Shropshire County Clinical Commissioning Group

Shropshire Council

Committee and Date	Item
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TAMHS Think Good, Feel Good – A Whole School Approach to Emotional Health & Wellbeing

Responsible Officers Helen Bayley, Jo Robins

e-mail: Helen.bayley@shropshire.gov.uk Tel: Fax:
Jo.Robins@shropshire.gov.uk

1. Summary

1.1 This paper will outline the Shropshire wide schools based programme Think Good, Feel Good which initially started as a pilot programme in 2009. The programme adopts a universal population based approach for children and young people at tier 1, and targeted support for those at tier 2. The paper will also update on the three new areas of work that flowed from the programme during 2013.

1.2 It is widely recognised that the commissioning and delivery of high quality mental health and wellbeing services is an investment that will lead to population health gains and financial savings both in the medium and long term. The evidence base for mental health is strong and over the past decade there have been numerous strategies, studies and programmes that can demonstrate the impact of intervening early especially in the crucial childhood and teenage years that will help to prevent the future development of mental health illness. Some examples of potential savings are taken from the Mental Health Promotion and mental illness prevention: The economic case (Knapp et al, 2011):

- Social and emotional learning programmes results in returns of £84 for each £ invested
- School based interventions to reduce bullying result in returns of £14 per £ invested
- Parenting interventions for families with conduct disorder result in returns of £8 per £ spent
- Early detection of psychosis results in £10 for every £ spent with savings in year 2

2. Recommendations

2.1 That the Children's Trust accept this report as an update on the development of TAMHS in Shropshire and provide appropriate comment and input.

REPORT

3. Risk Assessment and Opportunities Appraisal

(NB this will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

4. Financial Implications

4.1 None at this time.

5. Background

5.1 The Shropshire Picture

5.1.1 It is estimated that there are over 4000 children and young people in Shropshire with diagnosable mental health problems. In a typically sized class of 30 children, it is estimated that 3 will have an emotional or mental health need. The most common presenting issues are related to drugs and alcohol misuse, self-harm, depression, domestic violence within the home and post abuse distress. Children in residential care, those with a learning difficulty and those in contact with the youth justice system have an increased risk of developing a mental health condition.

5.1.2 Children with a serious physical disability are twice as likely to suffer from mental ill health, and the number of children with disabilities is rising.

5.1.3 It is estimated that approximately a quarter to half of all adult mental health conditions could be prevented with the right interventions in childhood. These include promoting positive attachment and bonding between a baby and their main carer to promote healthy brain development and good mental health as an adult. Maternal ill health, domestic violence and substance misuse in the home can all harm the mental health of children and young people.

5.1.4 Children living in deprived households are three times more likely to have mental health problems than children living in more affluent household. It is estimated that over 7000 children in Shropshire live in poverty. Children who have significant caring responsibilities for other family members are more likely to develop mental health problems often linked to stress, feeling isolated and overwhelmed. Based on national

statistics, it is estimated that 900 children and young people in Shropshire act as young carers.

5.2 Intervening Early in School Settings

5.2.1 The core aim of the Think Good Feel Good programme is to develop a whole school approach on emotional health and well-being through the delivery of an evidence based training programme across all Shropshire schools. There are 130 primary schools, 20 secondary schools, 2 special schools and Tuition Medical Behaviour and Support Service units (TMBSS). To date the programme has been aimed at school age children 5-16 years as well as their families and the whole range of school based staff. All of the training programmes that are delivered are evidence based, either nationally or internationally.

5.2.2 The programme adopts a whole school/ service approach with the following key objectives:-

- Increase awareness of mental health/mental ill-health
- Develop a common language that expresses thoughts and feelings
- Promotion and development of strategies to support mental health, build confidence self- esteem and resilience
- Improve communication and consultation with specialist services such as CAMHS
- Support schools to develop their role as commissioners to achieve positive mental health outcomes
- Provide training for school staff and partners to deliver targeted support intervention programmes supporting varying emotional needs within Tier 1 and Tier 2.
- Support schools to develop their role as commissioners to achieve positive mental health outcomes

5.2.3 Schools and partner agencies are invited to attend centrally based multi-agency **core training on issues such as self harm, suicide prevention, domestic abuse, loss and bereavement, anxiety, anger management.** The training increases the knowledge base of staff enabling them to recognise early signs and symptoms of need, provides practical examples of how to respond to the emotional needs of young people as well as tips and strategies on what to do and say following identification of need. The more in-depth intervention based training provides resources and clearly structured programmes that school based staff can deliver within the school setting to support a wide range of emotional needs.

5.2.4 The programme is delivered through a project manager with a small core team and the success to date is due to the joint ownership and delivery of TaMHS training and interventions in collaboration and consultation with schools and partners. The programme supports, involves and builds on existing work of all local professionals who work in and around schools, including school nurses, the local authority health development team, specialist CaMHS service and those working on a prevention agenda for children and young people including the voluntary sector.

