Islington CAMHS in Primary and Secondary Schools

Annual Report

September 2012- July 2013

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Contents

Introduction

The academic year of 2012/2013 marks the second full year that Islington Community CAMHS has been commissioned by Islington Schools' Forum to provide a mental health service to all schools in the borough. These include 45 primary schools, 10 secondary schools and three special schools. As a result of this funding, and subsidised by CAMHS, we have continued to provide 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 confirmed its intention to continue to commission a CAMHS service into all Islington schools, and that this is now included in the Forum's base funding strategy.

This second year has seen relationships between CAMHS and many individual schools strengthen and flourish. Some really exciting and innovative work has evolved, over and above the core work of delivering clinical work in school settings to families that we might consider to be 'harder to reach'.

Each school has just received its annual report outlining the CAMHS activity that has taken place in the school over the year. The reports give a very clear sense of how differently the CAMHS time in each school is being used, and how it is being tailored to the needs of the individual school.

We hope that this report, which describes and summarises the work of Islington Community CAMHS clinicians across all Islington schools over the academic year 2012/2013, will give a flavour of how that work has developed and evolved and how we are meeting our core objectives. The report uses extracts from individual schools' annual reports for 2012-2013 and case examples of families seen is schools last year (NB: the names and referral details in the case examples have been changed to protect the confidentiality of families).

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.

Executive Summary

Headlines

- **1860 half-day CAMHS clinics ran in schools in Islington**
- **2594 individual appointments offered**
- **86% attendance rate (up from 75% last year)**
- **23 groups for targeted children/young people/parents ran**
- **198 pre-referral meeting with parents offered**
- **746 staff consultations offered**
- **186 TAS meetings attended**
- **77 students screened in Mount Carmel School, 27 followed up**
- **24 schools now trained in The Solihull Approach**

School-based clinics

During the academic year of 2012 – 2013, 58 CAMHS clinics have continued in mainstream and special schools borough-wide. They are staffed by 34 CAMHS clinicians from different disciplines: Clinical Psychology, Family and Systemic Psychotherapy, Child and Adolescent Psychotherapy, Educational Psychotherapy and Child and Adolescent Psychiatry.
We ran 974 half-day CAMHS clinics in primary schools in Islington last year, and 634 half-day clinics in secondary schools. We also delivered 174 clinics ran into Samuel Rhodes and Richard Cloudesley schools (primary and secondary sites).

Over the past 12 months we have:

- Continued to provide CAMHS clinics in 44 out of the 45 primary schools in the borough.
- Continued to run clinics in all 10 secondary schools.
- Continued to run CAMHS clinics in Samuel Rhodes Primary and Secondary schools.
- Established a CAMHS clinic in Richard Cloudesley School.
- Continued and developed the CAMHS Neuro-developmental team package of care at The Bridge School, including consultation to staff and families, and fast-tracking for specialist neuro-developmental assessment. The end of the year marked the beginning also of some consultation work to teachers across both of the Bridge sites. This work has been set up to continue regularly over the next academic year.
- During 2012 – 2013, five primary schools, three secondary schools and Samuel Rhodes Primary and Secondary purchased additional CAMHS time to supplement that funded by Schools' Forum.

Access to other Community CAMHS services

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

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

In addition to school staff being able to access the MDT and specialist CAMHS teams for school-based families, this year has seen an increase in Community CAMHS clinicians linking with the school clinicians to improve communication between CAMHS and schools. Some families referred into Community CAMHS clinics have, with the agreement of the school, been seen in school where it is thought that doing so might increase the likelihood of engagement in the work. We have also seen families in schools when the presenting difficulty indicates that it would be beneficial, or where the family has requested that plan.
At other times, families initially seen in school clinics have continued to access our services in our community clinics for longer-term work, or to facilitate joint working with clinicians from different disciplines.
School-based families have been referred into research trials being carried out within Community CAMHS. The IMPACT trial has now come to an end and the results will be published next year. The trial has improved our detection rates for depression, and we have been impressed with the 30 session psychotherapy treatment model: it has made psychotherapy a viable treatment option within CAMHS when resources do not enable us to offer longer-term treatment.

Case example

Thomas, a five year old boy in Reception class was seen for a preliminary assessment last year, following concerns raised by both school and home about behaviour and peer relations in both settings. The assessment revealed a complex family history, with domestic violence and long standing parental mental health difficulties. The initial work in school comprised both clinical assessment, classroom observation and a cognitive assessment. Being based in school allowed for easy communication with school staff about the concerns, and allowed the CAMHS clinician to act as a bridge between school and home when communication became more difficult and emotionally charged. The assessment concluded that Thomas's difficulties were likely to be emotional rather than neuro-developmental in origin, and Thomas started Educational Psychotherapy through Community CAMHS this year. The CAMHS school clinician continued to be involved with the family, providing the supporting parenting work and liaising with school staff as necessary. The work will continue next year.

Anna Picciotto, Clinical Psychologist, Canonbury Primary School

Service delivery

This year we have continued to develop a flexible model of service provision to cover gaps caused by recruitment, maternity leave, staff sickness and other unforeseen absences. As well as their CAMHS clinician, each school also has a senior school clinician from the CAMHS school lead team who carries out regular reviews of the work and is an additional point of contact for the school in case of concerns.

