

# **Islington CAMHS in Primary and Secondary Schools**

## **Annual Report**

**September 2011- July 2012**

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## Introduction

Mental health problems in children and young people have been clearly linked with poor educational achievement and consequent lifetime disadvantage. Without good mental health, the ability to learn and take in new information can be significantly affected. As part of the framework for inspection for children's services, and in accordance with Every Child Matters and the Children Act (2004), schools are expected to demonstrate how they promote positive emotional health and wellbeing to help pupils express their feelings, and build their confidence and emotional resilience and therefore their capacity to learn.

Islington Community CAMHS has a long history of working closely with the borough's primary and secondary schools to achieve these aims, through projects (BEST and Targeted Mental Health in Schools [TaMHS]) and the CAMHS in Education Service to secondary schools, which was partly funded by Islington Schools' Forum.

Following the successful evaluation of the 2009 – 2011 TaMHS project in the Hornsey area, Islington Schools' Forum decided to commission CAMHS to provide a similar mental health service to the 45 primary schools and 10 secondary schools across the borough, as well as to Islington's special schools (primary and secondary): The Bridge, Samuel Rhodes and Richard Cloudesley, for the academic year 2011/2012.

As a result of Schools' Forum funding, and subsidised by CAMHS, we have provided half a day a fortnight of a CAMHS clinician into each primary school and a day a week of the same into each secondary school.

We were delighted that in March this year Schools' Forum made the decision to continue that funding for a second year (2012/2013), enabling us to consolidate the work that began in the first year,

This report summarises the work of Islington Community CAMHS in Islington schools over the academic year 2011/2012.

## **Objectives**

1. To improve the early identification and treatment of mental health difficulties in children and young people.
2. To make CAMHS accessible to staff and families in schools.
3. To work collaboratively with education, children's social care and voluntary sector services to provide targeted services to children and young people most in need.
4. To share CAMHS skills through training and workshops to increase the ability of school staff to recognise and manage some aspects of children and young people presenting with social, emotional and behavioural mental health problems.

## Summary of the year

### 1. School-based clinics

During the academic year 2011 – 2012, 58 CAMHS clinics have continued or have been established in mainstream and special schools borough-wide. They are staffed by 30 CAMHS clinicians from the following disciplines: Clinical Psychology, Family and Systemic Psychotherapy, Child and Adolescent Psychotherapy and Child and Adolescent Psychiatry.

904 half-day CAMHS clinics were run in primary schools in Islington last year, and 656 half-day clinics in secondary schools. 113 clinics were run in Samuel Rhodes and Richard Cloudesley special schools (primary and secondary).

Over the past 12 months we have:

- Developed and established CAMHS clinics in 44 out of the 45 primary schools in the borough.
- Continued to run clinics in nine secondary schools and set up a further clinic in St Mary Magdalene Academy (the only secondary school never to have had CAMHS in the school).
- Continued to run a CAMHS clinic in Samuel Rhodes Primary School established one in the secondary school.
- The CAMHS Neuro-developmental team developed a package of care to meet the needs of The Bridge School, including consultation to staff and families, and fast-tracking for specialist neuro-developmental assessment.
- At the end of the year, following clarification over Schools' Forum funding, a CAMHS clinic was established in Richard Cloudesley School.
- During 2011 – 2012, five primary schools and two secondary schools purchased additional CAMHS time to supplement that funded by Schools' Forum.

### 2. Access to other Community CAMHS services

All school CAMHS clinicians are part of multi-disciplinary teams (MDTs) based at the Northern Health Centre. In addition to the direct and indirect work that takes place in the school, the school clinician facilitates access to the MDT and to the following Community CAMHS services:

- Priority 1 (High risk) service.
- Neuro-developmental Team
- Children Looked After Team
- Under Fives Service, including the Parent and Baby Psychology Service
- Psychiatry
- Specialist therapies including Child Psychotherapy, Family Therapy, Educational Psychotherapy, CBT, Parenting Programmes
- Developmental Assessments
- Research Trials (IMPACT for Depression in adolescents and SHIFT for Deliberate Self Harm in adolescents).

