiety and school avoidance)
- Emotional Regulation
- Worry
- Self-esteem
- ASD/ADHD support (particularly for Young People awaiting a formal diagnosis)
- Anger
- Transitions

Future service delivery

RISE has reported that there have been challenges around provision of support alongside the local authority in respect of reaching schools whose pupils had the highest rates of referrals into the SPA and Getting Help Services. The team have on occasions, struggled to engage schools

with some buying in their own mental health support which has led to a disjointed approach. Furthermore, children and young people are unable to access the resource.

Through their monitoring processes RISE gather feedback from schools to ensure their offer is meeting the needs of schools. As a result, they have recently amended their offer to increase the number of weeks they are in school from 6-8 to around 10-12.

The contract to provide mental health support in schools was up for renewal in April 2025 and in order to inform a new service specification ahead of a tendering process NENC ICB asked Involve North East to gather feedback on the current service.

Engagement activity

Involve North East was asked to engage with a range of stakeholders to gather this feedback:

- Schools who have accessed RISE support to find out:
 - Reasons for accessing support
 - Ease of access to support
 - Appropriateness of support
 - What has worked well
 - Areas where improvements could be made
 - Other support required
 - Future use
 - 34 schools gave feedback via an online questionnaire, 20 from Newcastle and 14 from Gateshead.
- Schools who have not accessed RISE support to find out:
 - Reasons for not accessing support
 - Future use
 - What support they would like the service to provide
 - 15 schools gave feedback via an online questionnaire, 12 from Newcastle and 3 from Gateshead.
- Children and young people who have used RISE to find out:
 - Awareness of service
 - Type of support received
 - Satisfaction with service
 - Areas where improvements could be made
 - 43 children and young people who had been supported by RISE within the last two academic years provided feedback via an online questionnaire.
- Parents/carers of children and young people who had been supported by RISE in the last two academic years to find out:
 - Awareness of service
 - Understanding of service
 - Concerns about using the service
 - Type of support received
 - Satisfaction with service
 - Communication
 - Areas where improvements could be made
 - 9 parent/carers gave feedback via an online questionnaire.

- Parents/carers of children and young people who have had RISE support in their school in the last two academic years but have not used RISE to find out:
 - o Awareness of service
 - o How service should be promoted
 - o Need for the service
 - o What the service should offer
 - o Future use
 - o 20 parent/carers gave feedback via an online questionnaire.

The following is a summary of the findings of these engagement activities.

School staff

This section summarises feedback from:

- o 49 schools of whom:
 - o 34 had received support from RISE.
 - o 15 had not received support from RISE.

Key findings

What has the RISE programme been doing well?

- Almost nine in ten schools have found accessing the RISE programme easy, helped by approachable staff, good communication and an easy referral process in particular.
- Schools primarily chose to access RISE to help meet the mental health needs of students and increase the support offering and for nine-in-ten, these needs are being met by the provision of a tailored programme of relevant support provided by committed and supportive staff.
- In particular, they highlighted the positive progress students have made, resulting in improved mental health.
- They felt that the presence of RISE team helped to raise the profile of mental health in their school, supporting culture change and highlighted the provision of appropriate content.
- The service offers an immediate resource which students do not have to wait for, provided by approachable and helpful staff. Support for parent/carers and the upskilling of school staff was also identified.
- In recent months RISE has moved to longer delivery model and over nine-in-ten respondents felt that this will be beneficial to their students by offering more time to embed learning and develop relationships with EMHPs and by enabling more students to access support.

Is there demand for the service?

- The positive experiences of RISE are reflected in the fact that all but one school intend to access support in the future, if available, and when asked what other support RISE could provide, three schools requested having multiple opportunities to access the service.
- For those fifteen schools who had not used RISE, this was predominantly because they had not been approached so were unaware of the programme or for two, had received no communication from RISE after expressing an interest. However, over nine-in-ten stated that they would use RISE in the future if it was offered to them, meeting a need for mental health support within their school.
- In terms of the delivery model, small group work, 1:1 sessions and parent/carer support has been offered most frequently and most frequently taken up.
- The whole-school approach has been offered least frequently and there has been the least demand for this alongside staff support.

What could the RISE programme be doing differently?

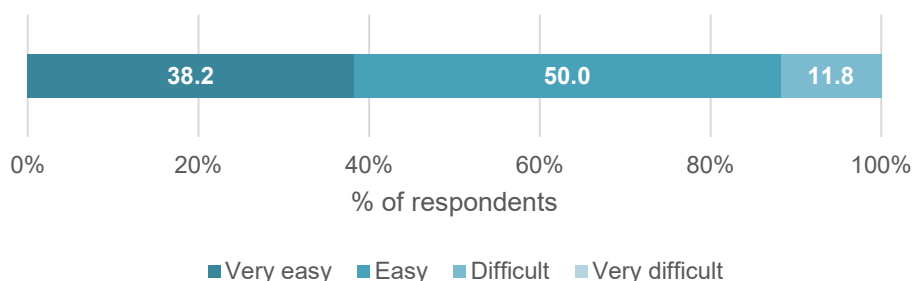
- Six schools felt that the RISE programme was difficult to access due to a lengthy referral process and, for one, a lack of response to their enquiry about using RISE in their school.

- For three schools the RISE provision is not meeting their needs. They felt that the amount of time practitioners can offer support is too limited, there is a need for support for children with more complex needs and an inconsistent delivery model.
- Twenty-one schools (61.8%) identified areas where improvements could be made. Whilst there were a large number of specific suggestions, the most commonly mentioned were targeted support for those with higher-level needs and a more efficient referral process.
- When considering the whole-school approach model, those schools who had taken up the offer were supported around staff training and whole-school assemblies in particular. However, three schools identified additional support needs around policy design, longer-term action plans, culture change and staff training.

Summary of findings

Accessing support

How easy did you find accessing RISE support?



No. of respondents 34

- o 38.2% of respondents found it very easy and a further 50.0% reported that it was easy to access support from RISE. They appreciated:

Reasons for positive rating	No. of responses
Approachable and helpful staff	12
Easy referral process/good communication	10
Accessible website/resources	3
Flexible/collaborative approach	2

“Simple referral process, collaborative approach designing the support, good communication, high quality resources on the website.”

“Clear systems in place. EMHP's easily contactable.”

“An email was sent to find out schools that were interested in receiving support and I responded. Then we were notified we were on the programme.”

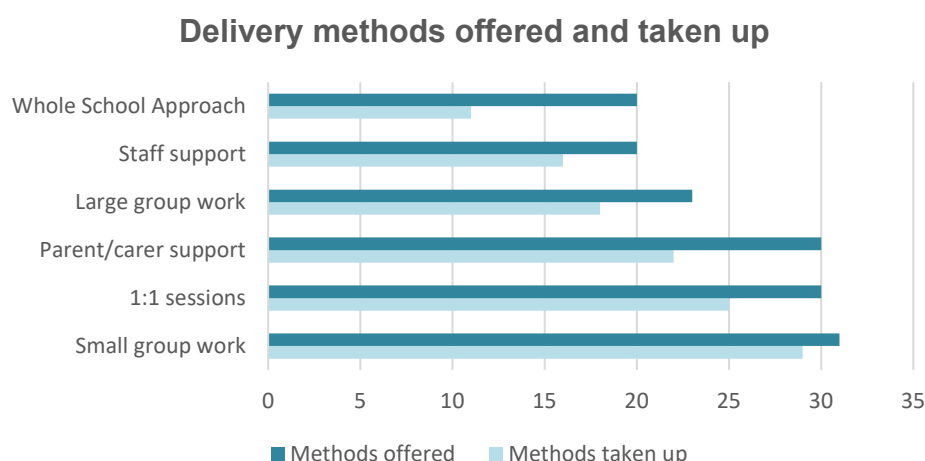
Four schools reported that accessing RISE was difficult. They cited the referral process and specifically the criteria and number of forms to complete. One school responded to say they had not heard back from their request for support. A further four schools who reported easy access also highlighted issues with the referral process which they found “clunky and not supportive” and “very time consuming”.