The 'mini- multi-disciplinary team' model that we trialled in Highbury Fields Secondary School this year to cover a maternity leave gap has been so well-received that the school has decided to continue with the same model when their clinician returns from maternity leave later this year. The provision to Highbury Fields included Clinical Psychology, Art Therapy and Systemic Family Therapy in the school. We are rolling this model out to other schools where the need in those schools has indicated that it could be helpful. For example, in Sam Rhodes Primary (which purchases an additional session), when one of the two clinical psychologists who were allocated to the school went on maternity leave the Head Teacher suggested that they might benefit from some Child Psychotherapy time to complement the Clinical Psychology input that it already received. We therefore have a Child Psychotherapist doing assessments and individual work with children in the school and this model will continue for the next academic year.

Gaps in service-provision in schools caused by staff leaving or by temporary absences have been filled in different ways. Shorter term gaps have been filled by the senior reviewing clinician attending TAS (Team Around the School) meetings and offering Choice appointments for new referrals as needed. Families who have needed ongoing work in the absence of their school clinician have been prioritised for partnership work in Community CAMHS. Our specialist Educational Psychotherapy consultant has also been able to offer consultations to teaching staff when requested, and in one school, a longer-term gap was filled by a 12-session Anxiety Prevention and Management group, facilitated by another member of CAMHS staff together with the School's Learning Mentor over one whole term.

Example of multi-disciplinary work in Highbury Fields School

The model has worked well in a number of ways: the school get three different therapeutic disciplines to choose from, enabling girls to be referred to a clinician within the school whose particular skills are most suited to their needs. The choice of three therapeutic interventions within one school has had clear benefits: Rehana Nazli, Family Therapist, has been able to do complex family work with three pupils and their family networks and has worked jointly with members of school staff to support this work. Joss James, Art Therapist, has worked with a number of girls for whom using spoken language to express themselves is difficult and using Art as a medium for exploring feelings and experiences has been a powerful and appropriate model. Sonya Khan has done the assessment appointments and has worked with a young person for whom an Anger Management intervention was wanted and has worked with a parent to support their daughter with anxiety management.

Sonya Kahn, Clinical Psychologist
(Taken from Highbury Fields School Annual Report Executive Summary)

Working model for CAMHS in schools

We have continued to develop our flexible model of CAMHS work in schools this year. The model involves working together with the school to add a child and adolescent mental health perspective and clinical expertise as an additional resource for the school.

The CAMHS package in each school is developed in conversation and collaboration with the individual school through a process of reviews with the school clinician and with a member of the CAMHS school leadership team. The supporting role of the senior clinician has evolved this year with, wherever possible, the CAMHS clinician having a consistent senior clinician allocated to review all of their schools. As well as facilitating support for those CAMHS staff and their professional development, this process has also eased the communication between CAMHS and schools in the case, for example, of unplanned staff absences.

This year, as CAMHS work in schools has become much more established, the variety of indirect and consultative work has increased.

Example of work in one secondary school last year

Alongside attendance at the Inclusion meetings, Directors of Studies and members of the learning mentor team have contacted me on a case by case basis for consultation and discussion of possible referrals. Part of my work has involved developing the staff teams' understanding of how and when to use CAMHS.

Staff report it has been helpful to have a named CAMHS worker in the school to discuss dilemmas about young people who are accessing CAMHS or other mental health provisions outside of school. I have often liaised with other CAMHS clinicians who are working with families of Holloway School students outside of school to facilitate the communication between school staff and them when queries have arisen, for example, from Priority 1 assessments for high risk pupils, the Children Looked after services and the CAMHS Neurodevelopmental team.

A large proportion of the direct clinical work this year has been offering 'Choice' appointments in school, some of which have led to direct work with young people and/or parents in school and some have led to referral on, either to Community CAMHS or to other services. I have also offered consultations to parents at the request of staff regarding a number of young people, including those presenting with behavioural difficulties at home and in the school context, enuresis, physical aggression, school phobia, bereavement following manslaughter and inappropriate sexualised behaviour. As well as offering advice and ideas I have also been able to signpost/refer families to appropriate services including the Brandon Centre, Camden CAMHS, sexual health services, specialist bereavement organisations and adult mental health services for parents.

In addition to direct clinical work and case consultation I have also contributed to the Peer Mentors' training scheme and a self-help leaflet for year 11's on Managing Exam Stress. I have provided information on the Solihull Approach training and there are hopes that this might be included in the school's training schedule for the new academic year.

Helen Aspland, Clinical Psychologist
(Taken from Holloway School Annual Report Executive Summary)

Outcomes

Objective 1

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

"I have found it really invaluable to have [the CAMHS clinician] available to offer consultation to both me and the Head Teacher, offering a different perspective and insight about children we are concerned about and at an early stage. Sometimes just a short piece of work can really help shift things. [Her] intervention does not have to involve a lot of sessions; it can also be a matter of generating ideas and strategies for families to try out themselves".

SENCo, William Tyndale School

1. Attendance at school meetings

Last year, CAMHS school clinicians attended 186 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.

2. Screening (BYI/Social Inclusion Survey)

Last year, CAMHS clincians administered the Beck Youth Inventory mental health screening tool to Year 7 pupils at Mount Carmel secondary school. A total of 77 young people completed the screen and 27 were found to be at risk of emotional difficulties.
Those young people were followed up by the school clinicians with support from the schools' lead team and the Community CAMHS multi-disciplinary team. After the follow-up sessions, those young people identified as in need of ongoing support were referred on to either Islington Community CAMHS clinics, the school CAMHS clinician for individual work or for additional support within the school from learning mentors.