### **3. Service delivery**

Following our commitment to the Schools' Forum in March this year that service delivery would be guaranteed to schools, we have developed a flexible model of service provision to cover gaps caused by recruitment, maternity leave, staff sickness and other unforeseen absences.

For example, in one school, maternity leave is being covered by three clinicians instead of one, effectively giving the school its own multi-disciplinary team based in the school, with one of the clinicians providing the interface between the school and the team. In another school, a gap of half a term has been made up by doubling the frequency of clinic time during the second half term once the clinician was in post. Other schools have received mental health screenings of entire year groups, or topic-based mental health workshops for parents over and above their regular CAMHS clinic time to compensate for a gap in service provision.

### **Working model for CAMHS in schools**

The model of CAMHS work in schools is flexible, recognising that schools have different needs at different times. The CAMHS package in each school is developed with the individual school, through a process of reviews with the school clinician and a member of the CAMHS school leadership team, and is a dynamic and evolving process.

Our model involves working together with the school to add a child and adolescent mental health perspective and CAMHS expertise as an additional resource for the school.

As we become more involved with the staff and the school community, the way the time is used often moves from predominantly direct clinical work with children and young people to more indirect work and consultation with school staff, enabling us to have an impact on the wider school culture and reach more children, as well as continuing to work with individual families.

## Outcomes

### Objective 1

*To improve the early identification and treatment of mental health difficulties in children and young people.*

#### 1. Attendance at school meetings

Last year, CAMHS school clinicians attended 179 Team around the School meetings convened by the school. Feedback from schools is that our presence at these meetings is highly valued, providing a child and adolescent perspective to discussions and assisting with referrals to CAMHS and signposting to other agencies.

*“She adds a richness to the discussions”*

SENCo, William Tyndale Primary School

*“Attendance at the TAS meetings is very helpful as she is able to contribute a CAMHS perspective to discussions about concerning children”*

Pastoral Lead, Ashmount Primary School

#### 2. Screening (BYI/Social Inclusion Survey)

Last year, CAMHS administered the Beck Youth Inventory mental health screening tool to Year 10 pupils at Central Foundation Boys' School, Mount Carmel and Holloway secondary schools. We also administered it to Year 7 at Mount Carmel School. A total of 467 young people completed the screens and 100 were found to be at risk of emotional difficulties.

These young people were followed up by the school clinicians with support from the MDT. Young people identified as needing ongoing support were referred on to the following services: The Brandon Centre (Counselling and Psychotherapy centre for adolescents), Islington Community CAMHS, the school CAMHS clinician for individual work or group work for anxiety, additional support within the school (learning mentors, group work), and the Uthink Emotional Health and Wellbeing group programmes.

*“The Year 7 screen gives us information that lasts for the students' whole career in the school. It's not just about who to refer on...it helps us to know who we should make a special point of saying hello to and checking in with...”*

Head of Behaviour, IAMS

## Objective 2

*To make CAMHS accessible to staff and families in schools.*

### 1. Direct work with individual children/families

CAMHS school clinicians offered 2719 individual appointments for children, young people and their families over the year in schools, with 2032 attended (attendance rate 75%).

The direct appointments in schools are targeted at 'hard-to-reach' families: those who for many reasons would find it hard (or have done in the past) to access a CAMHS clinic service.

In addition to individual appointments for children and young people, CAMHS school clinicians also ran 31 groups for targeted children/young people. These included Anxiety groups for adolescents identified through year group screenings, Social Skills and Anger Management groups in primary schools and Transition groups in the summer term for targeted groups of Year 6 children.

*"She has seen families who would never have otherwise come to CAMHS. It has had such an effect"*

Primary School Inclusion Manager

*"She carries such complex cases in the school and does some invaluable work with the young people. It has been incredible"*

Head Teacher,  
Samuel Rhodes  
School

*His input does something...it's not a lot of work generally, but something shifts and they don't need to come back"*

Head of Behaviour, St Mary  
Magdalene Academy

*"She empowers parents...she made this mum feel good, as if she had done nothing wrong...where she would have called the school to say her child was ill, now she calls school to ask for help to get him in..."*

SENCo, New North Community School

*"The service is more visible and familiar and parents in the school are now speaking 'fondly' of CAMHS, rather than seeing it as something stigmatising or alien"*