“Took time ‘til it was decided that we were eligible to receive the help and as a school we did not want the whole package only the direct help with the child.”

“There was a lot of organising at our end including lots of forms to be completed.”

“I felt the referral process for the children having individual support or small group support was very time consuming as most information requested was exactly the same for all of the children.”

Support provided



No. of respondents 34

- o Schools reported being offered a range of support. Small group work, 1:1 sessions and parent/carer support has been offered most frequently, and schools have been most likely to take up small group work and 1:1 sessions.
- o Whole-school approach has seen the lowest uptake with only 55.0% of schools who were offered accepting this delivery method.

The 11 schools who did take up the whole-school approach offer were asked how they had been supported in this respect.

Support provided	No. of responses
Staff training	8
Whole-school assemblies	4
General resources	3
Culture change	2
Parent/carer training	1
Trauma-informed approach	1

“Culture change around mental health, specifically around understanding trauma and ACEs [adverse childhood experiences], support implementing Zones of Regulation across the school, including an inset day, workshops for staff around safeguarding issues that intersect with mental health (vulnerable children, child exploitation).”

“Advice and support: staff drop-ins, parent groups and workshops (to give the parents the confidence and skills/strategies to help themselves and their

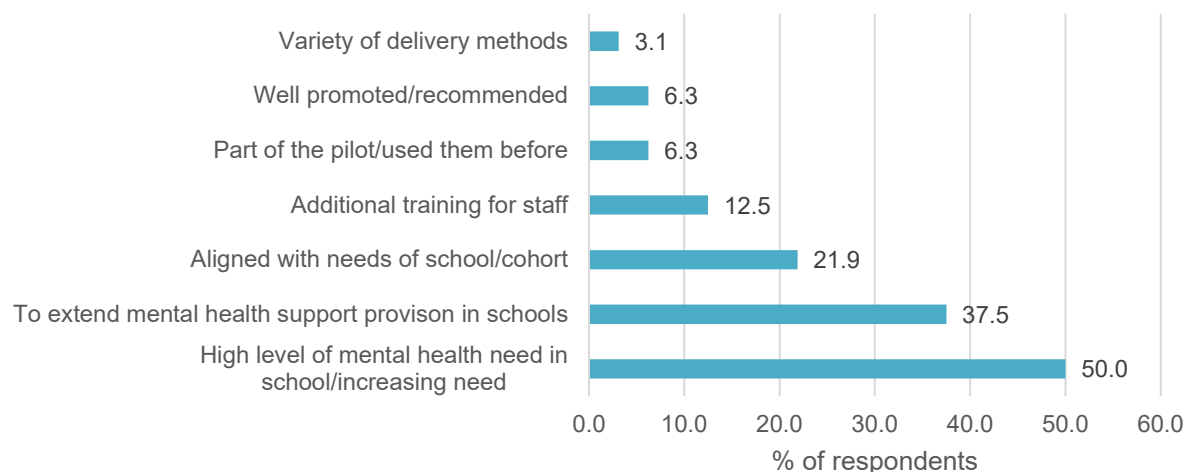
children, parent-led CBT [cognitive behavioural therapy]. Use of the audit tool to help further our whole-school approach and the wellbeing surveys which are great! Staff training. Class workshops and whole-school assemblies with staff present. Pointers to RISE resources and YouTube videos. Also think that the presence of EMPH's in schools raises the awareness of the need to develop positive mental health and wellbeing within school and the community.”

They were also asked if there were areas of support that were missing from the whole-school approach. Three schools (27.3%) suggested:

- Support around policy design
- Support around developing a three year action plan
- Culture change around mental health
- Building staff confidence to deal with mental health

Experiences of using RISE

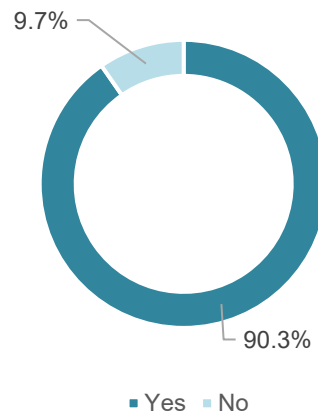
Why did your school choose to access RISE?



No. of respondents 32
Respondents could give more than one answer

- o Half of schools have accessed RISE in order to help meet the mental health needs of their students.
- o For 37.5%, the offer of free support to complement their current mental health support offering was helpful.
- o Seven schools (21.9%) recognised that RISE aligned with the needs of the school and its students.
- o Four schools (12.5%) recognised the value of having more staff members trained in support mental health within their school.

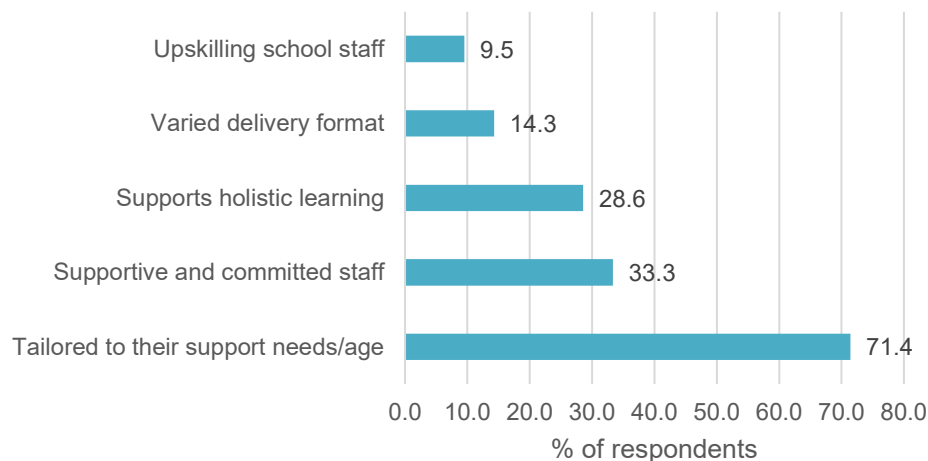
Do you feel that the support RISE provides meets the needs of the children and young people in your school?



No. of respondents 31
Respondents could give more than one answer

- o Nine-in-ten schools (90.3%) felt that the support provided by RISE meets the needs of students at their school.
- o The remainder (three schools) said that RISE does not currently meet the needs of the children in their school.
- o Those who felt it met their needs cited the following reasons:

Reason RISE meets needs



No. of respondents 31
Respondents could give more than one answer

“Age-appropriate sessions, catered for 1:1, small group, and whole class. Really nurturing and invested staff.”

