# Making it mainstream: developing sustainable approaches to in-school support for young people with depression in secondary schools

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# Making it Mainstream:

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# Acknowledgements

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# Glossary

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|---|---|
| ASD | Autistic Spectrum Disorders |
| BESD | Behavioural, emotional and social difficulties |
| CAF | Common Assessment Framework |
| CAMHS | Child and Adolescent Mental Health Services |
| CPD | Continual Professional Development |
| DCSF | Department for Children, Schools and Families |
| DH | Department of Health |
| EHWB | Emotional Health and Well-being |
| ECM | Every Child Matters |
| MLD | Moderate Learning Difficulties |
| NHS | National Health Service |
| NICE | National Institute for Health and Clinical Excellence |
| NHSP | National healthy Schools Programme |
| NSF | National Service Framework |
| PSA | Public Service Agreements |
| PSHE | Personal, social and health education |
| SEAL | Social and Emotional Aspects of Learning |
| SMT | Senior Management Team |
| SRE | Sex and relationships education |
| WSA | Whole School Approaches |

# Introduction

This booklet aims to provide a brief resource for school staff that are interested in developing sustainable in-school support for pupils with mental health problems, in particular, depression. It brings together a unique combination of information from three main domains – firstly, the **policy** context; secondly, the **research** field that concerns school-based approaches, and thirdly, the **practice learning or local context**.

It is not a lengthy or detailed toolkit – instead, it provides practical advice for school staff and a number of case studies that illustrate the different sorts of support now offered by schools. There is also a detailed resource section for school staff who may wish to learn more about specific mental health disorders, or alternatively, may want to give their pupils and/or parents ideas of where they can go for advice and information.

The work draws upon the experiences of a range of schools who worked with the three authors in considering how they had developed ways of supporting the mental health and well-being of their pupils - what worked or not, the resources needed, and in particular, what helped to make such activities a part of the mainstream provision.

In many respects, a central theme of the document is that this is not about schools doing more, but rather, about doing things in ways that are sustainable and which build on what many schools already do well.

**The document has been written in distinct sections that can be dipped into, depending upon the interests of the reader:**

- **Schools and government policy -** a summary of current policy as it relates to schools. This information may be useful if you are looking to develop some form of in-school support and need to demonstrate how the activity or intervention may 'fit' with being, for example, a Healthy School.
- **Recognising depression and other mental health problems in schools -** an overview of the different mental health disorders that can affect children and young people. This summarises the different issues schools may need to consider and explores the challenges of recognising depression, including what help school staff can offer.
- **Learning from the research about school-based approaches: what works? -** an overview of some of the key research findings on this topic. There is a summary of some of the differences between universal and targeted approaches and also the many different things that can contribute to developing a sustainable school approach.
- **Leadership and the local context -** a look at what leadership and the local context might encompass in schools. It considers, in particular, what this means for managing multi-agency working to promote the mental health and emotional well-being of pupils.

- **Making it mainstream: Using local policy and multi-agency processes, -** information about some of the local planning and commissioning structures schools can use or seek to influence in developing services for their pupils.
- **Making it sustainable: External resources to draw on –** describes outcomes monitoring tools and information about resources to download from the internet.

## The importance of good mental health

The importance of good mental health to children and young people's life chances, and the pivotal role played by those settings where children and young people spend most of their time (i.e. for most, within their families and in school), are central themes in many reports and government policies. For example, a British Medical Association Board of Science (2006) report illustrates the many areas affected in the following definition:

"Good mental health is not merely the absence of a problem. Those with good mental health are able to develop emotionally, intellectually and creatively....." [1]

However, the NHS Confederation report *Maintaining the Momentum*[2] (2007) notes that over the last 25 years, the prevalence of many childhood mental health disorders has increased in the Western world, particularly conduct disorders, anxiety and depression.

It cites the 2004 Office for National Statistics survey that one in ten young people aged 5 to 16 suffer from a diagnosable mental disorder and highlights high levels of persistence of disorders, particularly if left untreated or unrecognised – for example, that young people suffering anxiety in childhood have been found to be 3.5 times more likely than others to suffer depression or anxiety in adulthood. [3]

## Everybody's business – why school-based support?

In a recently published handbook for schools, it is noted that:

"mental health is everybody's business – school is a major element of almost every child and young person's life, and therefore a logical location for mental health promotion, recognition and intervention in a non-stigmatising and accessible way." [4]

1. BMA Board of Science (2006) Child and adolescent mental health: a guide for healthcare professionals London: BMA
2. Street, C; Anderson, Y; and Plumb, J. (2007) Maintaining the momentum - towards excellent services for children and young people's mental health. London; NHS Confederation
3. Woodward, L. and Fergusson, D. (2001) 'Life Course Outcomes of Young People With Anxiety Disorders in Adolescence' Journal of the American Academy of Child and Adolescent Psychiatry 40(9), pp.1086-1093
4. Mental Health is Everybody's Business: A Handbook for Schools and other Agencies in Northamptonshire, Northamptonshire Children and Young People's Partnership 2007

This theme is also prominent in the National Child and Adolescent Mental Health Services (CAMHS) Review (DCSF 2008) which states:

"it has been a marked feature of the responses to date that families highlight the important role which schools and colleges play in promoting mental health and psychological well-being amongst children and young people." [5]

The CAMHS review noted considerable improvement in the development of services contributing positively to children's psychological well-being and mental health, including Extended Schools, Social and Emotional Aspects of Learning (SEAL), the Healthy Schools Programme and the development of programmes undertaken by school nurses.

The growth of evidence supporting whole school interventions, the treatment of specific disorders and the crucial role played by voluntary sector organisations in providing services to support children and young people's mental health, including working in schools, are also noted in the Review's final report.

Initiatives, however, come and go - as all too often, does the funding to support them. Similarly, targets can be set that can lead to large scale changes in the way that schools are run and can result in a loss of cohesion or learning based on tried and trusted practice within the school setting.

All of these changes and pressures can make it hard for schools to sustain – or sometimes, even begin to focus specific activity on supporting the mental health needs of their pupils – and for school staff to have the time to think through national evidence and guidance, to explore research findings and practice learning, and how these might work best for them.

## Why a focus on depression in children and young people?

The term 'depression' is widely used, often without real understanding about what the term refers to. All of us from time to time, can feel upset, stressed or down – especially if things have not gone as planned, we have been let down or are facing difficult life events.

However, these feelings are quite normal and will usually pass quite quickly; they are not the same thing as what is sometimes referred to as **clinical depression** which is when a person experiences low mood, along with a range of other symptoms such as feeling hopeless, unable to concentrate or sleep and a loss of interests in previously enjoyed activities, for more than a couple of weeks.

5. Children and young people in mind: the final report of the National CAMHS Review. Department of Health and Department for Children, Schools and Families 2008.

Depression in this sense is recognised as a serious mental health disorder - but with the complication that recognition and diagnosis are difficult because of the way symptoms may vary with the developmental age of the child and also because the stigma associated with mental health problems may obscure diagnosis.

## How common is depression in children and young people?

Figures from the National Institute for Health and Clinical Excellence (NICE 2005) give a clear indication of the seriousness of this disorder amongst the child population, with their guidance for managing depression in children and young people noting that:

- it has been estimated that 1 in 33 children and 1 in 8 adolescents are suffering from depression at any one time
- depression in children and young people often occurs with other mental disorders
- untreated depression in childhood and adolescence often recurs and continues into adulthood.

Earlier research by YoungMinds clearly illustrates the potential impact on schools. Drawing on overall prevalence data, YoungMinds calculated that in any secondary school of 1000 pupils, there were likely to be 50 students (i.e. 1 in 20) who were seriously depressed. [6]

NICE notes that the most serious complication of depression in children and young people is suicide - a risk of about 3% over the next 10 years. This issue is also highlighted in work by Dwivedi and Varma who write:

"Depression has become a major concern for schools because of its impact on learning and because of the risk of suicide. Schools now recognise that it is a serious problem, responsible for lowering the social and academic functioning of children. " [7]

Other problems that stem from depression include:

- self-harming behaviour
- risk-taking and an increase in accidents
- reduced achievement in lessons – possibly as a result of poor concentration, increased distractibility or agitation and low levels of confidence
- social withdrawal and school refusal.

