

TaMHS Expansion Evaluation 2011 - 2013

TaMHS Performance Measures and Indicator Impact September 2013

Glossary

CAF: Common Assessment Framework

CBT: Cognitive Behavioural Therapy

CCG: Clinical Commissioning Group

CPPs: Child Protection Plans

CYPP: Children's and Young Persons' Plan (for Leeds)

G&S: Guidance and Support multi professional meetings

High/ Borderline/ Normal: Assessment categories for SDQ assessments. High = high level of need, one indicator of a specialist CAMHS referral

GBO: Goals Based Outcomes. Client centred target setting assessment using 0 -10 self-rating scale. 0 = need completely un met 10 = need completely met.

LAC: Looked After Children

Leeds Average: A data set is available for certain CYPP indicators. For each there is an average for the whole of Leeds

Statistical neighbours: clusters with a similar level of need according to CYPP indicators from the year 2010/11.

OBA: Outcomes Based Accountability

TaMHS: Targeted Mental Health in Schools Project

Summary:

- TaMHS continues to provide positive outcomes both anecdotally from schools and also from the evaluated data in this report. It remains popular with schools due the need of pupils in this area, the gap in previous services, the ease of access and visible outcomes. This can be seen clearly by the continuation, again, of the TaMHS services by all clusters from their own budgets following the two year seed funding.
- The evaluated data shows positive impact in performance measures of mental health improvement and school development as well as the related CYPP indicators of CPPs, LACs and attendance.
- The use of standard mental health assessments has begun a growth of commonly understood information in identifying need and measuring progress city wide in this area. This links strongly with the OBA approach in the city and is integrated into the CAF process.
- As a result of Year 1 outcomes a second expansion was funded which has just begun with the setup of 13 more commissioned TaMHS services. All services are expected to be setup by November 2013.
- TaMHS has also begun a pilot in September 2013, part funded by TaMHS underspend and NHS non recurrent funding, with the South and East CCG to allow direct referral from GP practices into the Guidance and Support groups of Brigshaw and Temple Newsam Halton. Interest has also been expressed from the West and North CCGs with a view to setting up pilots in those areas also, funded by the relevant CCG. Long term outcomes expected are quicker and easier access to appropriate support as well as longer term funding from CCGs into TaMHS.

Issues

Reported, recurring, themes include:

- 1) Pressure on the TaMHS service to provide a more complex, longer term service. TaMHS is commissioned, and staff selected on this basis, to provide early intervention, short term specialist mental health support. It fills a much needed gap in support. A range of factors puts pressure on the service to extend its remit which include:
 - a) A lack of understanding by some services of the remit of school facing, short term & early intervention resulting in inappropriate referrals. E.g. referrals from social care teams
 - b) A downward pressure on the specialist CAMHS budget reducing capacity.

- c) A lack of other services to fill the gap between TaMHS and specialist CAMHS where neither service is suitable for longer term, more complex need support.
- 2) School development was a challenge at times due to
 - a) Difficulties appointing to the school support post as a result of restrictions in the council requiring work arounds of two independent consultants in year 1. This led to more rushed and a higher volume of work in year 2 than was anticipated.
 - b) Some confusion, impacted by the above, in some clusters of the extent of the school development aspect and its requirements.
 - c) Some schools unwilling to engage and some struggling to see the value that such an approach would bring on top of the specialist support.
- 3) Most clusters engaged well in all aspects of the project. Additional support was given where aspects of the cluster implementation were felt not to be meeting the project requirements. This included data reporting for monitoring, focus on evidence based support, short term and early intervention.