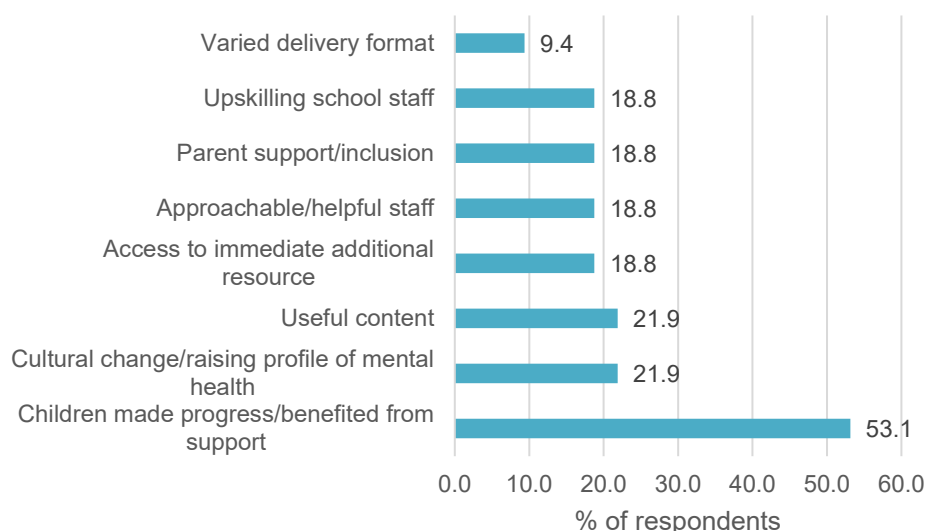
“Knowledgeable and supportive practitioners were able to diagnose the needs of pupils in the school and flex plans and actions to suit.”

“It’s pitched perfectly, and I have lots of conversations with our allocated worker about the groups beforehand.”

The three schools who felt that RISE did not meet the needs of their students cited:

- o A need for support around more complex cases
 - o A need for more support
 - o Interventions being too brief
 - o An inconsistent and “ad hoc” delivery model
- o Thirty-two schools identified positive aspects of the RISE service.

What have been the positive aspects of the service RISE has provided?



No. of respondents 32
Respondents could give more than one answer

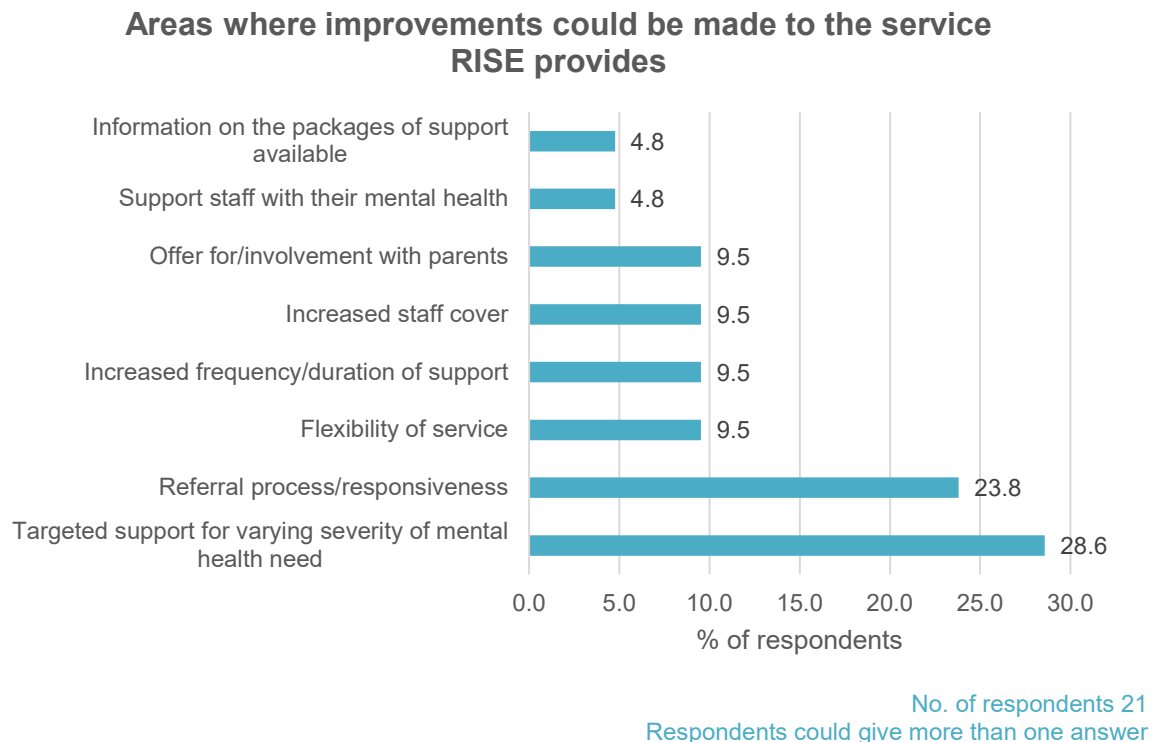
- o Most frequently mentioned (53.1%) was the positive progress students have made resulting in improved mental health.
- o The presence of the RISE team in school raising the profile of mental health and the implementation of a whole-school approach was also identified as a positive aspect of the support (21.9%).
- o Appropriate and useful content was mentioned by a similar proportion of respondents (21.9%).
- o Having access to an additional resource which students do not have to wait for relieving pressure on school staff was highlighted (18.8%).
- o A similar proportion of respondents mentioned the quality of the RISE staff, the inclusion of support for parents and upskilling school staff.

“The children still talk about what they have learned during the sessions. Children have been able to access support which is not readily available without long waiting times. Great, friendly, efficient, and helpful team that worked with us.”

“Greater whole staff awareness around mental health. The whole-school now uses zones of regulation. Some staff use approaches (e.g. Brain Buddies). The parent sessions were really well attended and barriers for parents accessing support for their children were broken down.”

“Ability to offer students an additional intervention above what school can offer but quicker than external NHS waiting lists. Signposting to staff and parents and excellent resources on the website. Transition support for vulnerable pupils and CPD [continuous professional development] for staff.”

- o Twenty-one schools suggested changes that could be made to the service provided by RISE.



- o There was a lot of variation in responses to areas for improvement with a request for more targeted support for those with higher-level needs most frequently mentioned (28.6%).
- o Changes to the referral process to make it shorter and quicker were also highlighted (23.8%).
- o Other suggestions related to providing a more tailored offer rather than a standardised package, having RISE in school more often or for longer periods and having a named practitioner assigned to each school.

“Psychological support offered 1:1 is too limited/low intensity - students would commence work but then be told their needs were too great and the worker could no longer work with them.”

“The RISE team could offer a tiered system of support, differentiating between low, mid and high levels of challenges faced by schools.”