Not surprisingly, such difficulties can also provoke anxiety in teachers and support staff, resulting in energy being deflected away from mainstream activities associated with learning and teaching.

6. Street, C. (2000) Whose crisis? Meeting the needs of children and young people with serious mental health problems. YoungMinds
7. Dwivedi, K. and Varma, V. (1997) Depression in Children and Adolescents Whurr Publishers

Taken collectively, the case for supporting pupils with depression is clear – not only in terms of the needs of the individual children affected, but also in promoting the well-being of their peers and the teachers working with them, in both the short and longer terms.

## Case study: Place 2Be

Place2Be is a voluntary organisation that provides an in-school service offering emotional and therapeutic support for children. Qualified counsellors - called School Project Managers - assess children for appropriate intervention, work closely with parents and teachers and liaise with relevant outside agencies as required. Individual counselling is provided on school premises by volunteer counsellors who are either qualified or in training. They commit to seeing three children once a week for a year and are supervised by the School Project Manager. The Place2Talk, which is a lunch time self-referral service open to the whole school, offers group work and in some schools, an additional service is provided mostly for parents of children seen in individual counselling.

Children are referred to the Place2Be for different reasons. Some are disruptive and aggressive in class, some may have difficulties with their peers, whilst others are more withdrawn and anxious. Children using The Place2Talk Service also approach the service for a wide range of reasons, including worries about bullying.

The Place2B is now established in 154 schools across England and in Scotland and Wales. Most of these are primary schools; increasing work is being carried out in the transition years in secondary schools. It operates in clusters of schools called hubs in various areas and is managed through a system of hub and regional managers backed up by a well developed infrastucture in its central office in London. At local level, its work is reviewed by multi-agency steering groups.

Outcomes of the interventions offered by Place2Be are highly positive and demonstrate the value of ready access in school to sources of support in preventing difficulties from accumulating or becoming more serious.

**For further information**
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# Schools and Goverment Policy

This chapter outlines the various government policy initiatives and other national guidance that relate to the role of schools in promoting and addressing pupils' emotional and mental health needs.

Recent announcements regarding the new 'Healthy Child Programme' (set out in the strategy for children and young people's health *Healthy lives, brighter futures* (DCSF and DH, 2009) and the ongoing implementation of The Children's Plan (DCSF 2007) also suggest that this will continue to be a prominent issue in national policy, and that within this, schools will have an important role to play.

Developing in-school support activities may be easier – both to develop and to secure funding or resources for – if they 'fit' well with one of these initiatives.

## National Healthy Schools Programme (NHSP) 1999

Running since 1999, this promotes a whole school approach to health. Developed as a joint initiative between the Department of Health and the Department for Children, Schools and Families, it aims to deliver:

- improvements in health and reduced inequalities
- raised pupil achievement
- more social inclusion
- closer working between health promotion providers and schools.

**Schools need to satisfy criteria in the four core themes within the programme:**

- healthy eating
- physical activity
- PSHE (now a mandatory part of the curriculum in England)
- emotional health and well-being (EHWB).

There is guidance for developing EHWB, the scope of which is broader than SEAL, and encompasses developmental, environmental and community aspects. There is an emphasis on involving pupils, parents and carers, staff and other agencies.

The criteria for meeting EHWB span: support for vulnerable individuals; class leadership; planned curriculum opportunities; support and advice; combating stigma and discrimination, policy on anti-bullying, training, participation of children and young people, confidentiality policy.

## Promoting Children's Mental Health within Early Years and School Settings, Guidance, DfES 2001

This report identified several key characteristics which schools that promote pupil's mental health share:

- a committed senior management team, creating a culture valuing trust, democracy and equality of opportunity
- a culture valuing all staff working in school
- clear polices on behaviour and bullying and a range of methods and sanctions to support the implementation of policies
- high professional standards (planning, punctual marking, stimulating teaching)
- proactive work with parents.

It cites some of the emerging evidence on effective in-school interventions, with an emphasis on promoting the mental health of all children as well as those already displaying difficulties.

The importance of promoting a caring school environment and the active teaching of pro-social resolution strategies are emphasised.

## Every Child Matters (ECM) 2004

ECM outlined national and local priorities for all children's services and set out an outcomes framework; it was given legal force in the Children Act 2004. The ECM agenda covers five main outcome areas: be healthy, stay safe, enjoy and achieve, make a positive contribution, achieve economic well-being.

The launch of the 10 year ECM programme, as part of the Change for Children programme, raised the profile of children's and young people's health and emphasised the importance of health, if children are to reach their full potential. ECM also recognised that health provision for children and young people needed to improve.

The ECM outcomes framework dovetails with the National Service Framework (NSF) for Children, Young People and Maternity Services 2004 (DH, 2004). Standard 11 of the NSF stated that all children who have mental health problems should have access to timely, integrated, high quality, multi-disciplinary, mental health services to ensure effective assessment, treatment and support for them and their families.

## Extended Schools (DfES 2005)

The Government proposals for Extended Schools outlined plans for every school to provide access by 2010 to a core range of services. These include: high quality childcare available between 8.00am and 6.00pm throughout the year; a variety of extra curricular activities; access to a range of specialist support services; wider community access to schools and their services including adult learning.

## Social and Emotional Aspects of Learning (SEAL) 2005

A national programme developed by the Department for Children, Schools and Families as part of the National Behaviour and Attendance Strategy.

SEAL is a comprehensive approach to promoting the social and emotional skills that underpin effective learning, positive behaviour and EHWB.
It focuses on a whole school approach (WSA) and has 5 competency areas: self-awareness, managing feelings, motivation, empathy, and social skills.

## Ofsted Inspection Framework (2005)

**The Framework for the inspection of schools in England from September 2005 is relevant to schools looking to develop support for pupils with depression in that it:**

- Includes an emphasis on how well schools promote equality of opportunity and tackle discrimination so that all pupils achieve their potential.
- Refers to the Every Child Matters outcomes and requires inspectors to report on the extent to which schools are responding to these.
- Sets out the requirements for inspections to cover how schools support the emotional, behavioural and personal development of their pupils, and use resources to address the full range of needs presented by their pupils.

Earlier Ofsted guidance also covers education inclusion, aimed at helping inspectors, governors and schools to identify what is meant by an 'inclusive school' and to monitor and evaluate school practice.

## Education and Inspections Act 2006

Amongst its many provisions, this act places a duty on governing bodies to promote well-being and community cohesion and to take into account Children and Young Peoples' Plans. It creates a power for staff to improve provision for excluded pupils. For local authorities, there is a new strategic role, including a duty to promote choice, diversity, high standards and the fulfilment of potential for every child.

## Public Service Agreements (PSA)

Thirty PSAs were published as part of the Government's Comprehensive Spending Review 2007. PSA12 for 2008-11, cites as a key aim, the improvement of the health and well-being of children and young people. The vision is that schools will promote emotional health and resilience, and that by 2011 all schools will offer access to extended services, which may include health and therapy services on site.

The PSA stated that schools have a duty to promote the well-being of pupils, and this is formalised in the Education and Inspections Act 2006. Every Child Matters (ECM) outcomes, Extended Schools and the National Healthy Schools Programme also encapsulate this role.

## Targeted Mental Health in Schools (TaMHS) 2007/8

With £60 million government funding, TaMHS is a 3 year pathfinder project aimed at supporting the development of innovative models of therapeutic and holistic mental health support in schools. It is aimed at children and young people aged 5-13, at risk of and/or experiencing mental health problems, and their families. 25 Local authorities and their partner PCTs were selected in April 2008.

