

## HEE Project Implementation Plan

<b>Project Title</b>	Mental Health First Aid Youth
<b>Organisation/ Partners</b>	Education Health Social care all areas from early help to Child protection
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<b>Project Lead</b>	Natasha Taylor (Integrated Workforce Development Team)
<b>HEE Contact</b>	Helen Smith, Shelia Hawkins
<b>Funding Allocated</b>	<i>Total amount of funding allocated to the project</i> £30,000
<b>Source of Funding</b>	<i>Confirm source of funding:</i> <i>HEE WDF, Reinvestment, National funding, local funding</i>
<b>HEE Strategic Aim</b>	<i>From Initiation document</i>
<b>HEE 2016-17 Mandate</b>	<i>From Initiation document</i>

<b><i>Document author</i></b>	<b><i>Date</i></b>
<b>Natasha Taylor (Children's development consultant)</b>	<b>10<sup>th</sup> June 2016</b>
<b><i>Project SRO Sign Off</i></b>	
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*Health Education England*




**1.1 Project Purpose**

*What is it designed to achieve?*

This project proposal is to train Nottingham City Council/Health partners in the Mental health First Aid Youth (MHFA) England program. This training develops the practitioner with skills to support children and young people who may be experiencing emerging or current emotional health difficulties. The program equips practitioners to be able to recognise early signs of emotional distress to more complex mental health needs and how to support appropriately. MHFA in England came to England in 2007 and was developed and launched under the Department of Health: National Institute of Mental Health in England (NIMHE) as part of a national approach to improving public mental health.

The target group is through early intervention settings this will have a wider impact on the children’s workforce, social care, and health by skilling up professionals who engage in work with children and families to be more confident and equip them with the tools to support with issues around emotional health. This would have an impact on reducing the level of need from other support services within the mental health pathway. A key point made in the Nottingham City transformation plan is to provide better information for children and families about how to help themselves and when to seek support. Having practitioners skilled up in all areas across, education, health and social care will mean that families are more likely to come into contact with practitioners that are able to feel confident in addressing and supporting mental health related concerns.

The project aim is to promote a whole system approach by targeting services across the board to be trained as mental health first aiders. The target service areas are youth and play, children’s centres, CAMHS, social care and health.

This training helps professionals be able to recognise and support emotional health needs to help prevent against issues such as self-harm, low self-esteem. The training would help the preventive work around stigma of mental health and reduce the use of unhelpful language when communicating with young people and their families around mental health concerns.

The training will have a direct impact on citizens as the focus is on early intervention. The training will help increase knowledge and confidence of staff in supporting young people’s emotional health, whether this is on a one to one basis or when making a referral into the mental health pathway for emotional health.

The training will raise awareness of emotional health making the subject easier to talk about and therefore reducing stigma. Promoting resilience of young people and their families and the staff that support them. Encouraging a culture change within the work force and the wider community.

The target audience that the training is aimed at supporting young people age 8-18.



Adobe Acrobat Document

Double click on the icon to access Youth MHFA Brochure

## 1.2 Project Background

*What circumstances have led to the need for the project*

In line with current policy agendas the project has been identified because implementing Mental health first aid will support the “time to change agenda”. Highlighted in the report it emphasises the need for improved public awareness and understanding, aiding people to think differently about mental health issues for young people (Future in mind document 2013).

It will also align with the “Nottingham City’s mental health and wellbeing strategy 2014-2017” which Nottingham City has signed up to. Which clearly highlights that developing the workforce is a key priority and that there is an aim to **“Improve and make more training available to professionals working with children, young people and families where there are emotional or mental health difficulties”** (Nottingham City’s mental health and wellbeing strategy 2014-2017).

Also highlighted within the strategy is an aim that **“problems will be identified earlier”**. If colleagues are trained as mental health first aiders then they will have the tools to help them identify mental health concerns earlier.

There are currently initiatives taking place around mental health in schools that is being supported by public health funding. The aim of their interventions is to support education based professionals coming into contact with children to enable them to support them more effectively with their mental health and well-being. However it is important to recognise that not all young people will feel able to communicate openly within the school environment. There are a number of children and young people who may be in receipt of support services outside of the school setting one example is youth and play services. It is vital that colleagues based within these services are equipped with the confidence, and skills to identify mental health concerns but feel able to act upon and intervene in supporting young people whether this is to help and support at that level or make referrals on when appropriate.

## 1.3 Project Deliverables

*Examples for inclusion in this section: a description of the expected outputs, the impact of those outputs, who will benefit, how it will evaluate and be shared/ spread*

The proposal is to adopt the train the trainer program so that NCC and partner agencies trained in the MHFA instructor program can then offer training to the wider workforce. The 7 day training program ran by MHFA equips the delegate with the knowledge and skills to train others to become mental health first aiders.

This will be disseminated by the practitioners who are trained to become MHFA instructors within their service areas. There will be a training timetable devised and a plan to roll-out the training to mixed cohorts of colleagues that work within children and families services.

## 1.4 Scope of the project

*Define the extent and the limits of the project coverage*

The project aim is to target those who may be working with children and young people to ensure that early intervention is effective to those children and young people who may be at risk of and those with emerging mental health difficulties which may reduce the likelihood of them needing to access services.