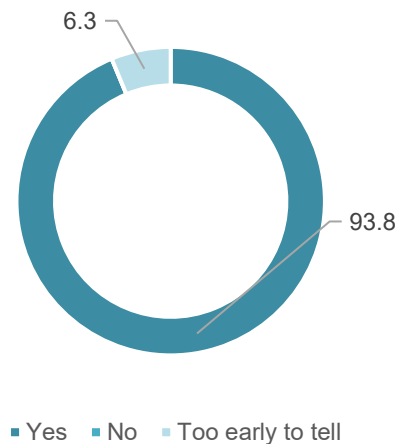
“The referral process can be lengthy as this is currently: A meeting with RISE and school to discuss student’s needs - School then discuss this with students and parents/carers - School then complete RISE online referral form - School send parent/carers online referral consent and chase-up - RISE then call parent/carers to discuss further the referral - RISE then meet student - RISE then begin sessions. This can be timely when there are several students to refer at once.”

“Consent can be difficult to get from parents/carers, especially when needed for large groups. Support around self-harm would be useful for staff and students.”

New delivery model

RISE has recently changed its delivery model to enable EMHPs to spend longer in schools (around 10 - 12 weeks rather than 6 - 8 weeks) with a view to being able to have more of a long-lasting impact. Although the change in model is still in its infancy, they were asked whether they thought the change would be beneficial to their school.

Do you think the increase in length of time spent in schools will be beneficial?

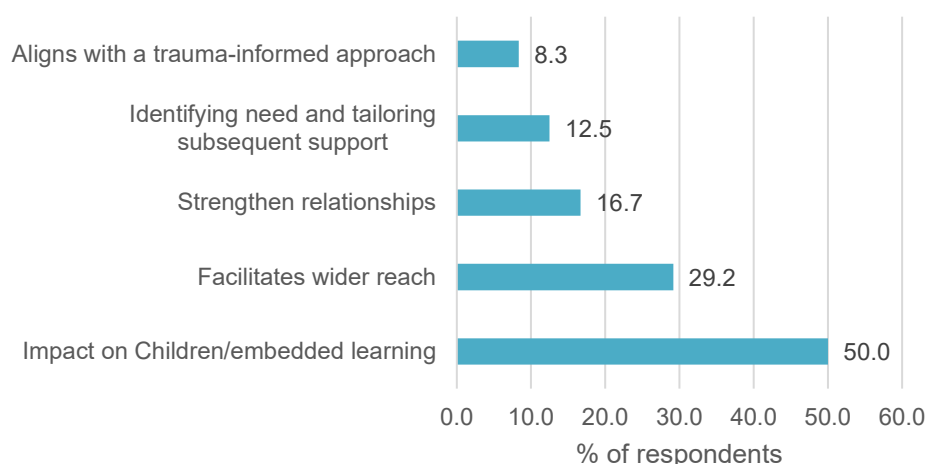


No. of respondents 32

- o Over nine-in-ten respondents (93.8%) felt that the change would be a positive one for their school.
- o Two schools (6.3%) felt it was too early to tell at this stage.

Those who felt that it would be positive offered reasons why:

Reasons increased time in schools is beneficial



No. of respondents 24

Respondents could give more than one answer

- o Half of respondents (50.0%) felt that it would have a positive impact on their students, particularly in terms of offering them more time to embed their learning.
- o 29.2% thought that it would enable more students to be supported.

- o For 16.7% one of the benefits would be the development of stronger, trusting relationships between EMHPs and the students.

“We tend to find that it takes time to embed learning and strategies. The shorter model was not long enough.”

“With our students, who present with blocked trust, short periods of time are not only insufficient to establish the interpersonal relationship needed to inform change, the lack of continual contact may reinforce the perception people may ‘abandon’ them. Potentially, it would be better to have one day blocks continually throughout the year to aid the building of relationships.”

“Mental health concerns are increasing especially with young people. This will give you time to tackle larger cohorts in a school which creates greater efficacy with regards to tackling mental health.”

Other service suggestions

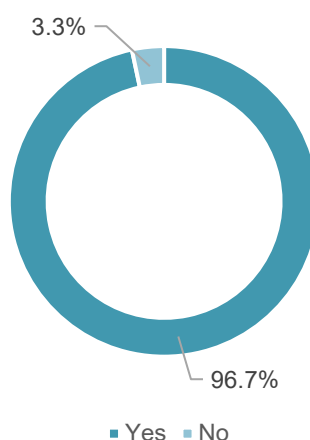
Eleven schools (32.4%) put forward suggestions for other support they felt RISE could provide:

Support suggested	No. of responses
Having multiple opportunities to access service	3
Transition	2
Extension to community/parent support	1
Incorporation of support for those with additional needs	1
Post-service support	1
Resilience	1
Small group and 1:1 support	1
Staff support	1

Respondents could give more than one answer

Future use of RISE

Do you plan to continue to access support from RISE in the future?



No. of respondents 30

- o All but one school plan to use RISE services in the future although the school that answered negatively did so because they were under the impression that they could only access RISE support once.
- o Nineteen schools gave reasons for future use:

Reasons for future use	No. of responses
Great service	10
Positive impact on students	9
There is need/demand for RISE services in our school	5
Support for school staff	4

Respondents could give more than one answer

“The EMHPs are knowledgeable and friendly. They have become an integrated part of our school. There is no financial implication for school and the response is quicker than other referrals. It is a huge step towards education and health working more closely together and needs to continue.”

“We feel that the support offered by RISE is invaluable in our school. We have so many children with such a wide range of difficulties that it can feel overwhelming at times.”

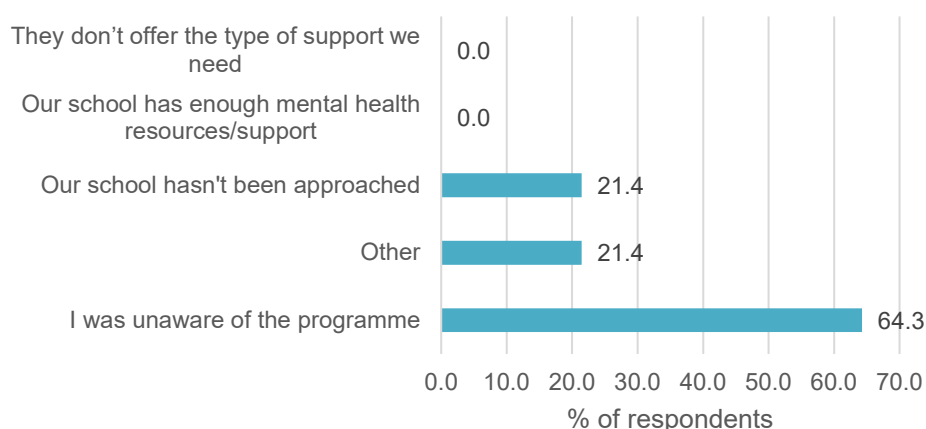
“It was positive, staff and pupils have benefited greatly, and they have made lasting change.”

No experience of RISE services

- o Fifteen schools who had not used RISE also provided feedback on the service and its potential use.
 - o However, one of these schools was in the process of planning support from RISE.