Case example

A young woman came to CAMHS attention through the screening of Year 7 pupils. She scored highly in the screening and also used the screening to indicate that she wanted to talk to someone. In the screening follow-up interview, she explained that she felt upset and confused about her family situation, and that she was getting lots of 'behaviour points' at school, and also having some difficulties with her friends. Work with this young person involved working with her and her mother and father (who are separated) to help her understand her complex family situation. It has also involved work with her alone, thinking about triggers for her angry and upset feelings, and how to manage these. As a result of our work together the young woman reports that she understands her family situation more and is more able to manage difficult situations with peers. She is also receiving positive points for behaviour (as opposed to negative points), and hence is more settled in school.

Kathy Adcock, Clinical Psychologist
Mount Carmel School

Objective 2

To make CAMHS accessible to staff and families in schools.

1. Direct work with individual children/families

CAMHS school clinicians offered 2594 individual appointments for children, young people and their families over the year in schools, with an attendance rate of 86%, up from 75% last year. The reason for this increase is not known for certain, but feedback from school staff and families seen is school suggests that the more established the CAMHS clinician is in the school, the less stigmatising the service is seen to be. School referrers are able to explain the service to families with more confidence, parents hear about the service from other parents, and in secondary schools young people recommend the service to their friends.

"Having a CAMHS clinician in schools is better for parents. In the past we have referred parents to Community CAMHS but the attendance rates were much lower than now. It seems that families are more engaged and take more on board from clinicians when they are available in schools."

Inclusion Coordinator, St John Evangelist School

"As she is based at school, I strongly feel that this is the reason the children and parents she works with have been much more willing to attend the sessions. She is very thorough and clear in her feedback and keeps me updated regularly through email and talking fact-to-face".

Inclusion Leader and Deputy Head, St John's Upper Holloway primary School

The direct appointments in schools have continued to be 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.

"It was really helpful being seen in school, if I was anywhere else I would have been panicking about picking the children up, and this would have made me feel really stressed out and the school may not have understood why I was late".

Parent, St John's Upper Holloway

"Feedback from families has been positive. Some carers and young people have described feeling more able to access services that they have struggled to engage with in the past. We have also been able to offer support in an early intervention capacity".

Member of staff, Holloway Secondary School

"It has made such a difference having a clinician in school, especially for the families who have had a bad experience at the NHC or do not want to have to travel. Having the service in school is crucial. We try to prioritise families who we think would struggle to get to the NHC. Hard to reach families are much more likely to be seen in school. Also we are familiar with the clinician and therefore can personally recommend them to the families."

Deputy Head, Pakeman Primary School

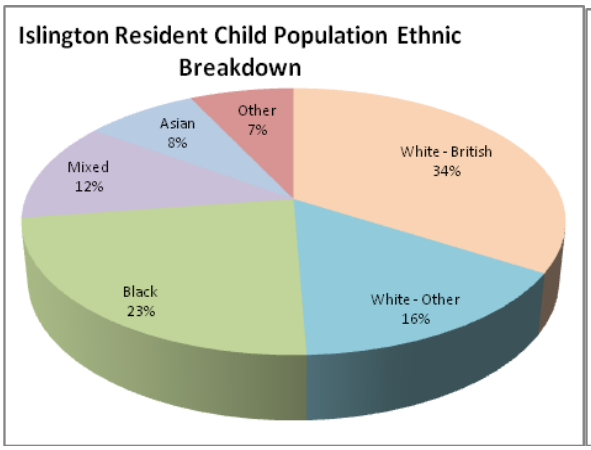
In addition to individual appointments for children and young people, CAMHS school clinicians have also run groups for targeted children/young people and or parents in schools. These have included a primary school anxiety group based on the CBT (cognitive behavioural therapy) Friends programme, social skills groups and anger management groups, and in one school a transition group for Year 1 pupils struggling to manage the classroom situation. Some schools also requested targeted groups which we ran in the summer term for Year 6 children to help prepare them for secondary transfer.

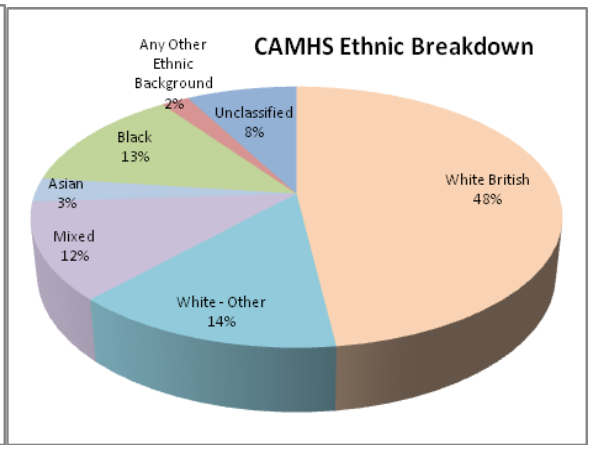
Example of group work in a primary school