## Inclusion Development Programme (IDP) 2007

IDP is a project concerned with taking forward the commitment made in Removing Barriers to Achievement by providing a four year programme of continual professional development (CPD). It is designed to increase the confidence and expertise of staff in meeting the needs of SEN pupils. The focus in the first year will be on dyslexia, speech, language and communication needs, and then will focus on Autistic Spectrum Disorders (ASD), behavioural emotional and social difficulties (BESD) and moderate learning difficulty (MLD).

## National Institute for Health and Clinical Excellence (NICE)

NICE has published a range of guidance concerning children and young people, including guidance on depression in children and young people; eating disorders and Attention Deficit Hyperactivity Disorder (ADHD).

Of specific relevance to schools is the NICE guidance on promoting children's social and emotional well-being in primary education (issued in March 2008) and promoting physical activity, active play and sport for pre-school and school-age children (issued January 2009). Guidance on social and emotional well-being in secondary education is in development, with publication expected in autumn 2009.

## Case study: The PENN Resiliency Programme (PRP)

This intervention is based on cognitive behavioural principles with children being taught coping strategies to counteract negative and distorted thinking patterns. The course is offered most typically to children aged 10 to 13 years and delivered over 12 weeks, with 90 minute sessions designed to be delivered by school counsellors and teachers.

The programme has now been developed as a whole class intervention. Most of the skills covered in the PRP are useful for responding to day-to-day challenges as well as more serious events.

The programme aims to help children and young people to develop cognitive behavioural skills e.g. thinking realistically about problems, perspective taking, considering a variety of solutions for a problem, considering consequences when making decisions.

PRP has been evaluated in selected schools in Barnet, London and is now being trialled in Hemel Hempstead, Tyneside and Manchester and being evaluated by the London School of Economics and the Department for Children, Schools and Families (DCSF).

# Recognising depression and other mental health problems in schools

There is an extensive literature that describes the different mental health problems that children and young people can experience, how these problems can be identified and the role different professionals can play in supporting young people.

At the primary care level, working within the community, it is widely recognised that staff in schools play a key role, not least in identifying possible problems early on and supporting children and young people to access help. As noted in the introduction, a variety of research studies highlight that in the 'average' school population, there will be a significant number of children and young people experiencing mental distress, some of this at a severe level – so this is an issue relevant to all schools.

## The range of mental health disorders than can affect children and young people

**There are various classification systems for these disorders, which include:**

- **emotional disorders**, which include phobias, anxiety and depression
- **conduct disorders** – which include anti-social behaviour
- **eating disorders** – including anorexia nervosa and bulimia nervosa
- **psychotic disorders** – which include schizophrenia and bi-polar disorder.

Further information about the mental health disorders young people can experience, can be found in the references given at the bottom of this page and also from the websites provided in the resources chapter later in this document. [8] [9]

It is important to note that children and young people can be affected in different ways by mental health problems and disorders, and that these can last for different lengths of time, often presenting alongside a range of physical and other symptoms.

Plus of course, there is the need to take into account the many emotional and developmental changes that are part of 'normal' adolescent development, and the myriad of external factors that we know can impact upon a young person's mental health and well-being, including family, social and economic factors – again explained in more detail in the reports referenced below.

8. NHS Health Advisory Service (1995) Together We Stand. A comprehensive thematic review and one of the most influential and widely quoted reports about child and adolescent mental health services.
9. British Medical Association (2006) Child and adolescent mental health: A guide for healthcare professionals. www.bma.org.uk

## Issues to consider

Emotional disorders, which include anxieties, phobias and depression, have been described in British Medical Association Board of Science report about child and adolescent mental health (2006) as the "most common mental health problems in children."

Correlation studies[10] of depression in pupils and school performance suggest that depression is more likely in pupils who think their own academic performance is low or who have experienced a significant drop in school performance. These studies would suggest that such pupils ought to be regularly reviewed by teachers and allied staff and assessed for potential depression.

Some children and young people experiencing mental health difficulties, including depression, may withdraw from school life – from their friends, from taking part in lessons and from attending school regularly or at all. Their needs can be easily missed if they do not present the school with a behavioural or management challenge (a risk highlighted in earlier research). [11]

In *Young minds in our schools*, published by YoungMinds in 2003,[12] a useful checklist of things teachers and other school staff can look out for, that might indicate that a pupil is in difficulty, includes the following:

- **changes in general behaviour** – for example, being anxious, restless, attention-seeking, aggressive or disruptive
- **changes in patterns of work** – including being unable to settle, losing interest, being overly absorbed or perfectionist, not handing in work
- **changes in the pattern of attendance** – including missing certain times or days of the week or being reluctant to leave school
- **changes in relationships** including difficulties with peers, having few friends, not getting involved in group activities.

10. Frojd, S, Nissinen, E, Pelkonen, M, Marttunen, M, Koivisto, A & Kaltiala-Heino, R (2008) Depression and School Performance in Middle Adolescent Boys and Girls Journal of Adolescence, 31 , 485-498
11. Osler, A; Street, C; Lall, V. and Vincent, K. (2002) Not a problem? Girls and school exclusion National Children's Bureau and Joseph Rowntree Foundation
12. Wilson, P. (2003) Young minds in our schools: a guide for teachers and others working in schools YoungMinds.

**There are particular challenges in recognising depression in children and young people which will face staff in schools working with pupils who may have this disorder:**

- The NICE guidance on depression in children and young people (www.nice.org.uk) highlights that there is **"no clear-cut consistency"** in how children and young people with depression may present to services - the clinical picture varies in many ways including levels of severity, personal impairment and developmental age.
- NICE also mentions that the presentation of **somatic symptoms** (physical symptoms) such as headaches, stomach aches, tiredness and fatigue, which have been found in around 2-10% of children seen in primary care settings, can impede recognition of a depressive illness.
- The National Institute for Mental Health, NIMH (www.nimh.nih.gov) notes that there are **gender-based differences** to consider, namely that girls may more frequently present with headaches than boys, and that whilst before puberty both boys and girls are equally likely to develop a depressive disorder, after about 15 years, girls are twice as likely as boys to have experienced a major depressive episode.
- NIMH also explains that depression can present with a **mixture of symptoms** that can occur with disorders such as Attention Deficit Hyperactivity Disorder (ADHD).
- Depression can also occur suddenly in response to some difficult or traumatic life event, or may emerge more insidiously and for no obvious reason.

## Recognising depression

**The National Institute for Health and Clinical Excellence (NICE) explains that the term depression refers to group of symptoms and behaviours that are clustered around three core changes:**

- in a person's mood
- in their thinking
- in levels of activity

These must be present nearly every day for most days of a 2-week period for a diagnosis of depression and must produce marked difficulty in continuing with ordinary work and social activities.

**Core features** include: depressed mood; loss of interest and enjoyment and reduced energy.

**Associated features** are: disturbed sleep; disturbed appetite; reduced concentration; reduced self-esteem and self-confidence; feeling guilty and unworthy, feeling pessimistic about the future; acts of self-harm and ideas about suicide.

**Three characteristics of depression, the changes in how a young person is behaving or feeling mark it out as a mental health problem and distinguish it from other adolescent mood swings. These characteristics are:**

- pervasiveness – how much the features interfere with and spread into different domains of a young person's life
- prolongation – how long it goes on for
- unresponsiveness - that the features do not 'lift' or subside on their own.

## When to refer

**Young people should always be referred to their GP and to CAMHS when:**

- they self harm
- they indicate they might try to commit suicide
- their thinking distorts their appreciation of reality.

**Making such referrals is a difficult decision. It is important to discuss it with senior colleagues and to plan who will take responsibility for the process and for supporting the young person, talking with the family and briefing other staff members as appropriate.**

In thinking about whether a young person is depressed, NICE guidance notes that the following should also be considered: drug and alcohol use; experience of being bullied or abused; parental depression; family discord; self-harm; thoughts or ideas about suicide.

In terms of the management of depression in children and young people, the guidance also provides a number of suggestions of what staff in universal services might be able to offer. Some of these include:

- advice and information on **complementary and alternative therapies**
- information about **mentoring/spiritual guidance and local peer support groups**
- information about **local voluntary organisations**, also local and national helplines able to offer information about mental health
- guidance on **sleep and relaxation** techniques.