Reasons for not accessing RISE

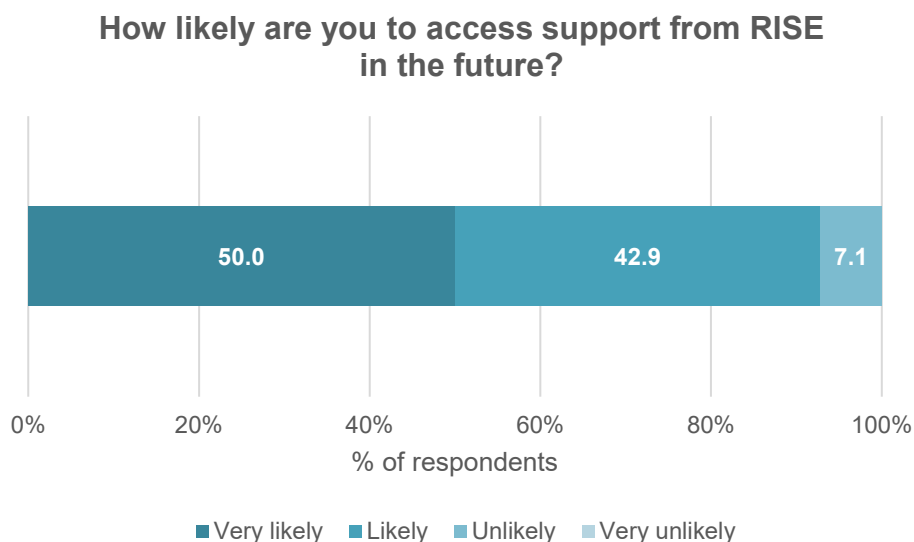
Why have you chosen not to access Mental Health Support Team provision via RISE?



No. of respondents 14
Participants could give more than one answer

- o Schools reported not knowing about the service (64.3%) or not having been approached to access RISE (21.4%).
- o Other reasons given were:
 - o Expressing an interest but not hearing back from the team – 2 schools.
 - o Currently being in the process of accessing the service – 1 school.

Future use



No. of respondents 14

- o All but one school stated they would be very likely (50.0%) or likely (42.9%) to use RISE in the future.
- o Reasons cited were:

Reason	No. of schools
There is need/demand for RISE services in our school	6
Would need more information about RISE before committing	3
Fits with school ethos/aims to support mental health	1

- o The one school who said they would be unlikely to access RISE did so as the respondent did not have responsibility for making that decision so they may potentially use the service in the future.

Children and young people

This section summarises feedback from:

- o 43 children and young people who had been supported by RISE within the last two academic years of whom:
 - o 16 were from a primary school
 - o 27 were from a secondary school

Key findings

What has the RISE programme been doing well?

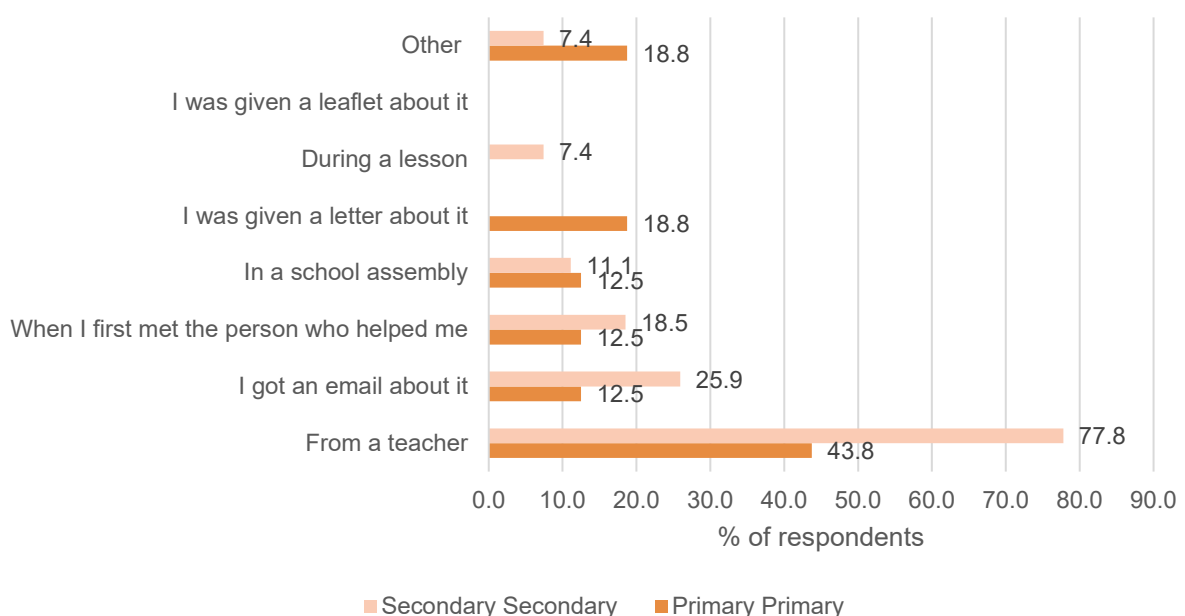
- The service being provided has been positively received by children and young people.
- The majority of respondents took part in group activities with some being activities to do within sessions. Around one-quarter of students providing feedback had 1:1 support.
- More than four-in-five felt that the support from EMHPs has been helpful in terms of encouraging their emotional literacy and reflection, boosting confidence and self-esteem, and helping them feel comfortable in group settings in particular.

What could the RISE programme be doing differently?

- Around half of children and young people felt they did not have enough time with the EMHPs, citing the large group sizes, having too much to talk about in the time given and, for one, sessions being cancelled.
- Moreover, when asked for suggestions for improvements to RISE support they requested longer sessions and more sessions.

Awareness of the service

How did you find out about this extra help in school?



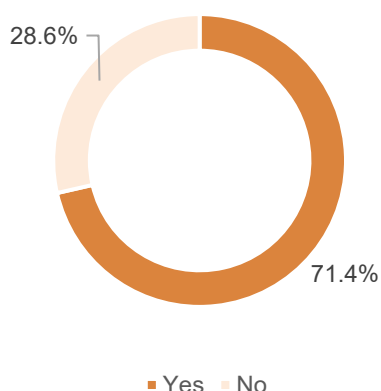
No. of respondents 43
Respondents could give more than one answer

- o For both primary and secondary respondents, being told about the support by a teacher was most common.
- o Others recalled receiving an email or a letter
- o For some, their first awareness of the service was at their initial session with the EMHP.
- o Other ways reported were:
 - o From school support worker
 - o From support staff at school
 - o Through the Children and Young People's Service
 - o Parent
 - o Unsure

Service provided

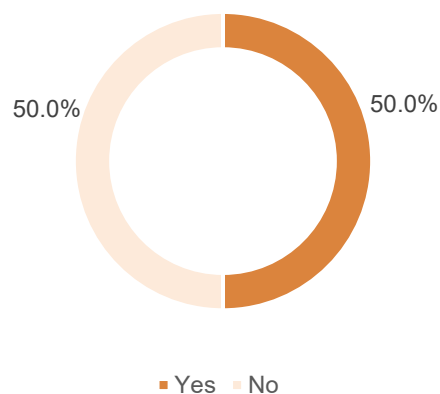
Children and young people recalled seeing the EMHPs once a week for around six weeks. They were asked whether they thought they got enough time with the EMHPs.

Do you think you got enough time with the person who helped you?



No. of respondents 7
Primary school respondents

Do you think you got enough time with the person who helped you?