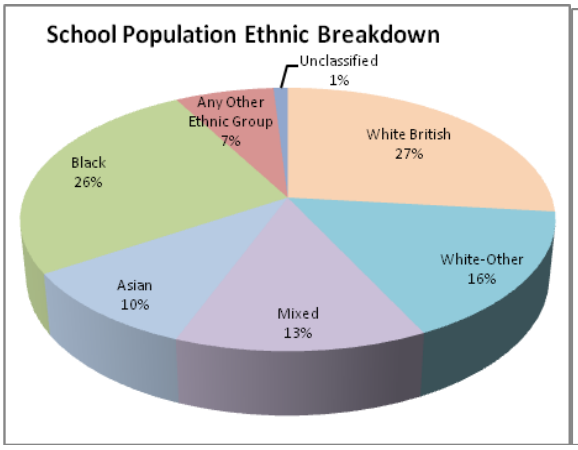
The school has had a general focus this year on smoothing the transition from the Early Years/Foundation stage to Key Stage 1 which has historically been a difficult one for many of the children in the school. At the beginning of the year, I was asked to do some observations in the Year 1 classroom to help think about how to address the needs of a group of children who were finding it particularly difficult to access the curriculum and who seemed to lack a readiness for managing the classroom situation. We agreed that a good way to address their needs would be to run a weekly psychotherapy group. Five Year 1 children were identified and I met with their parents and their teacher to think about what the concerns were and what might be realistically achieved. The group, which I co-ran with an Anna Freud Centre MSc student on placement with CAMHS, took place weekly during the Spring Term but because parents and the class teacher experienced it as so helpful, we agreed to extend it for a further ten weeks in the Summer term. I think that the model of group work is one that fits well with the school's pastoral care ethos both practically, in the sense that it enables a greater number of children to receive therapeutic input, but also clinically in that it helps the children work on their capacity to manage relationships which is such a crucial part of their emotional development at this age.

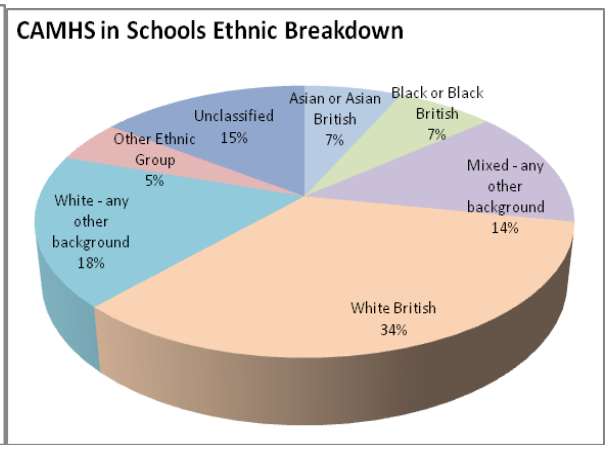
Lucy Alexander, Child and Adolescent Psychotherapist
(Taken from Hargrave park Primary School executive summary)

The ethnicity data for children and young people seen in our schools CAMHS clinics is depicted below.
The proportion of children and young people of White ethnic origin seen (48%) is higher than that in the Islington School population, and the proportion of children and young people from Black or Asian groups (28%) is lower than that in the school population, but the figures are broadly comparable to the ethnicity data for those seen in Community CAMHS.

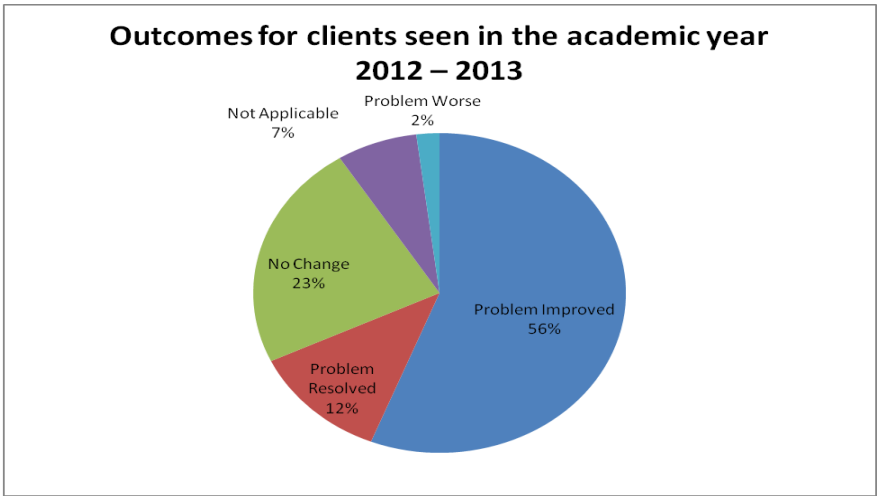








Clinician ratings of outcomes for clients seen in Islington CAMHS across all setitngs and closed during the last year are shown below. The figures indicate that in 68% of cases, the presenting difficulties were either resolved or had improved.



2. Parent consultation

Over the last academic year we offered 198 pre-referral/engagement appointments 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. We also delivered 13 one-off workshops to parents at different schools.

Example of parent work in one primary school

The senior management team has been keen generally for the school to develop relationships with parents, and specifically to use some of the CAMHS clinic time for this purpose. This has happened in various forms. For example, I have offered parent consultation slots, some of which have resulted in referral to the Community CAMHS clinic or to other agencies and others which have been one off appointments. I have also been running monthly coffee mornings for parents on topics of their choice which have ranged from sibling rivalry, to bullying to communicating with your children. These mornings are open to all parents and attendance is mixed, with a core group who come each time as well as people who drop in and out according to their interest in the topic and their availability. The coffee mornings seem to have been well received and I think could be further developed over time.