SENCo, Hungerford Primary School

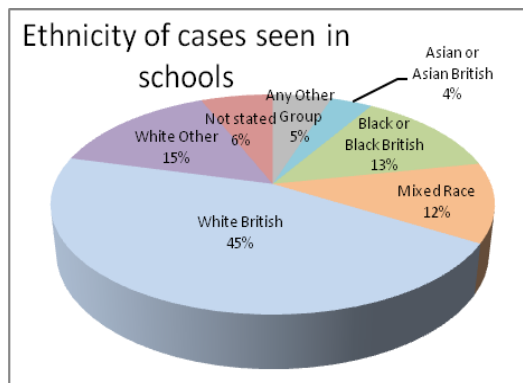
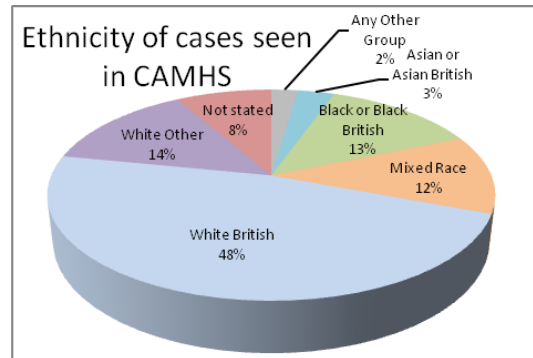
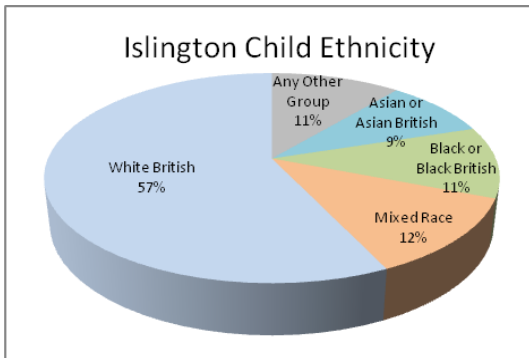
*"She can respond quickly – she strikes while the iron is hot."*

SENCo, Hungerford Primary  
School

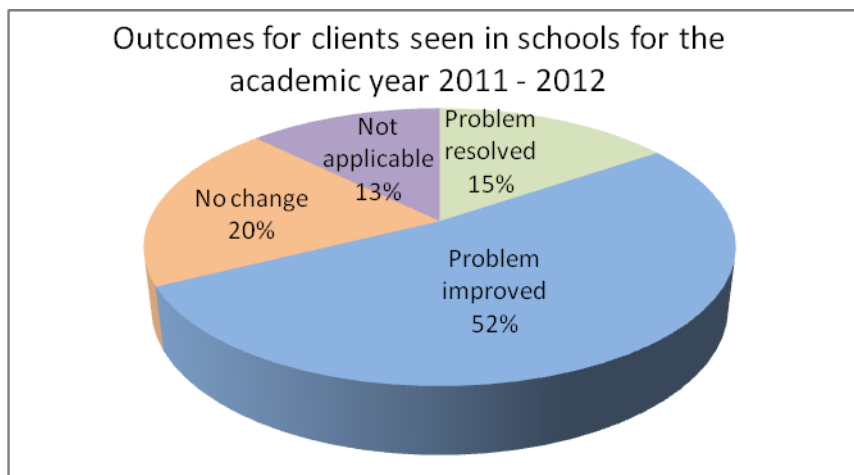


Ethnicity data for children and young people seen in school CAMHS clinics is depicted below. The majority of children and young people seen were of White ethnic origin (60% = White British or White other).

The ethnicity data of school CAMHS cases is comparable to the ethnicity data for those seen in Community CAMHS, and broadly comparable to the ethnicity of Islington children. The main difference is for children of White British origin, who account for 57% of the local population but only 45% of children seen in CAMHS school clinics. There is also a difference in children of Asian origin, who account for 4% of children seen in CAMHS school clinics but 9% of Islington children.



Clinician ratings of outcomes for clients seen in Islington schools and closed during the last academic year are shown below. The figures indicate that in 67% of cases, the presenting difficulties were either resolved or had improved.