5.2.5 The table of interventions below (table 1) shows the whole toolkit of knowledge based and targeted intervention training which constitute the TaMHS core offer (Purple and green

boxes). This annual programme of training is available and delivered on a multi-agency basis. Additional training for multi-agency teams, professionals and whole staff training for schools is also delivered on a request basis, stress management, lunch time supervisor training. Many but not all schools are signed up to the programme with varying degrees of delivery and the long term goal for the next two years is for all Shropshire Schools to have access to the complete toolkit of targeted and knowledge based interventions and training.

5.2.6 There are various measurement tools in place within the programme either programme related or school based indicators at a qualitative and quantitative level. The school and pupil related indicators include individual measures of anxiety, feelings, pupil perception and attitudes with others related to attainment, attendance and exclusion. The training programmes include measures on activity levels of schools and participant feedback with pre and post baseline to capture impact.

- The programme has reached 84% of Shropshire schools and the findings are very positive in relation to knowledge and confidence.
- Of those participating in the overall training programme 100% reported increase in knowledge levels and confidence.
- Other promising results from the early pilot work show 70% improvement in pupil attendance in participating schools and improvements in other measures relating to individual pupil attitudes, anxiety, and feelings.
- Staff reported increased confidence in the early identification of need, understanding of specialist services, how and when to access local specialist services such as CAMHS and child protection.
- Direct qualitative feedback from the children has also been very promising and Ofsted have provided positive feedback following inspections.
- Significant improvement in PASS(Pupils Attitudes to self and School)
- Significant improvement in sociogram (My Class/ My Feelings surveys) results
- Significant improvement to Boxall profile scores
- Significant improvement to Spence Anxiety scores

5.3 Key Learning Points

- A key strength has been the focus on the mental health and well-being of the children and young people in conjunction with educational priorities.
- Schools have all had the opportunity to access £1,000 funding
- Regular visits to schools from project manager
- Schools need support to analyse the data that they hold
- The initial pilot collected data however this was not taken forward due to capacity and the programme needs dedicated analytical and evaluation support
- The model needs to be owned by each school rather than delivery through one or two people

5.4 Main Components of Think Good Feel Good

- Systematic approach
- Schools adopt and own the programme
- The programme is linked to educational priorities
- Strong programme management and leadership
- High quality training and resources
- Evaluation and measurement
- Schools enabled to feel confident in understand and addressing emotional health and wellbeing issues of children.

5.5 Broadening the Reach of Think Good Feel Good

5.5.1 From April 2013 the programme extended it's reach to cover 0-19 year olds with a renewed vision for the future based on a sustainable model. Additional elements include a core offer for all schools and the development of a mental health PHSE curriculum resource from KS1 through to KS4 and a training package and educational resource on self harm for school staff.

5.6 Self Harm

5.6.1 Adopting a self-harm pathway, guidance and risk assessment was identified as a need following a reported increase in the prevalence of self-harm across the county. The severity ranges from lower level self-harming type behaviours to significant self-injury. This rise was in line with a national trend. Additionally it is known that the latest figure for people under 18 for self harm inpatient admissions within Shropshire was 93 admissions in 2011-12, this is high when looked at as an average rate against the national figures.

5.6.2 It was identified that there are currently no standardised guidelines to support practice in managing the needs of these young people, and inconsistencies in confidentiality and approaches to support were found. The purpose of the pathway is to provide consistent approaches of early identification and support, including information for young people and families. This has been endorsed by the Safeguarding Board and briefing sessions planned to be held across the County.

5.6.3 The self-harm pathway has been developed in consultation with parents and young people who self-harm, evidence tells us that young people seek support from their peers before family members or professionals. The information, advice and guidance leaflets were seen as particularly valuable for young people who are supporting their friends who self-harm.

5.6.4 The feedback has ensured the information reflects what they say would be helpful to know and has in the process, increased practitioners understanding of what their thoughts and needs are.

5.6.5 A Self harm, peer support, targeted intervention 10 week programme 'Signature Strengths' has been developed. Professionals and school staff are being trained to deliver the programme at Tier 2 level, to prevent needs escalating and requiring support from Tier 3 specialist services

5.6.6 In addition a Emotional and Mental Health PHSE curriculum resource in in development from KS1- KS4, whole class lesson plans will include helpful and unhelpful coping strategies, self harm will be included within this.

6. Additional Information

For further Information please contact:-

Helen Bayley, Project Manager, TaMHS, Safeguarding Support Services & Commissioning Development, Crowmoor Children's Centre. 01743 360501, Helen.bayley@shropshire.gov.uk

Jo Robins, Locum Consultant in Public Health (BSc, FFPH), Shropshire Public Health, Shirehall, Abbey Foregate, Shrewsbury. 01743 253935,jo.robins@shropshire.gov.uk