Lucy Alexander, Child and Adolescent Psychotherapist
(Taken from Executive Summary, St Joseph's Primary School Annual Report)

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

Last year, CAMHS school clinicians offered 746 consultations to staff in different ways. These included regular groups for teachers, teaching assistants (TAs) or pastoral care teams (inclusion). We also provided regular 'drop-ins' in some schools for individual staff members who wanted to discuss individual children of concern, emotional blocks to learning and/or classroom dynamics.

We have welcomed the invitations we have had in some schools to attend regular whole staff meetings at the end of the school day. These meetings have enabled us to work jointly with teaching staff to maintain and develop some of the ideas from trainings we have delivered at our schools. These meetings have also allowed us to have more of a 'shared language' for talking with our colleagues in schools about the emotional and mental health needs of children.

Example of consultation work in one primary school

The school has used my time in a variety of ways: direct work with clients, Consultations with parents, attendance at Team Around the School Meetings, Consultations with teachers, a 'Reflecting Group with Teachers' and Consultations with senior staff.

I have worked closely with the Inclusion/SENCO manager for over three years and in our frequent meetings we discuss potential referrals to CAMHS for assessment and/or treatment, as well as service development issues.

This year was marked by a very demanding piece of work around a high-risk and complex case. There were times when communication between us was as frequent as daily, and we have attended together a considerable number of meetings with Social Services and the family. Despite the emotionally draining impact on professionals during the height of the crisis with the child and the family, I feel that this experience has brought us even closer in terms of a very positive, trustful and collaborative working relationship between the staff at the school and myself.

A second important marker of the year was the running of a 'Teacher's Reflecting Group' (see case example). Based on the findings of an independent evaluation carried out at the end of the life-cycle of this group, it seems fair to suggest that the thinking and reflecting carried out by the teachers involved had an impact far wider than originally expected, by improving the relationship between teachers and their pupils, beyond the children being discussed. The group also influenced the thinking and practice carried out by other staff members. In this way, we hope to be increasing the level of understanding of the emotional needs of children and staff when they come into a relationship, within the context of learning.

Wilma Mangabeira, Family and Systemic Psychotherapist

Example of staff group consultations

An exciting development from our whole school Solihull trainings has been the further requests for staff group consultations, something I have facilitated in both Ashmount Primary and Sam Rhodes Primary schools. In both of these schools, the head teachers have been very much part (and supportive) of the process of group reflection. For Sam Rhodes, these slots have continued every half-term, and we have used a model of me interviewing one or two members of the teaching staff (teachers or TAs) each time about a particular dilemma, or about something they feel has been going particularly well in the support of a pupil. The rest of the group (usually 15 staff) listens to the interview and reflects on the dilemma together. This model has enabled staff to connect with ideas they have had about the children in their own classes, and to draw on their experiences and knowledge to support each other's work. We have also then thought together about the emotional or mental health needs of the child or family, connections with the Solihull ideas of containment, reciprocity or behaviour management, and possibilities for further support from Camhs or other community services if appropriate. On some occasions, we have used these sessions also to focus on particular themes and theoretical ideas, for example about bereavement and grief, or attachment. The feedback we have collected from staff about these sessions has been very positive, with requests for future group consultations over the next academic year.

Vicky Mattison, Clinical Psychologist

"It has been a fantastic experience and we really hope it continues into the New Year. I feel more balanced and therefore more patient with the children because I have in my mind where they have come from and their background, I remain mindful of the whole context".

Staff member attending Teachers' Reflecting Group

"[The CAMHS clinician] is non judgemental, therefore it has felt an 'open' space where you are free to talk about what you need to talk about. It has been good to have [her] to steer us so it doesn't just turn into a complaining session. She has kept it productive and kept us on track and focused. It has been good to have someone like this as the facilitator".

Staff member attending 'Teachers' Reflecting Group

4. The CAMHS service into Islington's schools for children with disabilities and social communication or complex behavioural needs

We have been particularly focused over the last year on extending and developing our models of direct work with children, families and staff in the schools for children with disabilities and Autistic Spectrum Disorders in Islington: Samuel Rhodes Primary and Secondary Schools, Richard Cloudesley School and The Bridge School. In the case of Samuel Rhodes, we were delighted when the Head Teacher requested that we double our provision across the two sites. This enabled us to extend the numbers of appointments we could offer across the schools, to develop more regular staff consultation sessions, and to offer our first parenting course for the school.

> *"Having CAMHS in school has been amazing. The support for parents, staff and pupils has had a big impact. The TAS work with the SHS worker, the SENCo and our CAMHS clinician is having a really big effect on the police working with our pupils and Social Care's awareness of learning difficulties in our pupils. We have actually budgeted for an extra day's support from April."*
>
> Staff member, Samuel Rhodes Secondary School

The staff at Richard Cloudesley School identified a specific need last year for a regular support group for parents of children attending their primary school. This group has been facilitated by one of our Family and Systemic Psychotherapists who links with the school, and facilitated those sessions fortnightly. More recently, the format of those groups has been adapted in consultation with the senior leadership team at Richard Cloudesley and parent governors, and will continue in a revised form over the next academic year. We are particularly pleased that the Head Teacher has also requested that we deliver Solihull Approach Training to the full staff team and supporting multi-disciplinary clinicians at the start of the next academic year. We hope to adapt and tailor the training that we offer to suit the specific needs of the children at that school, as we have done at Samuel Rhodes in the past.