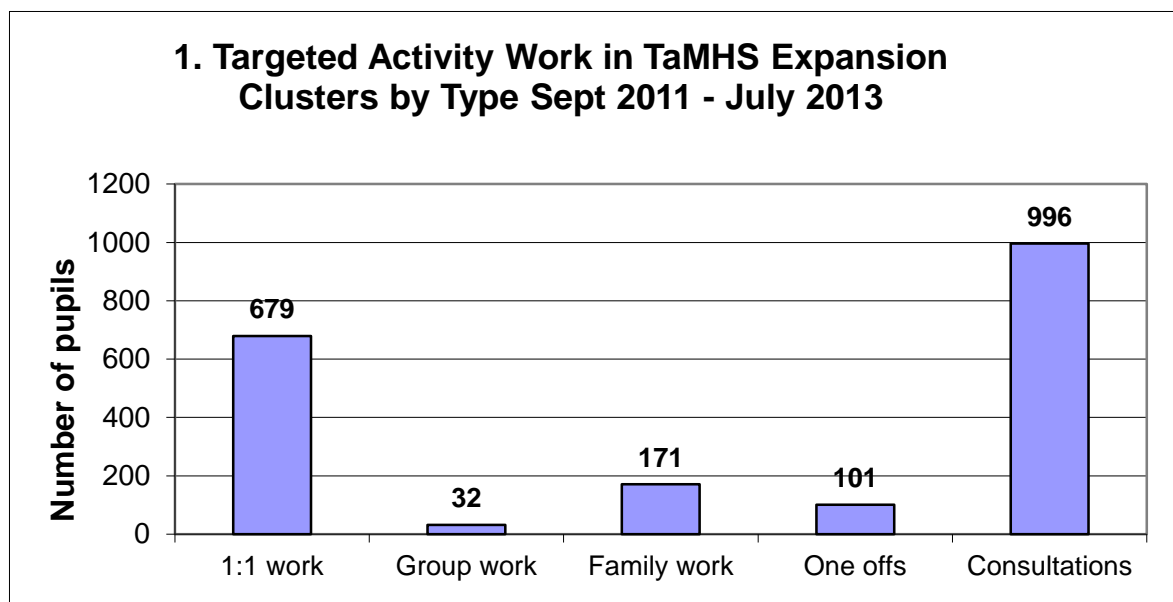
Clusters involved in the evaluated expansion:

- Aireborough
- Bramley
- CHESS & NETWORKS (joint bid)
- Inner East
- Pudsey
- JESS
- NEXT
- Open XS

Performance Measures

How much did we do? (activity)

- **Guidance and Support Referrals** (Case Discussions) ¹
 - In the 9 clusters 233 G&S meetings were held between September 2011 and July 2013 with 2003 referrals (not just TaMHS, but total referrals)
- **Targeted activity work**



This shows a total of 1979 pupils supported through direct and indirect contact (there may be some double counting of pupils in this total)

- **CAMHS referrals:**
 - 20 as identified by CAMHS service
- **Training & support**
 - 601 school and TaMHS staff trained in 47 training sessions
 - 112 school support visits to develop in school capacity

¹ To demonstrate effective multi agency working and outputs, including 'indirect clinical activity'.

How Well Did We Do It and Is Anyone Better Off? (outcomes)