## What help and support can schools offer?

Even when staff in schools have identified that specialist help from outside the school may be needed, there are many things that schools can do on a day-to-day basis that will make a key contribution to supporting a young person's well-being – not least because to pupils, these professionals are known and familiar adults.

**The following are things that many research studies have highlighted as playing an important role in supporting the mental health and well-being of pupils in school:**

- the development and implementation of anti-bullying strategies
- strong systems of pastoral care
- consistent behaviour policies and school rules.

**Other helpful things identified by school staff include:**

- projects or initiatives in-school specifically aimed at providing student support (e.g. provision of mentors, counselling, learning support assistants and drop-in sessions)
- use of the PSHE curriculum to include sessions on promoting peer relationships, tackling stigma and discrimination
- provision of non-academic opportunities
- activities that allow children and young people to express their views, to feel listened to and to take part in decision-making - for example, through school councils.

## The importance of consultation support

It is apparent that school staff value the range of interventions that specialist Child and Adolescent Mental Health Services offer including comprehensive assessments, family work and individual psychotherapy. Many school staff also highlight the importance of being able to consult with colleagues in specialist CAMHS; to be able to refer to them and to promptly access advice from them. Of equal importance, is schools being kept informed of what is being offered, or if a waiting list is operating, how long the wait time might be.

## Case study: Marlborough Multi-Family Groups in Newham

Working in selected primary and secondary schools, Newham's specialist CAMHS (the Child & Family Consultation Service), Newham's Learning Support Service and the Marlborough Clinic have created a partnership to deliver the Marlborough Multi-Family Group (MMFG) model.

Many children have complex attainment and behavioural problems, with parents and carers unsure how to help them with school based difficulties. Schools are unable to offer intensive support to children in families with multiple problems which impact on their learning. The MMFG model is designed to impact on all aspects, linking innovative systemic therapies with learning and attainment, as well as taking child and parental mental health into account.

Parents or carers participate with their children in groups that take place in school. The groups incorporate systemic therapeutic interventions, parenting skills work, parent/child relationship work, as well as improving family and school relationships. Parents offer ideas and support to each other and to all the children in the group. A person from the school staff is the second group facilitator alongside a systemic therapist from the CAMHS team.

Currently the groups are running on a weekly basis in two secondary schools, six primary schools and at the Pupil Referral Unit, with four systemic therapists involved. Four groups are well established, while the rest are at various stages of development.

The work of the Marlborough Family Education Centre has been cited as an example of good practice in several government documents including *Aiming High for Children: Supporting Families* (DFES and HM Treasury 2007).

**For further information**

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# Learning from the research about school-based approaches: what works?

## The elements of successful services?

A widely quoted research finding is that services need to be:

- acceptable to young people
- appropriate to young people
- accessible and open at times that fit in with the other demands on young people's time
- delivered via non-stigmatising environments.

In all of the above, schools, as a universal service for children and young people, can play a key role.

Other important factors regularly noted in the research literature include the **local culture** surrounding a service and the degree or otherwise to which staff are able to be responsive and can build trusting relationships with young people. This clearly raises issues about the availability and time staff are able to offer pupils during the school day.

## The different approaches

Studies of school-based approaches have identified three main routes schools use to deal with the difficulties their pupils face:

- **exporting or referring out** (e.g. to CAMHS or voluntary sector counselling services)
- **bringing in professionals** (e.g. from CAMHS or education psychology)
- **integrating and owning an imported programme of support –** i.e. drawing in an already developed programme and then using the school's own staff to deliver it.

All have strengths and weaknesses, not least in the amount of 'ownership' a school may feel over what is offered to its pupils.

## The school environment

**A number of research reviews identify the following as important:**

- how well the school is embedded within its community and **home-school/community school relationships** developed and managed
- school structure – e.g. the **relationship between teachers and pupils**
- the general ethos and **values** of the school.

However, findings from various studies highlight that is difficult to **attribute any impact** to a single programme and that change is likely to be the result of a combination of factors.

## Interventions – what level and focus?

- There is support for interventions being **school-based** because school is an important context where children and young people spend a large proportion of their time.
- The extent to which an intervention can be **led by teachers**, or at least actively involve teachers, and the degree by which the intervention can be **integrated into and link with the school curriculum**, are both important factors influencing their success.
- There is a need for choice and access to **out-of-school provision** for pupils and families who are wary of school initiatives.
- Research suggests that an emphasis on developing a supportive and collaborative school culture, and **universal/whole school approaches** benefit all students and staff, and avoids the risk of students feeling singled out and stigmatised.
- What helps young people with mental health problems, including depression, helps others too - for instance early intervention, personal support and guidance, warm relationships, clear rules and boundaries, involving people in the processes, encouraging participation and autonomy, involving pupils and parents.
- Through whole school approaches, it is suggested that those targeted can return to the mainstream more easily because the environment in the whole school is more congruent with that associated with special or targeted help.

## Universal approaches

At this level, there is some research evidence to support interventions aimed at reducing the difficulty of primary/secondary transition. There is also support for interventions focused on tackling bullying which impacts adversely of student well-being and can result in depression, and interventions to prevent or reduce the impact of anxiety and depression.

Examples of the latter include the Penn Resiliency Programme (presented as a case study in this report). These types of programme focus on attempting to change cognitive and behavioural characteristics of pupils, for example, through the development of skills such as problem-solving, social and coping skills.

## Targeted approaches

**Regarding the use of targeted approaches aimed at vulnerable or 'at risk' students:**

- Positive outcomes have been shown for various self-help approaches e.g. mentoring and peer support groups and for support for 'at risk' groups. This includes those who have experienced bereavement, parental mental illness, and bullying (although the evidence of effectiveness is more limited for secondary schools) and group cognitive behaviour therapy for depressed young people.
- Overall, what evidence there is does suggest significant but short-term benefits and that there is modest evidence to support their use.

## Other classroom approaches

As well as interventions which have been robustly researched, there are also many that have not yet been so extensively evaluated, but which schools report finding very useful. These include classroom interventions using **behavioural techniques** e.g. role play and modelling, rather than counselling and discussion.

## What to consider

The table below summarises some of the interventions identified in the research literature, describing their level, their focus and the sort of activity involved.

Overleaf, a double page chart sets out the different things staff in schools may wish to consider, or which need to be in place, if in-school initiatives and support arrangements to promote the mental health of pupils are to be sustainable and mainstream within school settings.

| Level | Focus | Activity |
|---|---|---|
| **Universal** | Anti bullying | Teacher packs, parent and teacher groups, pupil created class rules |
| | Transition programmes | School visits, pupils mentors, nurture groups for year 7 |
| | Preventing anxiety and depression | Whole class CBT- type activity e.g. PENN |
| | Improving home and school links | Liaison schemes; parent education; parent councils and groups |
| | Range of well-being needs | Pastoral activities; out of school clubs; exercise groups; peer mentoring, buddy systems |
| **Targeted at vulnerable groups** | Bereaved students | Staff led pupil groups |
| | Students with mentally ill parent | Clinical facilitator led family groups with follow up refresher meetings |
| | Students with depression, anxiety, self-esteem issues | Group CBT, in-school counsellors, nurture groups |

# Components of a sustainable school approach

## Who and what to involve

As many from the following groups as possible:

- Governors
- Senior management team
- All staff groups – non teaching and teaching and sessional staff e.g. school nurses, educational psychologists (EP)
- Parents
- Pupils (involved appropriately)
- Creative use of existing resources and programmes e.g. SEAL, National Healthy Schools Programme, Targeted Mental Health in Schools project and others
- Neighbouring or consortium member schools for pooling ideas and resources
- External agencies and voluntary groups may contribute ideas/ resources including funding
- Ensure school's need for mental health input are represented on the interagency (including LA and PCT) group producing the Children's plan and CAMHS strategy.