## 2. Parent consultation

Last year, 172 pre-referral/engagement meetings appointments were offered to parents prior to referrals being made. The purpose of these meetings is to offer parents the opportunity to talk through what CAMHS could offer, to de-stigmatise the service and to increase the likelihood that families will engage with CAMHS.

*"It is about taking away the fear".*

SENCo, William Tyndale Primary School

Six one-off workshops were also delivered to parents at different schools.

## 3. Staff consultation (reflective practice group, drop-ins, teaching assistant (TA) support, case-by-case consultation)

Last year, CAMHS school clinicians offered 795 consultations to staff in different ways. These included regular groups for TAs or pastoral care teams, and drop-ins for individual staff members to discuss individual children and/or classroom dynamics.

In some schools we also attend whole staff meetings as a way of keeping some of the ideas from trainings we have delivered alive, and developing a shared language to talk about the emotional and mental health needs of children.

*"It has been invaluable for staff talking to her to help us process some of the more emotional aspects of containing pupils and families in school"*

Head teacher, Samuel Rhodes Primary School

## 4. Offering a CAMHS school-based service to Islington's special schools

We now have clinicians attached to all of the special schools in Islington: The Bridge, Samuel Rhodes and Richard Cloudesley. We have developed these clinics in collaboration with Head Teachers, and they differ according to the needs of the schools. Samuel Rhodes schools use the CAMHS time in a broadly similar way to the mainstream schools, while Richard Cloudesley identified a need for a regular parent support group, and the bulk of the CAMHS time is used for this. The package of care offered to The Bridge School is from the CAMHS Neurodevelopmental team, Last year, 8 Bridge School children were fast-tracked for an NDT assessment, four parent workshops on sleep were held, and staff were offered consultation and training to support conversations with parents as well as consultations about individual children receiving support from Community CAMHS. We have also delivered Solihull Training to two special schools with an excellent response from staff.

## 5. Improving the link with Community CAMHS

In addition to direct and indirect work taking place in the school, the CAMHS school clinician is an important interface between the school and the wider Community CAMHS services and clinicians.

Having CAMHS school clinicians also based within Community CAMHS multi-disciplinary teams has had multiple benefits for communication between schools and CAMHS:

- It has eased the transition between school-based CAMHS work and Community CAMHS specialist work.
- The school clinician can facilitate communication (with consent from families) between school and Community CAMHS in both directions.
- It increases 'choice' for families about where they are seen.

*"I have noticed families moving between school-based and clinic based CAMHS services quite easily in both directions. One family was initially referred into Community CAMHS, but has been seen by me because the difficulties were mainly school-based. Another family had an assessment and some therapeutic work in school and I have then been able to support the transition to more specialist CAMHS work"*

Anna Picciotto, CAMHS school clinician

*"She gives us a 'face' for CAMHS...it makes it easier to find out what is happening with referrals"*

SENCO, St Andrew's Primary School

*"For some families, waiting for an appointment can be helpful but for others, waiting can mean that we lose them; for some families being seen in school really helps engagement, while for others they might prefer the 'separateness' of a clinic appointment...longer term work is usually better carried out in the clinic, but missing school even for an authorised absence for CAMHS appointments affects our attendance figures"*

SENCO, Hungerford Primary School

### **Objective 3**

*To work collaboratively with education, children's social care and voluntary sector services to provide targeted services to children and young people most in need.*

School CAMHS clinicians attended 679 liaison/network meetings with staff from Education and other multi-agency colleagues.

Last year, CAMHS developed a strong working relationship with the mental health charity Uthink. Through our links with schools, we facilitated their involvement with four secondary schools in the borough, assisting them with running targeted group programmes in Emotional Health and Wellbeing, as well as whole year group workshops in Mental Health and Leadership.

*"It has been fantastic. Just what we needed. She really knows her stuff, and she is a very competent practitioner. She is part of the team and the experience of having her is very fluid and seamless".*

Assistant Head/Inclusion Manager, Winton Primary School

## Objective 4

*To share CAMHS skills through training and workshops to increase the ability of school staff to recognise and manage some aspects of children and young people presenting with social, emotional and behavioural mental health problems.*

### 1. Solihull Approach Training

The Solihull Approach model combines three theoretical concepts: containment (psychoanalytic theory), reciprocity (child development) and behaviour management (learning theory). It provides a framework for thinking for a wide range of professionals working with families with babies, children and young people.