- Pupil & Family progress
 - SDQ²

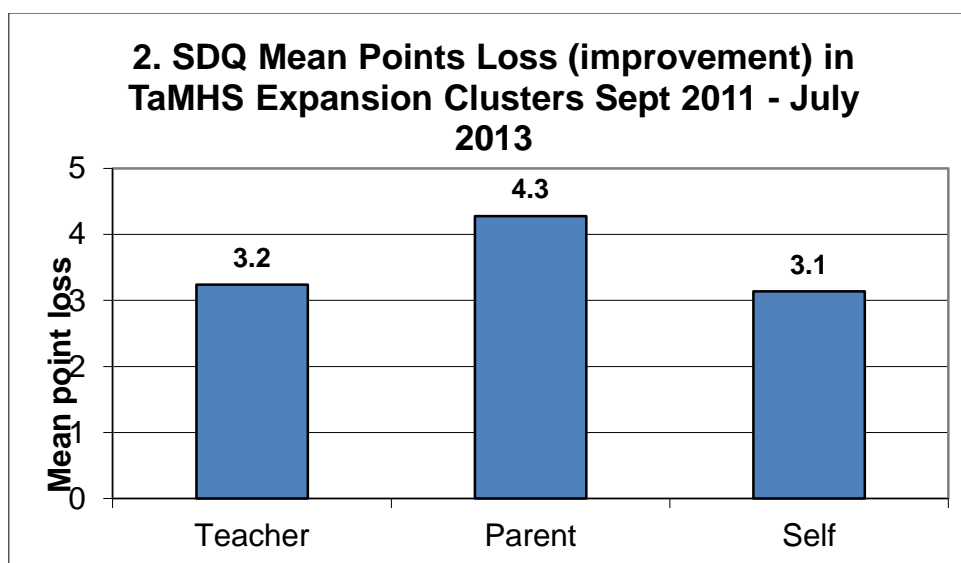
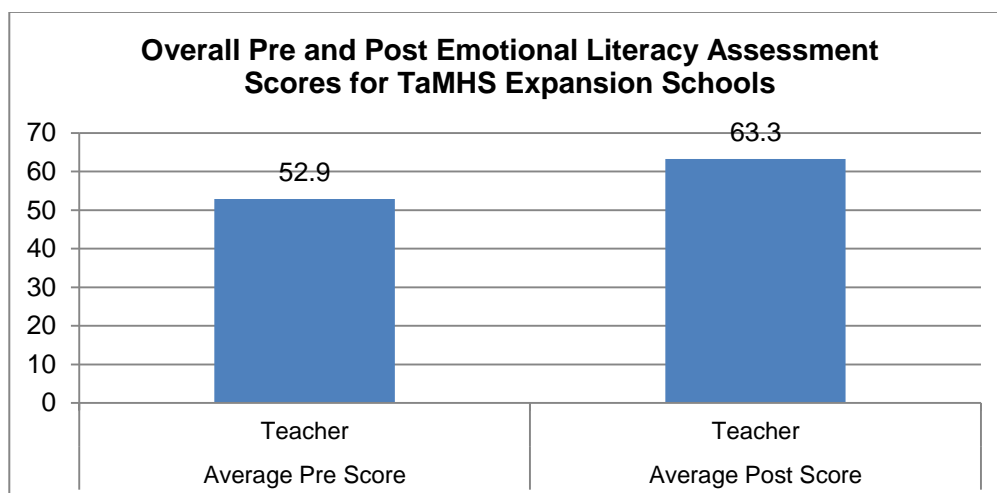


Chart 2 shows good positive change from all 3 perceptions³

UPDATE: Please see Appendix 2 for an SDQ pre and post category analysis

- **Emotional Literacy**

Emotional Literacy assessments were predominantly used, following training, by schools to identify need, plan targeted SEAL based group work and demonstrate progress. Data returns were low from schools⁴. No parent scores were returned and few pupil scores so only the teacher/ staff (most commonly used for planning and measuring progress) scores are included below.



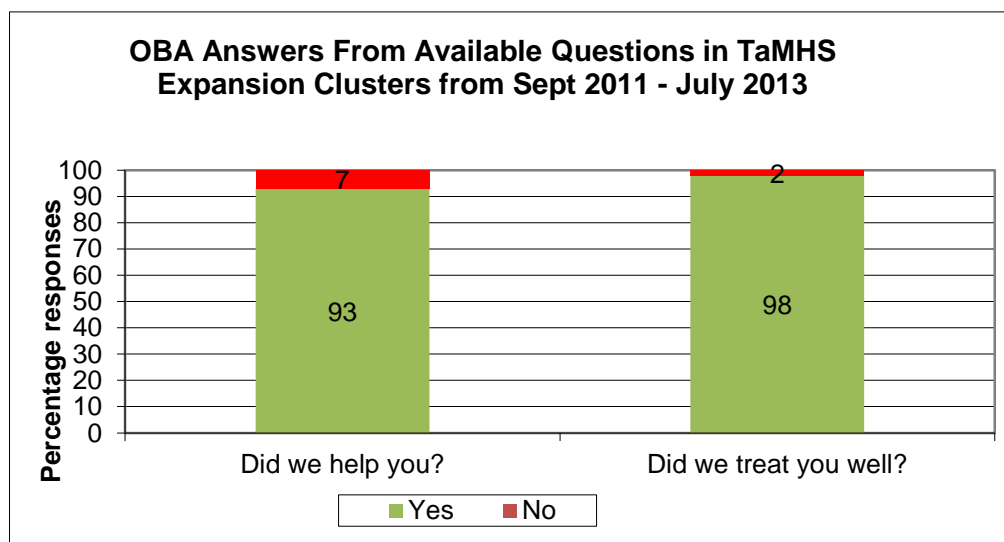
The average increase of 10.4 points is a very large improvement demonstrating considerable impact using the assess/ plan / deliver/ measure outcomes approach.