## Teachers

- Ensure staff are provided with adequate training, support, supervision and links to other agencies
- Staff have skills to identify problems and be able to support or refer on
- Staff encouraged to act as role models supporting other colleagues
- Provide staff counselling/ support service

## Policies

- Produce policies for range of issues e.g. behaviour, bullying, child protection, promotion and managing mental health issues, drug & alcohol issues
- Ensure policies are known and understood by staff, pupils and parents, and actively and promptly implemented
- Ensure clear rules, sanctions and support systems are in place
- Focus on fostering pupil cooperation and non-violent approaches
- Active management and possible separation of members of negative groups/gangs

## Curriculum

- Balance between academic curriculum and focus on emotional well-being and mental health issues
- Range of non core curriculum activities e.g. debating, sport, art, languages
- Explore how mental well-being issues might be introduced into selected parts of curriculum
- Use of active learning methods
- Use of peer tutoring, cooperative group work learning, whole class meetings, where appropriate

## PSHE

- Ensure that all staff delivering PSHE have received training and have the skills, knowledge and support required
- Where appropriate, use of active methods e.g. group work, role play, games, simulations, structured discussion
- Staff provide opportunities for pupils to talk about feelings
- Ensure staff delivering PSHE and pastoral staff are trained in basic counselling skills e.g. active listening

## Pastoral work

- Staff aware of their responsibility to promote and address mental health issues
- Pastoral system in place with clear responsibility for teachers
- Pastoral support plans for pupils
- Consider introducing peer mentoring, buddy systems, mixed age groups for pastoral care and sports teams, or similar schemes
- Pastoral staff have basic counselling skills
- Pupils are supported at difficult times e.g. transition, school refusal, exams
- There is a trained specialist(s) in school to deal with more serious problems e.g. counsellor, specialist nurse, psychologist, Primary Mental Health Worker
- Clear referral routes exist within school and to other agencies

## Ethos/culture

- Focus on strengths and solutions rather than problems
- Encourage staff to set high expectations of behaviour, firm guidance and structures
- Opportunities for meaningful participation e.g. pupil/school councils, conferences, parliaments.

## SEN/BESD provision

- Provide a range of targeted and universal interventions to meet varied needs – educational, social, behavioural and emotional, building on existing pastoral provision where appropriate
- Ensure early identification, assessment and review of pupils with regards to special educational needs and also possible associated mental health issues
- Active collaboration with parents and other agencies

## Home school/ community links

- Encourage participation of local groups/agencies in school activities
- Ensure a regular exchange of information between schools, parents and local community
- Encourage parental involvement in life of school e.g. parent education programmes, parent reading volunteers, parent mentors, parents' councils special interest groups e.g. for parents of children with different needs
- Teachers convey messages to parents about listening and setting clear boundaries for children
- Expansion of extended school model

## Other agencies links

Forge close links and acquire up to date information about local services to facilitate:

- making referrals
- provision by them of an in-school service if appropriate
- provision of consultation and training for school staff

Services could include EPS, CAMHS, local voluntary or GP counselling agencies, youth service, drug and alcohol services and others

## Buildings

- Buildings well maintained
- Attention to pupils safety and privacy (secluded areas, toilets etc)
- Adequate provision for active and passive pursuits
- Pupils encouraged to decorate school e.g. paintings, garden etc

## Young people's views

In thinking about how to effectively support young people in school, an important area of the research literature concerns the views of young people.

**Some of the critical factors that can affect young people in school include:**

- **Friends** and peers are seen as critical to supporting or undermining achievement, with implications for schools to actively intervene in promoting or separating negative groups/gangs.
- Whether there are **clear boundaries** and **disruptive behaviour** is dealt with appropriately (preferably with humour and defusing early).
- The **pupil/teacher relationship** is of key importance both to education achievement and individual self-worth, and the importance of teachers offering support and even noticing that something is wrong with a pupil.

The following summarises some of the main issues noted with regard to promoting young people's mental health and emotional well-being in schools.

**Positive features of the school environment identified by young people include:**

- having friends
- doing well in lessons
- being good at sport
- friendly teachers - staff who have time for them, both to help with school work and engage in extracurricular activities
- effective teaching and teachers who are prompt, prepared and mark homework
- pupil involvement in decision-making, also the involvement of parents in school despite language or other difficulties.

**Negative factors were identified as:**

- experiencing bullying and/or racism
- boredom, not doing well and/or work overload
- feeling pressurised
- negative peer relationships
- teacher attitudes - e.g. being critical or "putting down" students
- poor physical environment e.g. litter and a lack of basic facilities such as lockers and clean toilets.

With regard to the **types of approach** pupils find acceptable and helpful, the ease of access to a service and whether students feel they can trust staff to be discreet and manage confidentiality, are key considerations. There is also a need to cater for some pupils who remain ambivalent about school as the appropriate setting for sharing confidences.

## Views of head teachers

Set against the pressure both from government policy and the needs of pupils for additional support, are the other demands facing schools. These can cause a tension in priority setting.

**Various research reports have identified a number of factors that might limit the development or positive impact of programmes of support in schools. These include:**

- worries about initiative and work overload
- inadequate staffing capacity and high staff turnover
- the perceived tensions between academic targets and promoting well-being
- adequate funding (and on a long-term, not time-limited, basis)
- a lack of resources for school staff to refer on to when specialist support is required – and very high thresholds and complicated referral processes for such services
- deteriorating pupil behaviour, perceived to result, at least in part, from a lack of parental support, or parental difficulties
- a wide range of newer social and family pressures confronting children and therefore schools
- barriers to closer engagement with families including practical issues e.g. parental work commitments, as well as school and family attitudinal issues
- problems associated with multi-disciplinary working of school staff and non school staff e.g. those from CAMHS
- PSHE, creative subjects and sport becoming marginalised as a result of curriculum pressures and the focus on academic attainment.

## Engaging with parents

A major issue facing many schools concerns how to effectively engage with parents – and to provide appropriate advice, support and signposting on for those parents who may themselves be experiencing difficulties or who require help with their parenting. This issue can be especially important, and also challenging, when a pupil has a mental health problem.

Engaging parents in their children's learning is a powerful lever in raising achievement in pupils. However, research findings indicate that parental engagement is also linked to socio-economic status and parental experience of education. Parents of certain minority ethnic groups and parents from lower social classes are also less likely to engage. [13]

With regard to pupils with mental health problems such as depression, it has also been found that they are twice as likely to live in lone parent households or have three or more siblings. Pupils' mental health problems are also associated with lower levels of parental educational attainment, parental unemployment and families who rent their homes. [14]

**Some of the challenges facing schools in engaging with parents include:**

- The social characteristics of more difficult-to-engage parents and parents with children who have mental health problems are very similar. Strategies for engaging all parents as well as parents whose children have mental health problems need to recognise these social characteristics and develop approaches to deal with barriers which arise out of such lived experiences.
- For example, a lone parent struggling with paid employment and the care of children may experience several stressors including finding enough money to go round. The daily task of caring for children would be difficult enough under such circumstances, but caring for a child with a mental health problem is likely to make it much more difficult.
- Such a parent is unlikely to be able to spend much time with professionals dealing with the mental health problem when their primary task is to keep the household going and provide enough income.

Engaging with parents can be particularly important at certain points in a pupil's school career. For example, the primary-secondary transfer point can create significant stress for some pupils. For those already experiencing some form of mental health problem, their difficulties may be exacerbated.

Mental health problems are also likely to generate losses in a pupil, for example, of friends, and can make surviving such losses more difficult. **For some pupils, resilience or resistance to mental health problems is enhanced by schools which provide a community of support and links to the pupil's family and parents in particular.**

13. Harris, A & Goodall, J (2007) Engaging Parents in Raising Achievement: Do Parents Know They Matter. London: DCSF-RW004
14. Meltzer, H, Gatward, R, Goodman, R and Ford, T (2000) The Mental Health of Children and Adolescents in Britain London: ONS

**Research suggests that engaging with parents in these and similar circumstances is more likely to succeed when:**

- schools offer support in the parenting tasks
- the interventions offered by a school do not add to the parental burden
- the school promotes flexible approaches to engaging with parents.