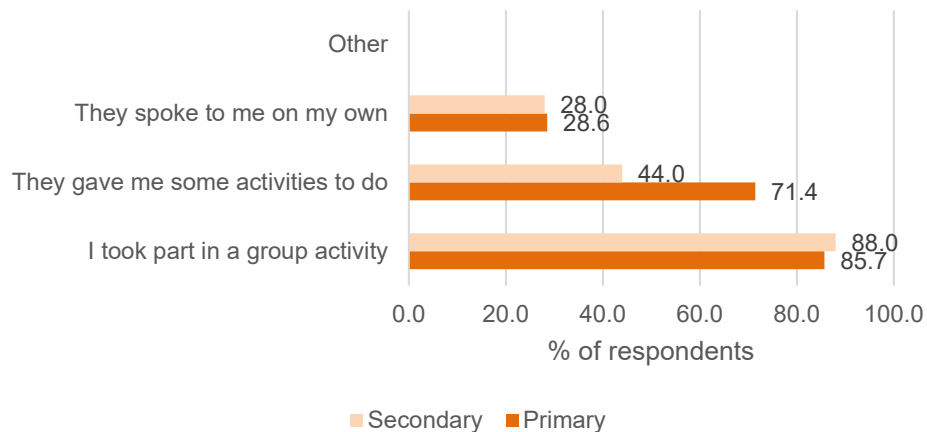
No. of respondents 28
Secondary school respondents

- o Nearly three quarters (71.4%) of primary school respondents felt that this was enough time compared to only half (50.0%) of secondary school respondents.
 - o Secondary school respondents who felt that they did not have enough time gave reasons why:

Reason	No. of respondents
Too many people in the group so not enough time to talk	2
Not long enough to talk about everything that happened to me during the week	1
Only time to discuss how we felt on that particular day, not things that concerned us	1
Sessions got cancelled a couple of times and weren't replaced	1
Would run out of time in the session	1

No. of respondents 6

What did the person you spoke to do to help you?

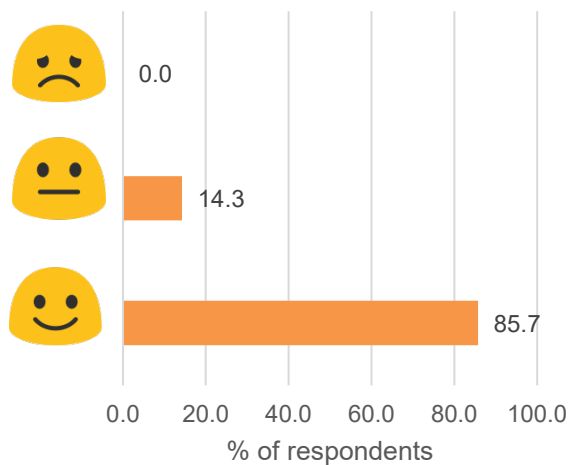


No. of respondents 32
Respondents could give more than one answer

- o The majority of both primary and secondary respondents took part in a group activity.
- o Nearly three-quarters of secondary respondents recalled being given some activities to do during the sessions.
- o Over one-quarter of both cohorts received 1:1 support.

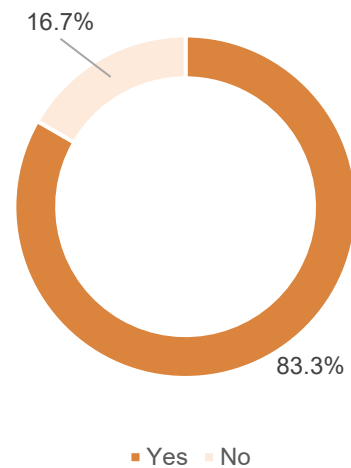
Both groups were asked whether the support they had received had been helpful.

Was this help...?



No. of respondents 7
Primary school respondents

Was this helpful?



No. of respondents 24
Secondary school respondents

- o Most children and young people felt that the support that they have received had been helpful.
 - o Secondary school respondents gave reasons for this:

Reason support deemed helpful	No. of respondents
Encouraged emotional literacy/reflection	9
Boosted confidence/self-esteem	6
Ability to function as part of group	4
Practical strategies/advice given	3
Felt seen/heard	3
Emotional regulation	2

No. of respondents 17

Respondents could give more than one answer

- o The support encouraged emotional literacy or helped the children and young people reflect on their emotions and how to manage them.
- o Some felt that it had helped boost their confidence or self-esteem and some that it had helped them to take part in group activities.

“It showed me what to do when things get out of hand and reasons they might of [sic] got out of hand in the first place.”

“It helped me to understand more and realise why I felt certain ways and helped me to recognise when I was negatively reflecting upon myself.”

“It helped me to be more confident to come into school and helped with my emotions.”

“It gave me a space to share my feelings and also get support and advice on what I’m struggling on and how to improve this. For example, different activities to do.”

- o For five primary school respondents (14.3%) it was a neither positive nor negative.
- o For four secondary school respondents (16.7%) it was not helpful, two gave reasons for this:
 - o Did not like talking with people unfamiliar to them.
 - o Felt there were too many group activities at the expense of talking directly about issues.

Service improvements

Children and young people were asked whether they would change anything to make the support better for them. Eight respondents put forward the following suggestions:

Suggestions for improvements	No. of respondents
Longer sessions	2
More sessions	2
Option for 1:1 support	2
More than one session per week	1
Smaller groups	1

No. of respondents 8

Parents/carers

This section summarises feedback from:

- o 29 parent/carers of whom:
 - o 9 were parents/carers of a child who had received support from RISE.
 - o 20 were parents/carers of a child who had not received support from RISE.
- o Respondents represented children from Reception to Year 10 (see Appendix 1 for a profile of respondents).

Key findings

What has the RISE programme been doing well?

- There is support for the service from both parent/carers whose children have used the service and those who have not.
- Over four-fifths of respondents felt that the provision was useful for their child/children; they had engaged with support which offered them reassurance in particular.
- The majority of parent/carers received feedback which they felt was helpful.

Is there demand for the service?

- Respondents were asked what they would want from any future Mental Health Support Teams provision for their child/young person and most simply wanted the service to be there in case their child/children needed it in future.
- In terms of parent/carer support, they requested the service provide support and advice and practical strategies to support their child, they also highlighted that the support be accessible in terms of timeliness and availability outside of normal working hours.

What could the RISE programme be doing differently?

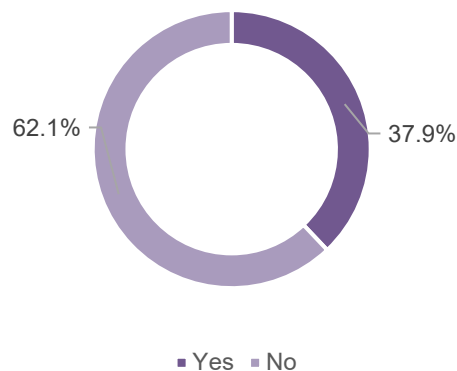
- There was evidence of a lack of awareness of the service amongst some with just over one-third of respondents having heard of RISE.
- They requested information around what the RISE offer is, who it is available to and how to access it, in particular.