The package of care we offer to The Bridge School continues to be provided mainly by our CAMHS Neurodevelopmental team (NDT), and includes regular multi-disciplinary consultations and meetings in support of children with complex needs attending the school. These meetings take place both with staff and clinicians at the Bridge and as part of NDT discussions within Camhs. The package also includes a 'fast-tracking' of assessments or interventions for individual children, young people and families at the school who have been referred for specialist CAMHS work at the Northern Health Centre. We were also particularly pleased to have been invited by the Head Teacher and staff across both sites into the school at the end of the Summer term to set up regular slots for staff group reflections. This work will be continued in the Autumn term, 2013.

During the Summer term 2013, we also set up a regular space at the Northern Health Centre for the clinicians who work in these particular schools to meet and share examples of practice and ideas for future initiatives as a way of developing our provision into Islington's special schools in the future.

5. Improving the link with Community CAMHS

In addition to direct and indirect work taking place in the school, the CAMHS school clinicians continue to provide an important interface between the school and the wider Community CAMHS services and clinicians.
The practice of having CAMHS school clinicians also based within Community CAMHS multi-disciplinary teams has had multiple benefits for communication between schools and CAMHS, notably:

- 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.
- Families can work jointly in Community CAMHS and the school CAMHS clinic.

Case example

I provided consultation to the school's Learning Mentor about two brothers who joined St. Andrew's in the summer term of 2012. The school were incredibly thoughtful about this middle-year transition and the Learning Mentor offered individual support to the children. One showed quite difficult behaviour in the classroom (refusing to work, swearing and hitting) while the other initially settled quite well. It took a while to engage the boys' mother with CAMHS (with whom she had previously worked) as she had viewed changing school as a new start and did not want the involvement of services. By January 2013 both boys had settled well at school – with the help of the consistent, containing and thoughtful approach by the school staff team. In the February half-term 2013, the older brother made a disclosure of physical chastisement by his mother, and the children were subject to a Child Protection Plan. The boys' mother has now accepted the support of services. CAMHS continues to be involved for case consultation to the school, as part of the core group and over the summer holidays the older boy and his mother have been offered specialist parent-child interaction work with Community CAMHS. This work will be reviewed in September 2013.

Carolyn Edwards, Clinical Psychologist,
CAMHS Clinician at St Andrew's 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.

In total, the schools CAMHS clinicians attended 615 liaison/network meetings with staff from Education and other multi-agency colleagues over the last academic year.

This year, school CAMHS clinicians have continued to work jointly with education staff and other agencies with families where there is current involvement with Children's Social Care, or where referrals to Social care are indicted. We have noticed at our CAMHS school meetings that clinicians have increasingly been asked by schools to support members of teaching staff to gather information for their referrals to Children's Social care. We have encouraged clinicians to join school staff as a way of sharing some of the struggles and concern about these more complex family situations in school.

"Unfortunately we have had to do some joint referrals to Social care. It has been really helpful to have someone else to pick up the concern and then jointly meet with the family and make the referral".

Deputy Head, Pakeman School

Case example

I worked with a ten year old boy of Black Caribbean heritage whom I will call 'Michael', from November 2012, following a referral from the Head of School. The referral was around Michael appearing somewhat isolated from his peers and withdrawn in school and sometimes appearing somewhat sad and disaffected. There were also times when Michael would refuse to come to school and when he was in school, he would frequently present with verbal and physical aggression towards other children and staff and refuse to follow instructions.

Michael's mother had been experienced as a 'difficult to engage' parent by the school, insofar as she had not attended any parents evenings for Michael and his younger sister and she had refused to attend any meetings that the Head requested to discuss the children. I was able to meet with Michael and his mother for around 6 appointments in school several of which were also attended by Michael's younger sister. Unfortunately, Michael presented with such challenging behaviour over the course of the school year that he was given around 10 fixed term exclusions and towards the end of term he was permanently excluded.

Despite this unhappy outcome, one of the strengths of the work has been that of the joint working in the school between school staff, CAMHS, Islington Behaviour Support Service, and Social Care professionals from a neighbouring borough. This joint working, particularly through regular team Around the Child (TAC) meetings in school ultimately resulted in serious concerns being shared about the safety and wellbeing of the children, together with information being shared about Michael previously being placed on a Child Protection Plan in another London Borough when he was around 2 years old. It was agreed that a Children's Social Care referral should be made and following a recent Child Protection Case Conference, Michael and his sister were made subject to a Child Protection Plan.

My work as a CAMHS clinician was limited in this case, but through engaging the family in school and helping to form a coherent cross-borough network, we were able to jointly identify some serious concerns regarding the children's safety, raise these issues with the children's mother and take appropriate joint action to safeguard the wellbeing of both children.

Kevin Sidall, Family and Systemic Psychotherapist
Moreland Primary School

This year representatives from the CAMHS schools lead team joined the Islington Mental Health Awareness Group, to help develop a borough wide offer of support to secondary schools with a focus on raising awareness of mental health and well being issues.
So far we have joined colleagues from Public Health, the Healthy Schools Team, Rethink, the Peel Institute and more recently representatives from School Nursing and Educational Psychology.

Currently the group is working on:-

- A mental health support booklet for Islington for young people signposting to services.
- A Key stage 3 scheme of work- including psycho-education on depression, anxiety, psychosis and self harm, with a focus on reducing the stigma associated with talking about mental health difficulties.
- Surveying schools across the borough about the demand for developing guidance on the management of self harm in schools. Reviewing and selecting useful examples of guidance and information sheets to provide to schools in the interim.
- Increasing user participation by working with young people to develop aspects of the booklet and scheme of work via the CAMHS user participation group.
- Surveying primary and secondary schools across the borough to see what they are already doing to raise awareness of mental health issues and to find out what additional training, resources and support they would like.