² Strength and Difficulties Questionnaire. Widely used validated mental health assessment www.sdqinfo.com. Point scores are all for average pupil improvement with 3 different perceptions.

³ Comparison average improvement in year two of the pilot was: Brigshaw & TNH: Pupil 5 points, Parent 2.5 Teacher 4.9; The Place2Be: 4.9, 3.6, and 2.7 respectively. These were seen as very good.

⁴ As a result finance transfers will be dependent in part on data returns from schools in the new expansion.

- **Goals Based Outcomes** (Family Work)
 - 4.1 points average improvement on a 10 point scale.
- **OBA Questions**



This shows excellent positive user feedback. 93% and 98% respectively answered yes.

- **Case Study excerpts** (Further case studies from each cluster can be found in Appendix 1)

Aireborough

Issues: Highly anxious with low self-esteem and generally unhappy. Previous school based support not been effective. SDQ scores: Parent: High; Pupil: High. **Actions:** 9 sessions of 1:1 counselling including creative work to explore emotions, significant life events and family issues. **Outcomes:** Relaxed, confident, open and much more comfortable with self. SDQ scores: Parent: Normal; Pupil: Normal. Teacher comment: "really noticed a vast improvement in his self-confidence, ability to work independently and had a really positive parents evening meeting" Parent feedback: "he is so much better at coping now you have been a huge help to our family." Pupil feedback: "I need someone to just listen".

Bramley

Issues: Parent drug use; emotional abuse; stress/anxiety. SDQ scores: Teacher: High, Self: High. **Actions:** 1:1 Counselling 10 sessions. **Outcomes:** SDQ scores: Teacher: Borderline, Self: Normal. "client feels he is now able to walk away from arguments"

CHESS & Networks

Issues: Anxiety. SDQ scores: Parent: High; Teacher: High, Self: High **Actions:** 8 sessions of Person Centred Therapy **Outcomes:** SDQ scores: Parent: Borderline, Self: High (increased). Client found counselling useful & didn't want to end

Inner East

Issues: Anger and consequent behaviour at school and at home. SDQ scores: Teacher: High **Actions:** Counselling for 7 sessions to discuss bereavement, impact of behaviour, school issues, develop strategies **Outcomes:** Improvement in understanding of issues and subsequent behaviour. SDQ scores: Teacher: Normal. Attendance from 78% to 100%.

JESS

Issues: Loss SDQ scores: Parent: High **Actions:** Psychotherapy for 11 sessions

Outcomes: SDQ scores: Parent: Normal. Attendance from 55% to 86.6%. "Now attends school everyday and has been removed off the list for fast track prosecution"

Issues: Behaviour **Actions:** Family Support-Working through Anger Management toolkit (There's a Volcano in My Tummy) for 42 weeks **Outcomes:** Parent commented that the

help and support has been excellent. The family are "happier" and have "learnt a great deal on how to support X when the difficult times arrive. Assessment from 1 (close to not at all meeting aims) to 5 (halfway to meeting needs)

NEXT

Issues: Family relations - parents separated. SDQ score: Self: Borderline. **Actions:** Play therapy/counselling 8 sessions **Outcomes:** *"It was good being able to talk to someone about feelings and things - very helpful, a good experience."* SDQ score: Self: Normal. Did we help? "Yes" Did we treat you well? "Yes"