Summary of findings

Awareness of service

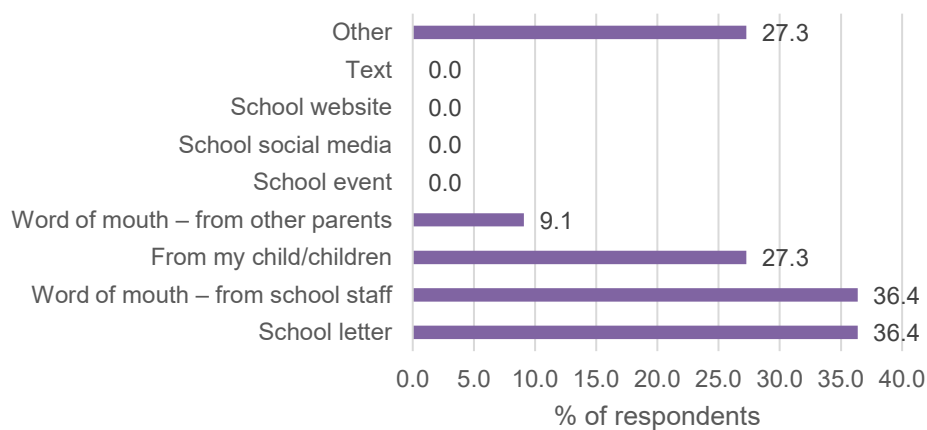
Of the 29 parent/carers responding to the survey, just over one third (37.9%) had heard about RISE operating within their child's school.

Have you heard about Mental Health Support Teams (delivered by RISE) within your child/children's school?



No. of respondents 29

How did you find out about Mental Health Support Teams?



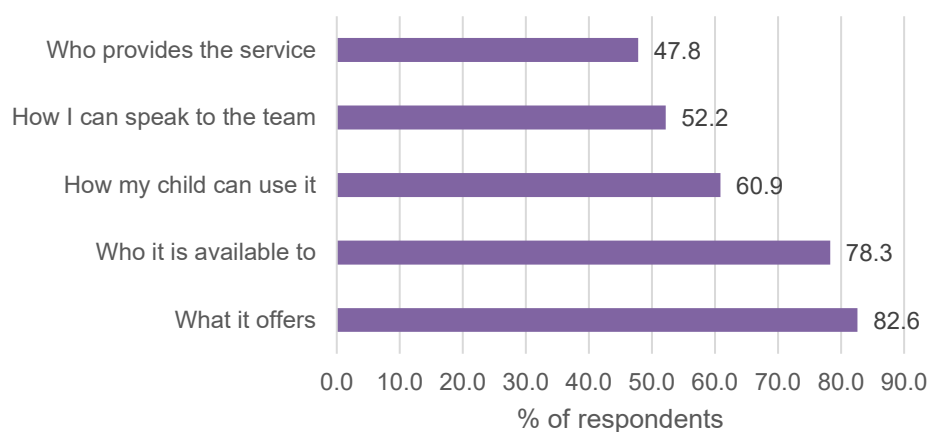
No. of respondents 29

Respondents could give more than one answer

- o A letter from school or being told verbally by staff were the most common ways parent/carers learned about RISE.
- o Over one-quarter heard about the service via their child (27.3%).
- o Other ways reported were:
 - o From the school SENCO
 - o Receiving a phone call from the school
 - o From work

Regardless of whether they had heard about RISE, respondents were asked what information they would like to receive about the service. Six respondents stated they would not like any further information, the remainder requested:

What more would you like to know about Mental Health Support Teams?



No. of respondents 23
Respondents could give more than one answer

Service provision

Children and young people support

Nine parent/carers reported that their child or children had received support from EMHPs.

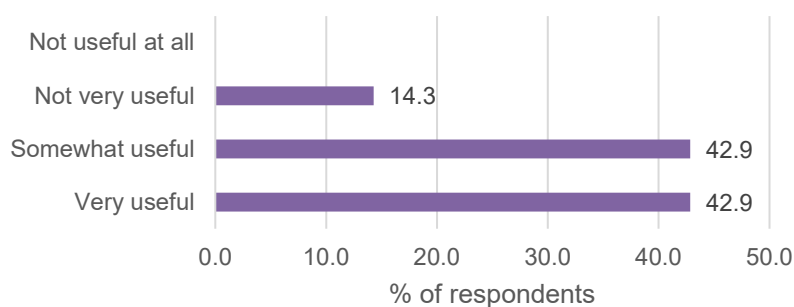
They were asked how the offer of support was explained to them:

Suggestions for improvements	No. of respondents
School explained	4
Received no explanation	2
Child explained	1
Through GP	1

No. of respondents 7
Respondents could give more than one answer

When asked, none of the respondents had any concerns about their child/children accessing the provision.

How useful was the provision for your child/children?



No. of respondents 7

- o The majority of respondents found the support provided by RISE to be 'very useful' or 'somewhat useful.'
- o One respondent felt that it was not very useful stating that their child "won't talk about it" with them.
- o Those who felt it was useful commented upon how their child had engaged with the support and offered reassurance for their child. One felt that it had been useful initially, but not long term.

"He was able to discuss what they had talked about in class and had some worksheets he was able to bring home."

"This helped somewhat as in the beginning it helped but then it doesn't long term."

"My son felt reassured that what he was feeling was normal and there are ways to help."

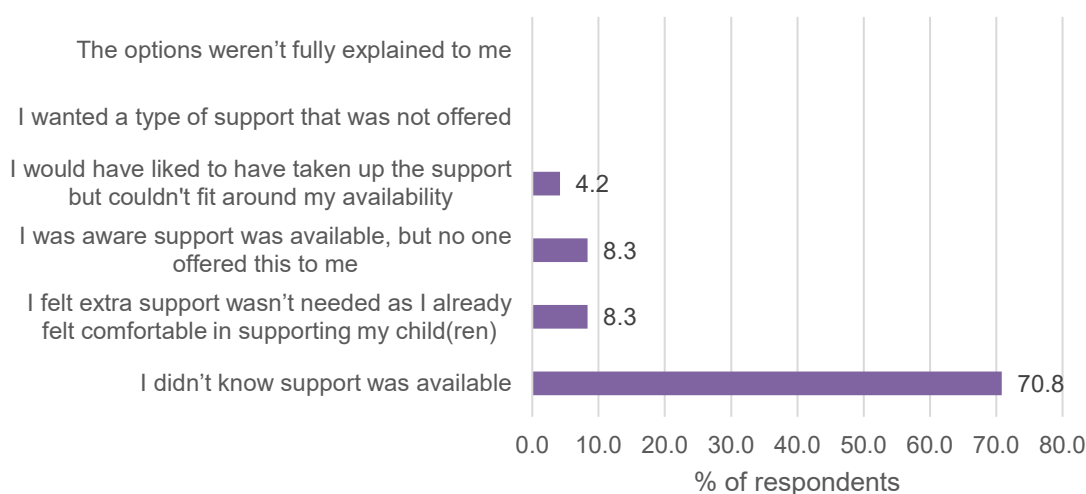
Almost three-quarters of respondents (71.4%) reported receiving some feedback about their child/children's support with one stating that it was "brilliant" and another, that it was "very useful". Those who did not receive feedback would have liked some.

Parent/carers support

One respondent (14.3%) had accessed RISE's offer of support for parent/carers, attending a parent/carers workshop. They reported that it was 'somewhat useful' as they, "Felt that the workshop was perhaps aimed at parents with older children (not first school age)." They might use the support again "depending on the topic being discussed".