## Addressing the barriers

Many schools, including those involved in this project, have positively addressed the various barriers outlined in this review of the research, not least the tensions between academic attainment, behaviour management and promoting flexible, child-centred approaches to supporting the mental health and well-being of pupils.

**They have done this by:**

- Often by **adopting a number of strategies**, some of which appear in the case studies and also in the double page chart in the middle of the report (e.g. CAMHS staff in schools; parent groups for children with particular needs; nurture groups; CBT groups, in school counselling).
- Focusing on the **creation of a school culture** that values all its members, and diverting resources and energy into a range of pastoral and other interventions that suit their school.
- Some governing bodies, heads and senior management teams deciding that for their pupils, the promotion of mental health and emotional well-being, the acquisition of life and social skills, along with sporting, artistic, technical or academic success, are mutually reinforcing, rather than being in conflict.

This of course has required **leadership, commitment, perseverance, hard work, funding** and some **luck** to achieve changes that are supportive, tailored to each school and sustainable, and therefore do not fade if one enthusiastic staff member leaves.

## Case study: Belfairs Media Arts High School

Belfairs, a fully comprehensive school in Southend, has over 1300 students from across Southend; all abilities are represented including a higher than average proportion of students with special educational needs.

Over the years Belfairs has developed a vigorous approach to caring for the well-being of its students. A number of non-teaching staff are employed to support students. These include 5 Student Well-being Managers (1 for each year group), over 20 Learning Support Assistants, specialist workers in phono-graphix, dyslexia and dyscalculia, and a team of counsellors who support the most vulnerable and disadvantaged young people.

**The aims of these integrated services are:**

1) To improve students' emotional well being.
2) To help overcome the barriers to learning.
3) To enable students to maximise their education and fulfil their potential.

**The Social Support Service was established nine years ago and referrals can be made by any member of staff, by parents, and by students themselves. Referrals fall into three broad categories:**

1) Home based e.g. family breakdown, strained relationships, family bereavement.
2) School based e.g. peer group problems, poor behaviour.
3) Personal e.g. low self-image, self harming, depression.

Some students experience difficulties in all three areas. There is a bereavement group (called Smile) which students 'join' on a rolling basis, usually following the death of a family member. Students are mutually supportive. As part of an extended school programme, four counsellors also work in seven local primary schools.

Counsellors and members of the Learning Support Team use a variety of interventions and strategies to support students including Transactional Analysis, Cognitive Behaviour Therapy and Person Centred Approach. There are also groups for students with behaviour problems, poor social skills, low self-esteem/low self-confidence, stress related difficulties, and a Parents' Support Group using materials from the Family Learning Trust.

**For further information**

Jackie Williams, Support Services Manager enquiries@belfairs.southend.sch.uk

# Leadership and the local context

In supporting change, however small, schools like all other organisations need to have in place effective leadership and communication structures. Leadership clarity has been shown to be associated with clear objectives, high levels of participation, commitment to excellence and support for innovation. [15]

Thinking specifically about schools, successful change or development is usually more likely to be successful and sustainable, if some of the champions and enthusiasts are senior staff, members of schools' senior management team and governing body.

## Dealing with powerful feelings

**The leadership of any initiatives introduced to tackle depression in school pupils is critical to their success and sustainability. As with any change, resistance will develop for many reasons:**

- Initiatives designed to address depression in pupils are likely to generate powerful emotions in teachers and other staff which can create resistance to implementation.
- These reactions may be about anxiety which most practitioners feel when dealing with negative emotions in pupils. These negative emotions, like sadness, despair, emptiness and hopelessness, can pervade those who are trying to help them.

School leaders and senior staff need to prepare for such possibilities and consider ways of addressing these fears and anxieties. One way may be through encouraging time for professional reflection on those mental states by providing forums for discussing these problems and to encourage problem solving responses.

In some schools, senior staff involvement in emotional well-being includes fortnightly meetings between support staff and members of the senior management team, so that issues can be addressed at different levels. In others, school governing bodies have established welfare subcommittees that receive regular reports on progress.

## Managing the multi-agency, multi-professional dimension

An important leadership task is to manage the inter-professional exchanges so that fruitful interrelationships are encouraged, both within the school, between different professions, for example, with school nurses and educational psychologists, and between school staff and those in other agencies e.g. specialist CAMHS teams.

15. West, M, Borrill, C, Dawson, J, Brodbeck, F, Shapiro, D & Haward, B, (2003) Leadership clarity and team innovation in health care The Leadership Quarterly, 14(4-5), 393-410

It is important to generate familiarity between professionals working on different sites and in different professions and agencies. Research conducted by Pettitt [16] showed that joint working flourished when people worked closely together and when relationships were characterised by clarity of role and expectations.

Similar observations were reported by Tajfal (1981) through the 'contact hypothesis.' This suggests that people respond positively to those they find rewarding. Mere exposure is not enough, success depends upon:

- institutional support
- equal status of participants
- positive expectations
- a cooperative atmosphere
- successful joint working
- concern for and understanding of differences as well as similarities
- perceiving other members as typical of the other group. [17]

## Developing a common interest in a child or young person's needs

Leaders and managers in schools must be able to reach out to others working in different agencies where the daily priorities driving progress may be different.

The task is to generate interest and professional concern in the child or group of children and to manage relationships so that people work collectively to improve provision for children, which may include gaining additional resources such as funding or personnel.

**The leader's role is therefore threefold:**

- Firstly, the leader needs to enable the professionals to periodically reflect on their work together in the light of the purpose of the task. In the school setting, this might mean ensuring that teachers, or other staff involved in supporting a child, have time to talk through their own concerns and anxieties.
- Secondly, leaders should use their influence to understand resistances in relationships, to help staff to listen to each other and to provide the overall strategic 'direction of travel' for supporting activity when perhaps there are differing viewpoints.
- Thirdly, leaders need to keep in mind the purpose of the task and to work on the boundary of its activity by ensuring that only relevant work is undertaken by the team in school supporting the child, (i.e. the leader acts to 'contain' the activity).

16. Pettitt, B (2003) Effective Joint Working between Child and Adolescent Mental Health Services (CAMHS) and Schools London: DFES RR412/ Mental Health Foundation
17. Hewstone, M & Brown, R (1986) Contact is not enough: an intergroup perspective on the 'contact hypothesis'. In Hewstone, M & Brown, R (eds) Contact and Conflict in Intergroup Encounters Oxford: Blackwell

In containing the task, the leader may also need to ensure that school staff receive appropriate information from any external services working with the child or young person. He or she also needs to ensure that school staff communicate with their external colleagues when appropriate. (i.e. the leader facilitates the channel of communication between schools and the services around them).

## What does this mean for work in schools?

**The implications of these prominent conclusions from the research field for working across professions suggest that there is a need for:**

- **Joint or collaborative working** rather than the more traditional approaches via referrals and waiting lists - for example, having a CAMHS staff member or counsellor actually working in the school setting alongside school staff, seeing pupils on their own or jointly with school staff.
- **Clarity of expectations within joint working,** developed following consultation. This needs to be well publicised and with a structured programme (as much as possible – since flexibility is also needed, to reflect the often quite sudden changes in need that a child or young person may present) and specific aims in mind.
- **The identification and use of appropriate knowledge** and research evidence, with facilitated processes to emphasise cooperation and trust in order to explore common aims and conflicts.
- **Approaches which do not focus solely on the child** and his/her family, but which take account of resources (or particular circumstances prevailing) within the local neighbourhoods; the existence or otherwise of interagency relationships and on the whole school. [18]

18. Weare, K and Gray, G (2003) What Works in Developing Children's Emotional and Social Competence and Well-being? London: DFES RR 456.

# Making it mainstream: Using local policy and multi-agency processes

Accessing help and/or resources for school pupils, or helping other agencies to recognise their needs (and commission services for them) may be enhanced through schools having knowledge of, and using, various structures and processes.