### 1.5 Exclusions

*Define any specific areas which will NOT be included*

Adult's workforce as this is a children's mental health initiative and a scheme was funded by public health in the city for adult mental health first aid last year.

### 1.6 Constraints

*What external factors may negatively affect the progress of the project: eg resources, conflicting priorities, dependencies*

People not prioritising mental health within their job role, or seeing others as the expert in this field. This project will have capacity to deliver train the trainer approach; if we don't get the funds then this will not be possible.

### 1.7 Interfaces

*What other pieces of work are linked to this project*

The Nottingham City Transformation Plan for Children's and Young Peoples mental health and well-being 2015-2020 highlights that one of the priorities is developing the workforce a statement taken from the plan states "Improve and make more training available to professionals working with children, young people and families where there are emotional or mental health difficulties."

### 1.8 Assumptions

*What known factors could have a positive or negative impact on the project*

#### Negatives

- People not accessing the training available
- People not changing their attitudes towards mental health and seeing others as the experts in turn this limits their capacity to attend to lower level emotional health needs for children and young people.

#### Positives

- Confidence will be raised with working with mental health for practitioners who work with children and young people

## 2.0 Business Case

### 2.1 Benefits

*What tangible benefits will the project deliver and to whom.*

1. Supporting the mental health pathway reducing referrals  
(Measure by reviewing referrals that come into the pathway before and after the implementation of mental health first aid)
2. Increase staff confidence at supporting young people and their families with emotional health needs measure by using questionnaires given to staff to measure their confidence in supporting mental health before and after the training
3. Three month reviews

**2.2. Benefits Realisation**

*How and when will the benefits be demonstrated*

Learning will be evaluated via feedback questionnaires given to all the delegates attending the training. This will allow us to evaluate people's confidence before and after attending the training.

Contact with delegates after their training will enable us to monitor and have an understanding of how they are implementing and using their MHFA status in practice with children and families.

**2.3 Costs and timescales**

*Any additional information on costs and outline of the project timescale  
( Use Gantt Chart if required)*

People attend the initial train the trainer course which takes place over 7 days which is spread over three weeks.

Once people are trained they can then begin to cascade the training to others in the service.

Train the trainer x 9 people trained across the workforce  
£ £20,533.05

On-going cost of training delivery. Each delegate has to have a specific manual from the MHFA Youth organisation cost is £9.00 each for Mental health first aid youth lite and £20.00 each for the Mental health first aid youth 2 day course.

£9,000

Validity testing attend the course in London 2 day taster session to ensure needs are going to be met for the service June 2017-Travel and accommodation costs £400.00 Approximately.

TOTAL£29,633.05- £30,000.00

## Organisation and Structure of the Project

### 3.1 Project team

Name	Project Role	Project Start Date	Project Finish Date	FT or PT (%-age)
Natasha Taylor	Project manager	Nov 2016	June 2017	

### 3.2 Methodology

*How will the project be organised and delivered*

The project will be delivered by a cascade and sustain model. People will initially be trained so that we have a pool of people trained as trainers in Mental Health First aid. They will then be responsible for cascading the training to others across the workforce. The training will be open to health, and social care colleagues.

### 3.3 Quality Control

*How will the quality of progress be monitored*

*Could include: interim reports, demonstration of benefits, achievement of milestones  
Budget forecasts*

There is a quality assurance process in place within Nottingham City council all training will be monitored at regular intervals to ensure high quality delivery of mental health first aid. Feedback will be sought after all of the sessions that are delivered. Managers will embed learning by discussing how the training has been implemented into everyday practice.

### 3.4 Milestones: *What key activities will demonstrate project progression*

Milestone/ KPI. 1	Planned Date
<i>Identify people to complete the instructor training MHFA</i>	
<i>Milestone/ KPI. 2 People to complete the training successfully and be in a position to cascade the training in their services and to the wider workforce</i>	
<i>Milestone/ KPI. 3 Draw up a cascade plan, which will include dates of training that will take place within the year</i>	
<i>Milestone/ KPI. 4</i>	
<i>Milestone/ KPI. 5</i>	

### 3.5 Risks to this project

<i>There is a risk that...</i>	<i>Likelihood<sup>1</sup></i>	<i>Impact<sup>2</sup></i>	<i>Owner</i>	<i>Action to resolve</i>	<i>Due Date</i>
Some people may not successfully					

<sup>1</sup> Likelihood expressed on a scale of 1 to 5: 1 being least likely; 5 being almost certain

<sup>2</sup> Impact expressed on a scale of 1 to 5: 1 = to negligible; 5 = catastrophic

complete the training					
Those trained will not then cascade the model					
People may leave the service and then in turn a mental health first aider is lost.					

## 4.0 Communication and Governance

	Monthly	Quarterly	By exception	
4.1 Reporting frequency		x		

### 4.2 Internal reporting structure

*HEE/ host organisation governance*

### 4.3 External reporting structure

*HEE Performance Management / LETC/ GB  
Project Evaluation  
Benefits realisation  
Spread and sustainability*

	Highlight Report	Exception Report	Gantt Chart	Project Close
4.4 Reporting format				

## 5.0 Comments/ Additional information

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