Open XS

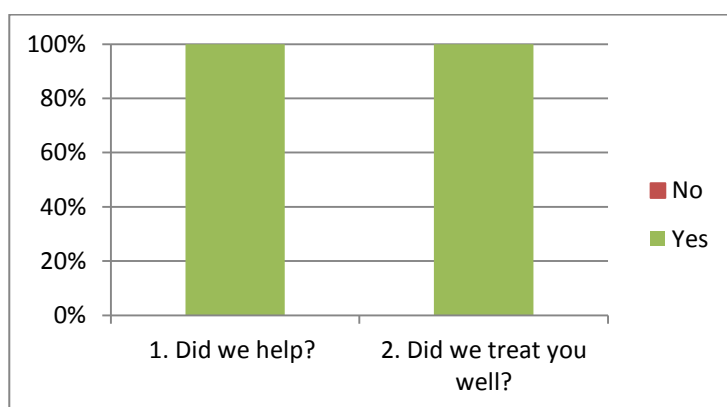
Issues: Domestic violence; withdrawn; difficulties concentrating in class; nightmares; wetting the bed. SDQ scores: Teacher: High; Parent: High **Actions:** 12 sessions of Person Centred approach using art **Outcomes:** Helped to understand that client was not a bad person but had been injured by events in life; more aware that they had choices in life and more significantly the power to control and change certain thoughts and behaviours; nightmares and bed wetting reduced dramatically; SDQ scores: Teacher: Normal (Above average); Parent: High (reduced). Class teacher: "There has been a vast improvement in S's behaviour and attitude to learning in class. Thanks!"

Pudsey

Issues: Sexual assault; self harming; specialist CAMHS referral has been rejected; Looked After; anti depressant medication; not attending city centre counselling support due to anxiety of using public transport; fortnightly GP appointments; suicidal feelings; difficulties concentrating at school; SDQ score: Self: High. Low Mood assessment: clinical level of depression. Goals Based Outcomes: 3/10 **Actions:** 9 sessions: "My Plan" (safety plan) shared with GP, friends and family; exercise plan, progressive relaxation and mindfulness, include good friend in sessions, systemic therapy skills, to externalize anger. **Outcomes:** *"it's (confidence) like a big sphere glowing and growing inside of me, and out of me....I'm strong now....I'm happy again and feel more confident than I ever did before (the assault)".* SDQ score: Self: Normal. Goals Based Outcomes: 8/10. Improved concentration and motivation. No longer on medication. Long term support identified. No longer self harming. No longer feeling suicidal.

- **CAMHS referrals**
 - 100 % accepted
- **School Development**

User Consultation Feedback from TaMHS Strategic and Operational Leads. 4 questions were asked:



3. Main themes from "What was the best thing?"
 - Emotional Literacy Assessment and Targeted SEAL training "We also found the Emotional Literacy training really good and the resources provided have been useful."

- Action planning process “The meetings have been helpful as we have been able to share ideas and thoughts with colleagues from other settings. The Action Plan helped us to understand which areas we could improve further”
- The support on offer “you offer informative information and sound advice”
- ‘The results have been phenomenal and had made an enormous difference - a definite shift in cases which previously would have escalated to social care.’ - Head Teacher and Cluster Chair

4. Main themes from “How could we do better next time?”⁵

- More resources “More TAMHS therapists/counsellors per cluster!” “Maybe more resources for working with groups. I find we never have enough”
- Speedier and more detailed information “We needed more of an explanation as to what we were doing before being asked to co write the plan.”

Training feedback: average ratings of OBA Questions

- Did we help? Very Good (Average score of 5.1/6)
- Did we treat you well? Excellent (Average score of 5.5/6)

- **OFSTED Reports**

The new Ofsted framework (Sept 2012) no longer has the category “Care, Guidance and Support” that the pilot evaluation used to demonstrate progress. The current categories of *Behaviour and Safety* and *Spiritual, Moral, Social and Cultural* would not allow pre and post comparison. An examination of recent Ofsted inspections have not shown any reference to TaMHS support even where the TaMHS setup has been praised by Ofsted inspectors in conversation with a head teacher.

⁵ As a result we are exploring engaging post graduate University students to support in school group work in the next expansion. We are also outlining the school development process earlier to schools as well as reviewing the process.

TaMHS Indicators Impact

The indicators from the CYPP for the TaMHS Project are:

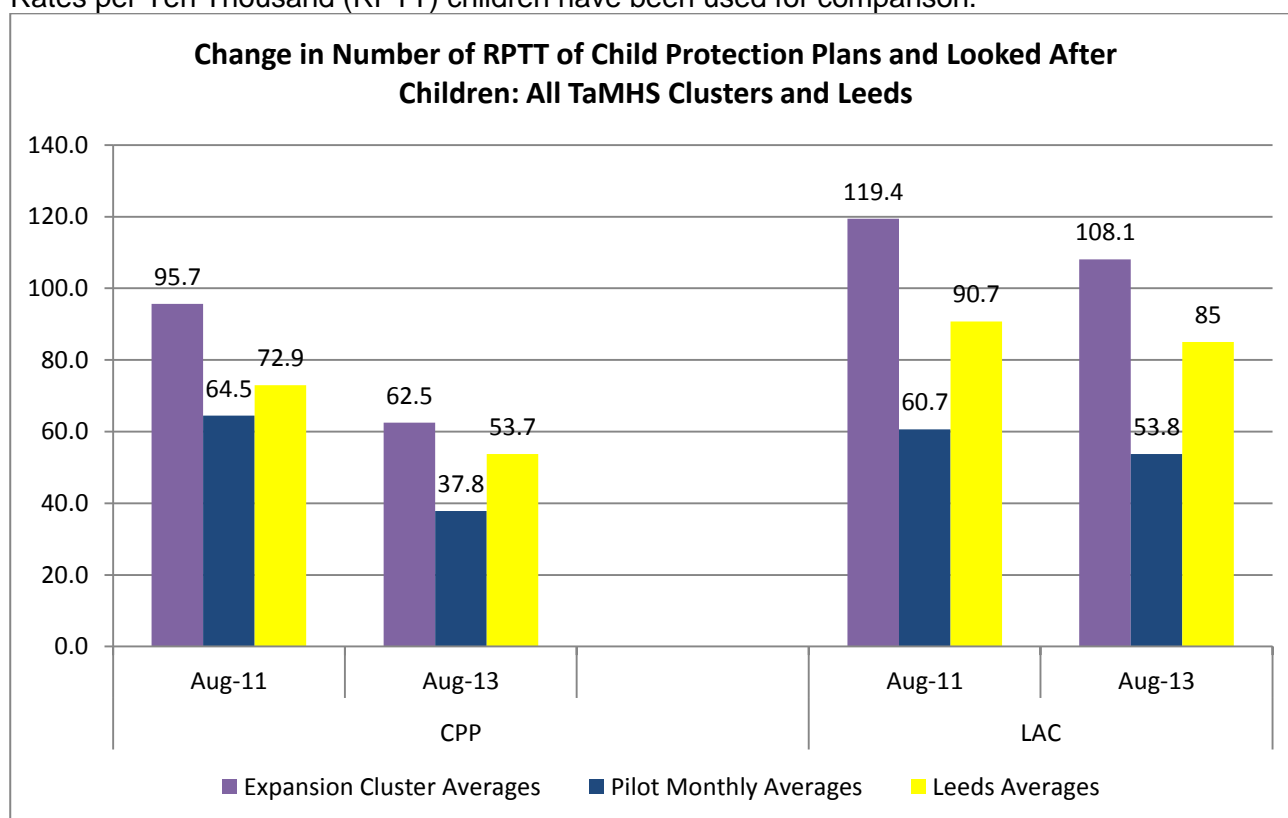
- Numbers of Looked After Children (LAC)
- Numbers of Child Protection Plans (CPP)
- Attendance

Cautions

- TaMHS works indirectly on these indicators alongside other targeted, cluster based support, hence the mental health focus of the performance measures. As TaMHS is early intervention few pupils who are on a CPP or who are Looked After are directly supported. It is the prevention of early mental health issues escalating into more enduring issues that TaMHS focuses on.
- TaMHS works in some of the most deprived clusters in the city which have very high rates of CPP, LAC and non attendance so figures may be skewed by the large numbers (These clusters were prioritised due to high level of need).
- TaMHS is a targeted project. Attendance is a universal measure. Hence attendance data pre and post TaMHS support is also included for a more direct measure of impact.

CPP & LAC Indicators

Rates per Ten Thousand (RPTT) children have been used for comparison.



CPP

TaMHS Expansion clusters: gap narrowed with the Leeds average from 23.2 to 8.8 RPTT

TaMHS pilot clusters: outperforms and narrows the gap with the Leeds average from -8.4 to -15.9 RPTT.