In Islington, we have modified the training for primary and secondary school staff, and last year developed a modularised version in response to feedback from schools who have found it difficult to allocate full Inset days to the training. We have delivered the training both to targeted groups of staff (pastoral care teams, groups of teaching assistants and mealtime supervisors) as well as to whole school staff teams.

Over the last fourteen months, five primary schools (241) and two secondary schools (80 staff) were trained in the model. We have now trained 17 schools, and several schools have already booked the training for inset days for the coming academic year. The training has been very well received by school senior management teams and school staff.

*“...the training was brilliant...so many teachers have told us that it was the best Inset they have ever had and wished they could have more. And as I’m sure you know, teachers are not easily pleased!*

*I felt it was pitched at exactly the right level, not so technical that it couldn’t be understood, nor so simplified that it might feel patronising, but using concepts which you very clearly demonstrated to be of obvious relevance and practical use to staff. I can honestly say that it was inspiring.”*

SENCo, Mount Carmel Secondary School

### 2. Other staff trainings and workshops

Last year, school CAMHS clinicians delivered 24 additional twilight sessions and workshops for school staff. Topics included:

- Introduction to Child and Adolescent Mental Health
- Attachment
- Behaviour management (classroom/playground)
- ADHD/ASD

## Closing Summary

### What are we proud of?

- That we have now established and maintained CAMHS clinics in 54 mainstream schools.
- That we are established in all of Islington's special schools.
- That the school clinics are embedded within Community CAMHS, enabling schools, families and clinicians to access the support and expertise of the wider CAMHS multi-disciplinary team.
- That CAMHS is increasingly seen as a resource to schools. As the clinician becomes more established within the school, their skills are drawn upon to help develop policies and practices within the school, as well as working directly with families.

### What have we learned?

- The relationship between the school and the clinician is key.
- Attendance at Team Around the School meetings is valued and increases our reach and accessibility.
- The Solihull Approach training is highly relevant to schools, is well-received by staff and can have an impact on staff members' interactions with challenging pupils and families in school.

### Goals for the further development of the service:

- To further improve our outcome monitoring to allow us to report on the complexity of families seen and the movement of families between school clinics and Community CAMHS in more detail.
- As Islington CAMHS joins the IAPT programme next year, outcome measurements will move from being clinician-rated to client-rated.
- We would welcome external evaluation of the CAMHS service into schools to supplement our own monitoring and evaluation.
- To be able to respond to feedback from schools and to allocate our resources more flexibly.
- To develop a multi-disciplinary model of service delivery in schools offering options of treatment in school.
- To further develop the relationship between CAMHS and Uthink.
- To continue to role out Solihull Training to schools.

*"The school has greatly valued CAMHS input over the years and we cannot imagine not having this type of service available us"*

Inclusion Manager, St Mark's Primary School

*"It has made a huge impact to the lives of children and families...her contributions have also influenced the system as an outside voice"*

Assistant Head/Inclusion Manager, Winton Primary School

*"I think he's amazing...he has had a huge impact and has made my life and work so much easier...we trust him...he helps me to look at problems with students in a different way...he's normal!"*

SENCo, St Marv Maaddalene Academy

## **Comments from CAMHS Service manager**

I am extremely proud of the CAMHS in Schools work enabled by The Schools' Forum funding.

The numbers of children treated and achieving positive outcomes is increasing.

We are accessing some children and their families who would not otherwise have received a mental health service. These children are now on a different trajectory.

Working relationships are key when one organisation works in another organisation's territory; there is ample evidence that we are building relationships with colleagues in education all the time.

This successful interagency working means improved early identification of children and young people with mental health difficulties, leading to swifter evidence based interventions with positive outcomes, enabling them to learn and function socially and emotionally in a school environment with more potential for a healthy future.

Yvonne Millar, MBE  
Consultant Clinical Psychologist  
Community CAMHS Service Manager

## **Acknowledgements**

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