

Targeted Mental Health in Schools: Evaluated, successful and expanding

Workshop facilitated by Joseph Krasinski, TaMHS (Targeted Mental Health in Schools) Project Manager, Education Leeds

Joe Krasinski provided an overview of the targeted mental health in schools project (TaMHS) which was a pilot project funded by the Dept. for Children, Schools and Families and Dept of Health. The idea was to improve the way mental health support is given to children between the ages of 5 to 13 and to improve well being. This was done by using evidence-based early intervention models and included some work with families.

For the pilot work certain schools were selected, based around 'clusters' in one area, where they could demonstrate that they had certain aspects of SEAL (social and emotional aspects of learning) incorporated into their learning programmes. The approach was multi-agency working, both strategically and operationally including schools, local authorities, NHS and the voluntary sector. Those who received the service were children and families at risk of and experiencing mental health problems.

The responsibility for providing the support was broken down into 3 levels or 'waves' . The schools were responsible for wave 1 and 2 which defined the need to promote emotional outcomes, wellbeing and participation in learning and also to be able to pick up the early signs of anxiety and behavioural problems. Wave 3 became multi-agency through the provision of interventions involving a range of support mechanisms including family therapy, CBT, problem solving and parent training guided by NICE guidance.

Different models were tested in different parts of the city adding to the evidence base and varied from embedding a senior CAMHS practitioner within a Pupil Support centre, to the involvement of therapists, consultation with CAMHS and the provision of training to school staff. In South Leeds Place 2 Be, a voluntary sector organisation was commissioned to become an integral part of the day-to-day school service with counselling, drop-in capacity and with an emphasis on attachment needs.

The evaluation demonstrated both the value of the school approaches in waves 1 and 2, and the multiagency wave 3 interventions. The impact was seen both by the swift and easy access to early intervention with positive feedback from those receiving the service, many of whom were supported without the need for specialist wave 3 mental health services and measurable positive outcomes for pupils in a cost effective manner.

The next stage is to extend service beyond the pilot sites to other school clusters who are being asked to commission a service that best suits their needs. Providers are being asked to make themselves known if they could provide evidence based services that could address some of these needs.

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