This year, CAMHS also had a representative on Islington's Anti-Bullying steering group and helped to plan and then attended the Anti-Bullying day. We will continue to be involved in the year ahead.

As a CAMHS service we have also continued our relationship with the mental health charity Uthink. This charity ran targeted group programmes for schools about Emotional Health and Wellbeing. They also ran whole year group workshops in Mental Health and Leadership for several secondary schools in the borough.

As a service, Islington Community CAMHS has had increasing links with Families First this year, through working in partnership to implement the IAPT (Increasing Access to Psychological Therapies) initiative in Islington, and through training Families First Family Support Workers in the Solihull Approach.
Our Service Manager is having talks with the Borough Lead for Parenting Support and we are planning a training session to develop the partnership working of Families First workers attached to schools with their associated CAMHS school clinicians.

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 Training for schools combines three theoretical concepts: containment (psychoanalytic theory), reciprocity (child development) and behaviour management (learning theory). This training provides a framework for thinking with teaching staff about emotional and mental health needs of children in schools. In particular, it considers how more difficult early experiences, relationships and attachments can have an impact on teaching and learning. There is also a consideration of the value of teaching staff providing a different experience of attachment for children, in their roles as 'educational attachment figures' at school.

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. More recently, we have also developed top-ups for staff who have been trained less recently, and want to revisit the Solihull ideas. We have also developed Solihull 'tasters' for schools who are uncertain or due to time pressures can't commit to the full training, but who want to connect with some of the basic principles, and decide in the future whether or not to allocate more time.

Over the last 12 months we have trained a further seven schools in the approach. The training has been very well received by school senior management teams and school staff. The trainings have been tailored to the needs and interests of individual schools and we have linked up with colleagues from the PRU Outreach Service to co-deliver trainings on two occasions.

Feedback from Solihull 'Taster' Session
"Very interesting and relevant to our work"
"Thought-provoking"
"Made me think about how I respond to students' negative behaviour in the classroom"
Taken from Highbury Grove Solihull Evaluation

How will it impact on practice?
"Repair ruptures quickly, be the 'thinking' adult and not emotionally reactive. During lunchtimes I will be more curious about students".
Taken from Highbury Grove Solihull Evaluation

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
- Bereavement
- Managing transitions

Evaluation of Schools' views of CAMHS in Islington Schools

During the spring and summer terms, Islington CAMHS carried out an electronic survey of school staff's views of having CAMHS based in their schools (Appendix A). The member of the school staff team (which included SENCos, Inclusion Officers and Head Teachers) who works most closely with the CAMHS clinician (identified by the CAMHS clinician) was contacted in all 58 primary, secondary and special schools. A total of 36 schools replied, completing an anonymous online questionnaire comprising 15 questions.

13 out of the 15 questions were grouped into the following three categories:

1. The degree to which it was felt that the CAMHS clinician was integrated into the school.
2. The effectiveness of having a CAMHS clinician based in school.
3. The degree to which having a CAMHS clinician in school improves communication.

Our questions required the respondent to indicate their answer on a five-point scale, with 1 indicating the lowest satisfaction and 5 indicating a high level of satisfaction.

Results are shown in Table 1 and indicate a moderate to high level of satisfaction across categories:

Question category	Mean score
Integration into the school	4.24
Effectiveness of having CAMHS in school	4.16
Communication	3.96

Table 1

The remaining two questions were open-ended, and asked for comments about our service to schools as well as suggestions for improving it. The following themes were extracted from responses:

CAMHS in school as a supportive resource
Respondents described the collaboration with their CAMHS clinician as having a big impact on staff, parents and pupils. They found the clinicians to be knowledgeable and useful in linking with other agencies and resources, and to offer support to families that are 'difficult to reach'. Some respondents commented that having CAMHS in schools helped to 'normalise' the work.

Increased flexibility in time arrangements
This was the most common suggestion made by respondents. Although they acknowledged some inevitable limitations in clinicians' availability, it was felt that the limited time allocation made convening TAS and TAC meetings (for example) difficult. Respondents valued clinicians being able to go to schools before and after school hours to facilitate meetings with staff or staff training.

Respondents consistently reported that half a day a fortnight of CAMHS time in a primary school and a day in a secondary school was insufficient to meet the needs of

the school population. No school that responded to the survey felt that they did not need or use their allocated resource.

Increased communication about client involvement
This theme covered respondents' desire for increased feedback from CAMHS school clinicians about children attending CAMHS, both in school and in Community CAMHS. Issues of confidentiality and information-sharing are part of an ongoing dialogue between CAMHS clinicians and schools, at an individual school level and at a service/management level.

Closing Summary

<u>What are we proud of?</u>

- The diversity and innovation of the work being carried out in schools: individual work, groups, work with parents and staff, co-working and multi-agency working.
- The commitment of CAMHS management and clinicians to maintain the CAMHS clinics in 54 mainstream schools, and of schools to support the work.
- The development of the schools' lead team to support clinicians' work in schools.
- That we are now established in all of Islington's special schools.
- That the evaluation of school staff's views our service to schools indicated a high level of satisfaction with the service across all areas.