**Additionally, by being connected to these processes, schools can inform and aide the future planning and development of effective multi-agency processes – i.e. schools are both influenced by, and have the potential to influence:**

- Children and Young Peoples' Plans and commissioning structures, and local authority plans
- the referral points in local Child and Adolescent Mental Health Services (CAMHS)
- local implementation of the Common Assessment Framework (CAF) and the strategy for children and young people's health, *Healthy lives, brighter futures* (DH and DCSF, 2009).

## Children and Young Peoples' Plans

Every local area should both plan and commission all of the services for children to meet the five outcomes of the Every Child Matters (ECM) programme. Whilst every local area has a plan, joint commissioning is less well advanced, being mostly limited to specific services such as drug action teams, behaviour and education support teams, child and adolescent mental health services or youth offending teams.

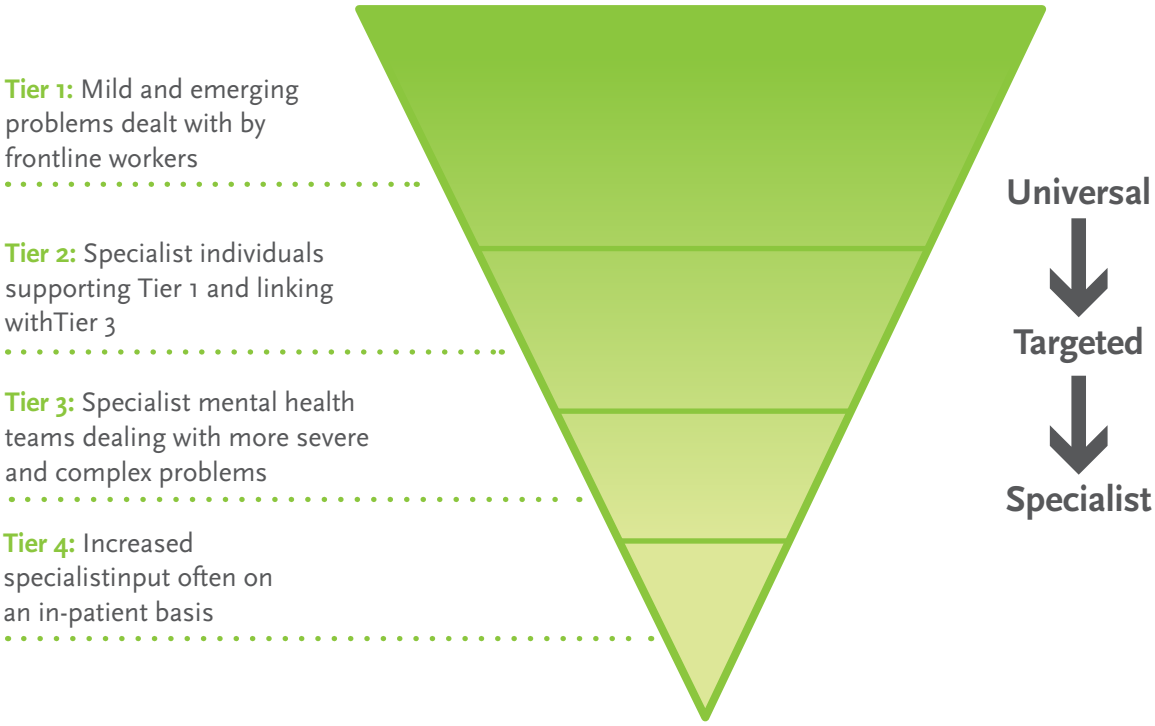
No single agency can deliver any one of the five outcomes for children or the 25 aims in the Outcomes Framework by working in isolation. In principle, joint commissioning should be developed wherever the meeting of identified needs requires contributions from two or more children's trust partners.

**Schools should be part of this process feeding into the planning cycle information about the needs of pupils so that commissioners are able to respond to identified need and schools are aware of local and national funding opportunities.**

## Working with Child and Adolescent Mental Health Services - CAMHS

The term CAMHS refers to all services that contribute to the mental health of children and young people whether provided by health, education, children's services, the voluntary sector or others. It is based on an acknowledgement that no one agency or type of service can effectively meet all types and severity of mental health need.

CAMHS is structured broadly on a four tiered model of service shown below. This conceptual framework was designed to clarify roles, responsibilities and structures, with an aim of ensuring that timely, acceptable, appropriate help is offered by the most appropriate person(s).




## The CAMHS tiers

The different tiers range from front line children and young people services and primary care (Tier 1) to specialist services at Tier 3 and inpatient and regional resources at Tier 4. While these tiers or levels of service are rarely in neat or clear cut layers, this structure broadly reflects the increasing complexity, severity and persistence of mental health need for the child, young person and their family or carers.

Recent changes in language – the move to universal, targeted and specialist services (as shown on the right hand side of the diagram) - still follow this conceptual model of services being provided in universal settings for the whole population (for mild and emerging problems) progressing through to more specialist provision (for the more complex and severe problems).

## Where do schools sit in CAMHS?

Within comprehensive CAMHS, staff in schools are widely recognised as a key professional group at Tier 1. As well as school staff (which may include school nurses, school counsellors as well as teaching and pastoral staff), CAMHS at this level are provided by frontline and primary services such as social workers, GPs, health visitors, and the voluntary agencies.

**The key functions of tier 1 are:**

- To identify problems early in their development, offer general advice and implement strategies and treatment for less severe mental health problems.
- To refer to specialist CAMHS when and as appropriate – **which is where schools having knowledge of who to contact at the higher CAMHS Tiers is crucial.**
- To pursue opportunities for mental health promotion and prevention.

## The Children's Plan and the Common Assessment Framework (CAF)

The Children's Plan (2007) sets out the expectation that all schools will provide access to the core offer of extended services by 2010, including swift and easy access (SEA) to targeted and specialist services such as speech and language therapy, sexual health advice and support, Child and Adolescent Mental Health Services (CAMHS) and Special Education Needs and disability services.

In the strategy *Healthy lives, brighter futures* (DH and DCSF 2009) further detail is given as to how services will be developed – again with an emphasis on services working together, and where it is noted that the role of schools in promoting the health of their pupils will be supported through strengthening the National Healthy Schools Programme.

The CAF is a tool that provides an assessment that is common across services. Through use of a standardized form, it aims to embed a shared language; to support a better understanding amongst practitioners; to reduce the number and scale of different assessments faced by a child, and to help engage other relevant services earlier, in a more reliable and 'joined up' way.

The CAF, particularly in the context of extended services, should help schools tackle, along with other services, a broader range of social, behavioural and emotional problems which can act as a barrier to learning and attainment.

Within schools, CAFs should be carried out by the person who the school considers to be the most appropriate and who has been trained in CAF proceedures. Examples of those known to be undertaking CAFs include SENCOs, learning mentors, heads of year, teachers and head teachers.

## Case study: The Community CAMH Early Intervention and Prevention Service, Luton

The Community CAMH Early Intervention and Prevention Service (EIPS) in Luton emerged from several local projects which had focused on crime prevention and educational exclusion, and by extension, social exclusion. Due to the success of CAMHS' contribution to these multi-agency projects, the project resources were mainstreamed. Concurrently, Luton became a pathfinder for the Targeted Mental Health in Schools project, and was awarded extra resources to broaden its services across all schools in Luton, and to develop a community CAMH service for children aged 0 - 4 years.

The EIPS has developed a 'systemic relations' model of service working collaboratively with schools in communities to enable children, young people and families to access specialist support, often where previously they weren't able to and to support schools in the challenges they face in ensuring the continued inclusion of all children and young people, where possible. The service model encompasses short to long-term outcomes, from targeted specialist approaches to universal approaches, and aims to increase the resilience of frontline systems working in a demanding and performance oriented environment.

The service has been developed and reviewed using both local evaluation and taking into account the international evidence base. Evaluation has explored both outcomes for individual clients and also system wide effects (i.e. schools where EIPS is delivering a service and those without input).