The remaining respondents (85.7%, 6) had not accessed parent/carers support. They gave reasons for this:

Why you did not access parent/carers support from the Mental Health Support team?



No. of respondents 24
Respondents could give more than one answer

The majority of respondents (70.8%) did not know the support was available whilst 8.3% were aware of the support but it was not offered to them.

Future provision

Respondents were asked what they would want from any future Mental Health Support Teams provision for their child/young person.

Suggestions for service	No. of respondents
To know that support is there if needed	5
More information on the topics covered	1
Activities to do at home	1
Emotional regulation support	1
Timely support	1
Bespoke support	1

No. of respondents 9

Respondents could give more than one answer

- o Most respondents simply wanted the service to be accessible to their child/children, and one highlighted the need for timely support.

Respondents were also asked what they would want from any future Mental Health Support Teams provision as a parent/carer.

Suggestions for service	No. of respondents
Support/advice	5
Accessible support	3
Practical strategies	3
Empathic listening	1
Joint sessions between parents/child	1

No. of respondents 9

Respondents could give more than one answer

Any other comments

Seven respondents provided additional comments about RISE provision in schools.

They appreciated the service but felt that more support or continued support was needed. They requested greater promotion of the service amongst parent/carers.

“I think it's a fab idea and has to continue.”

“It is great that the children can discuss issues before problems arise.”

“I think it needs promoting more and parents made aware of how to access this for their child.”

Recommendations

The findings above provide a summary of the feedback provided by 34 schools, 43 children and young people who have accessed RISE support and 29 parent/carers.

In response to this feedback the following recommendations are made to help inform future service provision.

Continuation of service

- o There is strong support for the RISE programme across schools with some reporting an increasing need for mental health support. There is also support from parents and carers and the children and young people who have accessed the service.
- o Moreover, there is demand from schools who have not yet accessed RISE who would like to take up support if offered.
 - o It is suggested that the RISE service continues to provide low level mental health support to schools across Newcastle and Gateshead.

Awareness of service

- o Nine schools were unaware of the RISE programme and two-thirds of parent/carers whose schools had received support from RISE had not heard of the service.
 - o It is suggested that processes are reviewed to ensure that all eligible schools are receiving a written invitation to learn more about the RISE programme and what it can offer. This invitation should go to both the head teacher and SENCO/pastoral lead.
 - o It is suggested that as part of a written agreement when taking up RISE support, schools are tasked with sending out information about RISE to all parent/carers regardless of the support needs of their child/children. This should include:
 - What the RISE offer is
 - Who it is available to
 - How to access it.

Offering the service to schools

- o In addition to the nine schools who were not aware of RISE, two schools reported having expressed an interest and had not heard back from the service.
 - o It is suggested that schools who have never received support from RISE should be prioritised when offering RISE support in the future.
 - o It is also suggested that processes are reviewed to ensure that all expressions of interest are followed up in a timely manner.
- o When asked what other support RISE could provide, three schools requested having multiple opportunities to access the service and when schools who had previously had support were asked if they would take up the offer of support from RISE in the future, one school stated that they were not aware that a school could have support more than once.
 - o It is suggested that promotional materials explicitly state that access to RISE is not a one-time-only opportunity.

Delivery model

- o In recent months RISE has moved to longer delivery model and over nine-in-ten respondents felt that this will be beneficial to their students by offering more time to embed learning, develop relationships with EMHPs and by enabling more students to access support.
- o Furthermore, when asked for suggestions for improvements to the service, some children and young people requested longer sessions and more sessions.

- It is suggested that offering schools support over a longer period should continue in and that this should be monitored to gauge the effectiveness of this change to the service.
- The whole-school approach has been offered least frequently and there has been the least demand for it compared to small group work and 1:1 support.
 - It is suggested that RISE develops a standardised offer across all schools to give them the opportunity to choose the elements that will be best suited to their school.
- There was a lack of awareness of parent/carers support amongst this cohort with accessible support and advice requested alongside practical strategies to support their child/children.
 - It is suggested that as part of a written agreement when taking up RISE support, schools are tasked with sending out information about the support available to parent/carers. This information should be sent directly to parent/carers.

Referral process

- Five schools highlighted that the referral process was complicated and lengthy.
 - It is suggested that the referral process and information required are reviewed to explore whether it could be streamlined further to ensure that support is provided at the earliest possible opportunity.

students would commence work but then be told their needs were too great and the worker could no longer work with them.”

Future service scope

- There were requests from six schools around the provision of more targeted support for those with higher-level mental health needs and those with additional needs.
 - It is suggested that during any further reviews of the service support for those with higher-level mental health needs and those with additional needs, should be considered.
 - It is suggested that for those children and young people with higher-level mental health needs, signposting information about appropriate services is provided to parent/carers and staff and a process whereby EMHPs can refer on to other services should be considered.

Appendices

Appendix 1: Profile of parent/carers

Please note that not all respondents chose to complete these questions.

How old are you?	No. of respondents	% of respondents
16 - 24	0	0.0
25 - 34	1	4.5
35 - 44	14	63.6
45 - 54	5	22.7
55 - 64	1	4.5
65 - 74	0	0.0
75 – 84	0	0.0
85+	0	0.0
Prefer not to say	0	0.0
Total	22	100.0

Which best describes you?	No. of respondents	% of respondents
Female	20	90.9
Male	2	9.1
Non-binary	0	0.0
Prefer not to say	0	0.0
Prefer to self-describe	0	0.0
Total	22	100.0

Is the gender you identify with the same as your sex registered at birth?	No. of respondents	% of respondents
Yes	22	100.0
No	0	0.0
Prefer not to say	0	0.0
Total	22	100.0

Ethnicity	No. of respondents	% of respondents
English, Welsh, Scottish, Northern Irish or British, Irish, Gypsy or Traveller, Roma, or any other white background	21	95.5
Asian or Asian British - Indian, Pakistani, Bangladeshi, Chinese or any other Asian background	1	4.5
Black, black British Caribbean or African - black British Caribbean, African or any other black background	0	0.0
Mixed or multiple ethnic groups - white and black Caribbean, white and	0	0.0

black African, white, and Asian or any other mixed or multiple background		
Other - Arab or any other ethnic group	0	0.0
Prefer not to say	0	0.0
Total	22	100.0

What is your religion or belief?	No. of respondents	% of respondents
No religion or belief	13	40.9
Buddhist	0	0.0
Christian	0	0.0
Hindu	0	0.0
Jewish	0	0.0
Muslim	0	0.0
Sikh	0	0.0
Other religion or belief	0	0.0
Prefer not to say	0	0.0
Total	22	100.0

What is your sexual orientation?	No. of respondents	% of respondents
Straight or Heterosexual	20	90.9
Bisexual	0	0.0
Gay or Lesbian	2	9.1
Other sexual orientation	0	0.0
Prefer not to say	0	0.0
Total	22	100.0

Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?	No. of respondents	% of respondents
Yes	11	50.0
No	9	40.9
Prefer not to say	2	9.1
Total	22	100.0

Does your condition or illness\do any of your conditions or illnesses reduce your ability to carry-out day-to-day activities?	No. of respondents	% of respondents
Yes, a lot	1	5.0
Yes, a little	5	25.0
No	13	65.0
Prefer not to say	1	5.0
Total	20	100.0