<u>What have we learned?</u>

- The relationship between the school and the clinician continues to be key.
- A good relationship between a school and its CAMHS clinician facilitates the relationship between the school and Community CAMHS more broadly.
- Schools need a flexible service that is responsive to the evolving needs of the school.
- As the clinician becomes part of the staff team the level of consultation and indirect work increases, extending the clinician's reach to a greater number of children and young people.

<u>Goals for the further development of the service:</u>

- To further develop the multi-disciplinary model of service delivery in some schools, according to need.
- To adapt our outcome monitoring in accordance with IAPT.
- To continue to role out Solihull Training to schools.

"The clinician in our school was very clear with good communication. It made a massive difference to have the clinician with us. We are able to monitor progress, refer easily, discuss major concerns and have additional resource. We are privileged to have such a close working relationship with CAMHS – it would be helpful to have the clinician spend more time with the school".

Inclusion Manager, Prior Weston School

Comments from CAMHS Service manager

I think this is a very impressive report summarising the conscientious, dedicated work of our clinicians and managers.

I am really proud of the developments in the work of CAMHS clinicians in schools over the last year. We have seen an increase in the uptake of appointments offered; 86% is very high for a CAMHS service.

I am also aware of improved and more effective links between the multi disciplinary teams and the schools' clinicians, which enables more children and young people to receive the right treatment for them and in the setting that works for them.

The outcomes for children have also improved: the mental health problems of more than 2/3 of all young people treated by CAMHS clinicians have resolved or been improved this year. 66% is often quoted in the literature as the usual figure of effectiveness of CAMHS interventions; we have achieved 70% this year which is highly commendable. With the improvements to CAMHS we are introducing though IAPT I will expect to see this figure rising over the next two years

The specific improvements to CAMHS through IAPT will be achieved through closer monitoring of routine outcome measures, greater adherence to evidence based treatments and improved links between supervision and case management.
Over the last year, training to the CAMHS clinicians based on need identified at appraisal has included more consultation training, advanced skills in assessing for ADHD and working with families with an autistic child.

I continue to be impressed and encouraged by the partnership working of CAMHS and Islington's schools. Over the next year I will be supporting the schools clinicians to adopt more of the IAPT principles and to be working even more closely with Targeted and Specialist Children's and Families' Services and Families First.

Yvonne Millar, MBE
Consultant Clinical Psychologist
Community CAMHS Service Manager

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Appendix 1 – Survey Monkey Evaluating CAMHS clinicians' work in Islington schools

This questionnaire is part of a project evaluating the Child and Adolescent Mental Health Service (CAMHS) in Islington Schools.
As part of the project, please could you complete this questionnaire which will only take 5 – 10 minutes of your time? The questionnaire gives you the opportunity to describe your experience of CAMHS based in your school, and to share ideas about any improvements to the current CAMHS provision that could be made.
The aim of the project is to make the collaboration between schools and CAMHS more effective.
No other identifying details apart from the school's name are required and information entered will be kept strictly confidential. Identifying information will not be shared with individual school clinicians.
Please be as open, honest and objective as you can.
Many Thanks,
Paul Butvilauskas
CAMHS Team Islington

What school are you based at?

This questionnaire comprises 15 questions. Items 1-13 are scale-based. Please indicate your responses on the five-point scales below each question.
Item 11 asks for a 'Yes' or 'No' response. Items 14 and 15 ask for a written response.

1. How clear are you about the role of CAMHS clinician/s based in your school?

1	**2**	**3**	**4**	**5**
Not at all		Somewhat		Very

2. How accessible do you find your CAMHS clinician/s?

1	**2**	**3**	**4**	**5**
Not at all		Somewhat		Very

3. Has working with CAMHS clinician/s raised your awareness of the emotional needs that may underlie a child's behaviour?

1	**2**	**3**	**4**	**5**
Not at all		Somewhat		Very much

4. To what extent does/do CAMHS clinician/s help staff in school to manage children's behaviour differently?

1	**2**	**3**	**4**	**5**
Not at all		Somewhat		Greatly

5. How useful do you find your CAMHS clinician's/s' direct work with families?

1	**2**	**3**	**4**	**5**
Not at all		Somewhat		Very

6. To what extent has/have CAMHS clinician/s been able to improve links and communication between school staff and parents/carers?

1	**2**	**3**	**4**	**5**
Not at all		Somewhat		Greatly

7. Do you feel that CAMHS clinician/s is/are available to attend meetings in the school as necessary?

1	**2**	**3**	**4**	**5**
Not at all		Somewhat		Very much

8. To what extent is/are CAMHS clinician/s integrated into the staff team in your school?

1	**2**	**3**	**4**	**5**
Not at all		Somewhat		Very

9. How useful is/are CAMHS clinician/s in linking to external agencies and/or resources?

1	**2**	**3**	**4**	**5**
Not at all		Somewhat		Very

10. To what extent has/have your CAMHS clinician/s been able to facilitate communication between school and the clinic-based Community CAMHS?

1	**2**	**3**	**4**	**5**
Not at all		Somewhat		Very much

11. Has your school had any Solihull Approach training?

Yes **No**

12. Does your school currently purchase any additional CAMHS time over and above what is provided by Islington Schools' Forum?

Yes **No**

13. Overall, how satisfied are you with having CAMHS clinician/s in your school?

1	**2**	**3**	**4**	**5**
Not at all		Somewhat		Very

14. How do you think the role of CAMHS clinician/s in your school could be improved?

15. Is there anything else that you would like to add?

Your responses have been submitted!

Thank you very much for taking the time to complete this questionnaire.