**Further information is available from:**
Dr Marc van Roosmalen, marc.vanroosmalen@blpt.nhs.uk

# Making it sustainable: External resources to draw on

## Outcomes monitoring tools

There is a growing interest in gathering information about outcomes through the use of scales and/or questionnaires, some of which are for staff working with children and young people and others that are for young people, families and or their carers to complete.

Using some form of outcomes monitoring tool may assist school staff in assessing whether or not a young person is in need of some extra support for their mental health and well-being, or may help to flag up, at an early stage, when referral on to specialist CAMHS may be needed.

**How young people feel in themselves is a vital part of any assessment. It is important to understand their worries and concerns, and whether they are depressed, especially since there is good evidence that the way a young person is feeling is often not recognised by their parents or caregivers.**

Older children and adolescents can give fairly reliable reports about how they feel, which means that a questionnaire may be helpful. In addition, as with some adults, young people often find it easier to respond to a questionnaire about feelings than to face-to-face interviewing.

The following summarises some of the most popular scales. Schools may find it useful to ask a young person to complete one of these scales prior to referring them to CAMHS since CAMHS staff are likely to be familiar with these tools and will be interested in the results.

## Information and resources to download from the internet

**There is a vast array of information about mental health now available from the internet, with many sites providing links to other related sites, email message boards and sections where questions can be posted. The following provides information on a small selection of sites, divided as follows:**

- those providing information predominantly aimed at professional adult audiences
- sites with specific sections or resources for young people, parents and carers
- resources of particular relevance to staff in schools.

## Scales and questionnaires

### Adolescent Well-being Scale

Scale devised by Birleson to pick up on depression in older children and adolescents and shown to be effective for this purpose.

Comprised of 18 questions, each relating to different aspects of an adolescent's life and how they feel about them.

The scale can be used by children as young as 7 or 8 years but is viewed to be more reliable for those aged 11 and above.

For more information: http://tinyurl.com/7csjnf

### Strengths and Difficulties Questionnaire (SDQ)

Questionnaire comprised of 25 items that refer to different emotions or behaviours.

Respondents mark in one of three boxes whether the item is not true, somewhat true or certainly true.

Questions aim to address severity by scoring duration of the difficulties, the impact on the child and on others.

For more information: http://tinyurl/8woqvf

### Mood and Feeling (MFQ)

Recommended in NICE guidance for the assessment of depression in children and young people.

Various versions including one for young people and one for parents.

### Child Outcome Rating Scale (CORS) and Outcome Rating Scale (ORS)

The Child Outcome Rating Scale is suitable for children aged 6-12, with the Outcome rating Scale being suitable for use with adolescents aged 13-17 as well as adults.

Studies indicate that both scales are reliable and valid measures for exploring the amount of distress a person may be experiencing and the benefits of receiving support with mental health problems.

Further information is available from www.talkingcure.com

## Information about mental health and national policy

| | |
|---|---|
| **The Every Child Matters programme**<br>www.everychildmatters.gov.uk | Provides information about CAMHS, useful website listings for children and young people, parents and carers. |
| **The Royal College of Psychiatrists**<br>www.rcpsych.ac.uk | Downloadable factsheets on a range of child and adolescent mental health problems. |
| **The National Institute for Health and Clinical Excellence (NICE)**<br>www.nice.org.uk | Free downloads of clinical guidelines e.g. identification and management of depression in children and young people, also self-harm, eating disorders and ADHD. |
| **MIND**<br>www.mind.org.uk | Factsheets, rights guides and Troubleshooter series on many issues to do with mental health. |
| **National Institute for Mental Health (NIMH)**<br>www.nimh.nih.gov | Detailed information sheets on all aspects of child and adolescent mental health including information about medication; research findings; advice on coping with traumatic events. |
| **National CAMHS Support Service**<br>www.camhs.org.uk | Library of good practice giving examples of how CAMHS support different groups of young people or are developing new ways of delivering mental health services for young people. |
| **National Children's Bureau**<br>www.ncb.org.uk | Information about all national policy affecting children and young people; Specific section on PSHE and citizenship; range of briefing papers on education and education policy to download. |
| **Department for Children, Schools and Families (DCSF)**<br>www.dcsf.gov.uk | Covers national policy, whole school approaches, bullying and wide range of other issues relevant to school staff. |

## Information and resources for young people and parents

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| **Youth in Mind**<br>www.youthinmind.co.uk | Information for young people, parents and carers and professionals on all aspects of mental health. |
| **YoungMinds**<br>www.youngminds.org.uk<br>Parents' Information Service<br>0800 018 2138 | Publications and downloadable factsheets for children, young people, parents and professionals on all aspects of mental health e.g. depression, bullying. Also offers a telephone advice service for parents. |
| **BEAT – Beating Eating Disorders**<br>www.edauk.com | Specific section for young people.<br>What do you think where young people can post or text questions and request information. |
| **National Self-harm Network**<br>www.nshn.co.uk | Wide range of topics covered through factsheets and reading lists for young people, parents and carers as well as the professionals supporting them. |
| **Parentline Plus**<br>www.parentlineplus.org.uk<br>Helpline – 0808 800 2222 | Resources for parents including information on bullying, drugs and alcohol, risky behaviours and health and well-being. |
| **Need2Know**<br>www.need2know.co.uk | Sections on young people and well-being, keeping fit, mental health and sexual health. |
| **Read the Signs**<br>www.readthesigns.org | Information and advice on managing stress, anxiety and depression including self-help options for young people and where to go for help. |
| **Trust for the Study of Adolescence**<br>www.tsa.uk.com | DVDs, books and games to do with all aspects of adolescences – for parents, carers and professionals. |

## Information and resources for school staff

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| **The National Foundation for Educational Research (NFER)**<br>www.nfer.ac.uk | All aspects of research concerning education. Includes health education and related issues. |
| **The National Healthy Schools Programme**<br>www.healthyschools.gov.uk | Information on different activities in schools; links to national guidance on developing emotional health and well-being. |
| **Partnership for Children**<br>www.partnershipforchildren.org.uk | Supports an in-school programme called Zippy's Friends which is aimed at helping children in primary schools to develop coping skills. This is an international programme which Partnership for Children hopes to develop for older children in the future. |
| **The Children's Society**<br>www.mylife4schools.org.uk | Resource for schools produced through the Good Childhood Inquiry – My Life.. Aims to support Key Stage 2 teachers though use of six interactive units providing case studies and activity sheets for use in class. |
| **Teachernet**<br>www.teachernet.gov.uk | Information on whole school issues, school grants and funding, resources for schools. |
| **Rethink**<br>www.rethink.org.uk<br>National Advice Service<br>0845 456 0455 | Resources produced by Rethink include a pack for trainee teachers for addressing stigma and discrimination and a resource pack for school staff about mental health problems and recovery in young people. |
| **Grants 4 Schools**<br>www.grants4schools.com | Available on payment of a subscription, this is a web resource that aims to help schools raise money from the government, grant making trusts and other sources of funding that fall outside main school budgets. Also advice on grants relevant to the Extended Schools agenda. |

The Yapp Charitable Trust was founded through the generosity of William Johnston Yapp, who left almost all his assets for charitable purposes when he died in 1946. Throughout his life William Yapp was interested in the advancement of knowledge and the trust has maintained a commitment to supporting educational work and research.

The trustees thought carefully about how they might contribute to a greater understanding of the mental health of young people and the development of timely actions to support those in difficulties. This project, Making it Mainstream is the outcome of that aspiration. The financing of the work is a partnership between the Yapp Charitable Trust and members of the family of a young person whose mental distress was not recognised in time.

Much of the information in this document draws upon visits made by a small team of researchers who were commissioned by the Yapp Trust to work with a selection of schools to further our understanding of what works in schools and the barriers school staff can face in developing in-school support strategies.

In addition, a wide range of school staff offered their views and suggestions on the initial project findings at an event in November 2008 supported by SENJIT (Special Educational Needs Joint Initiative for Training) at the Institute of Education in London. We are very grateful to all the schools and the staff who work in or with schools, who contributed information and ideas for this publication.

**www.yappcharitabletrust.org.uk**

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