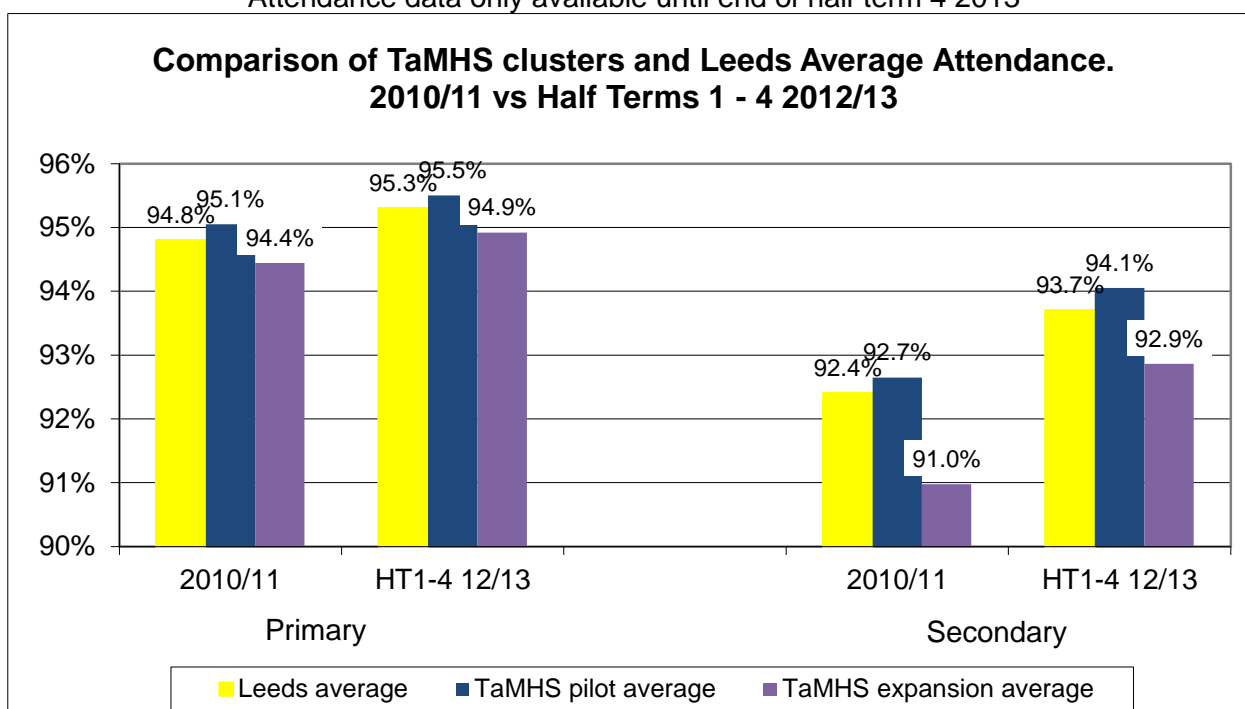
LAC

TaMHS Expansion clusters: gap narrowed with the Leeds average from 28.7 to 23.1 RPTT

TaMHS pilot clusters: outperforms and narrows the gap with the Leeds average with the gap from -30 to -31.2 RPTT.

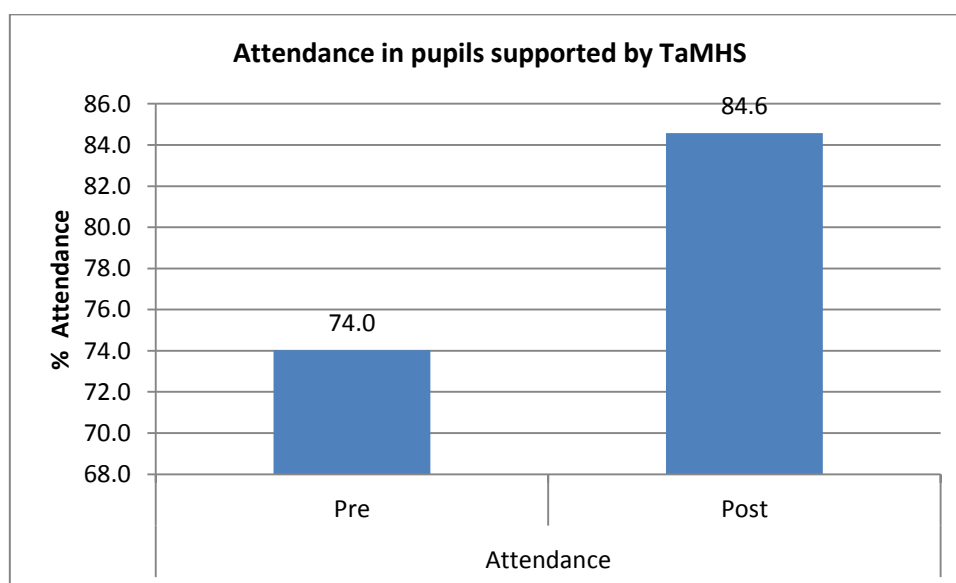
Attendance:

Attendance data only available until end of half term 4 2013



Primary: TaMHS expansion (0.5% improvement) and Leeds average (0.5% improvement): gap stays the same. Both narrow the gap very slightly on TaMHS pilot (0.4% improvement) which outperforms both of them.

Secondary: TaMHS expansion clusters (1.9% improvement) narrows the gap on Leeds average (1.3%). TaMHS pilot clusters (1.4% improvement) outperforms the Leeds average with the gap slightly increasing from -0.3% to -0.4%.



Pupils directly support by TaMHS show much larger increases in attendance with an average increase of 10.6%. This is 8 times the Leeds average increase.

Appendix 1

Case Study excerpts

Aireborough

Issues: Self Harm. Previous sexual abuse. Parent SDQ score, normal, but below average, . Self SDQ score borderline. Previous counselling. **Actions:** Extended 1:1 counselling. Communication with home and school about self harm risks. **Outcomes:** Self harming stopped. Client understood issues were not her fault: *"Counselling has helped me a great deal and led me to a happier place"* Parent: *"thank you so much for all your help. M is definitely a much happier person these days"* Self SDQ score lower borderline, Parent SDQ score above average normal. Improvement in confidence and worry self rating.

Bramley

Issues: Domestic Violence, Behaviour. SDQ score: Teacher: Borderline **Actions:** 12 Sessions 1:1 counselling. Extending sessions due to bereavement in family **Outcomes:** Teacher SDQ score: Normal. Client says found it useful to focus on the effects of anger on their body/thinking/behaviour.

CHESS & Networks

Issues: Anger outbursts; behaviour issues; self harm and suicidal comments; poor relationships between parent and child; child protection concerns SDQ score: Teacher: Very High Parent: Very High **Actions:** One-to-one support; Family Support Worker support to parent: exploration of family issues; 1:1 'Triple P' parent support; anger management and relaxation strategies; signposting the family to extra-curricular activities for the children to access in the local community **Outcomes:** Parent: "big improvements" "the best two days ever" "very, very helpful" "the support received was the support I had wanted and wish it had happened sooner." SDQ score: Teacher: Borderline Parent: High

Inner East

Issues: Anxiety issues **Actions:** Consultation Clinic with family and young person to assess current situation; Liaison with referrer and G.P; Referral made for young person to access counselling support. Joint work with mum and young person around graded exposure strategies in the home; Co-facilitated Escape parenting course; adult counselling for parent: **Outcomes:** Assessment scores show reduction from 'high' to 'borderline'

JESS

Issues: Behaviour **Actions:** Psychotherapy for 8 sessions **Outcomes:** Assessment remains 'high'; Attendance from 87.8% to 88.1% "Successful referral into CAMHS - assessed by Complex Assessment Team."

Issues: Anxiety (parent) Return to Work **Actions:** Family Support/Practical Support- Signposting. Case co-shared with Cluster Therapist. **Outcomes:** Mum-successfully attended Training Course- now in employment. Attends therapy. Assessment shows average improvement to meeting goals.

NEXT

Issues: Anxiety **Actions:** Consultation with school staff. **Outcomes:** Referral to specialist CAMHS

Open XS

Issues: Anxiety. SDQ scores: Teacher: Borderline Parent: Normal (below average) **Actions:** 8 sessions Integrative Therapy **Outcomes:** SDQ scores: Teacher: Normal (above average) Parent: Normal (above average) Did we help? "Yes" Did we treat you well? "Yes" Pupil wrote "you have really helped me very much. I understand my feelings better and can say how I feel". School staff said that pupil's behaviour has improved dramatically.

Pudsey

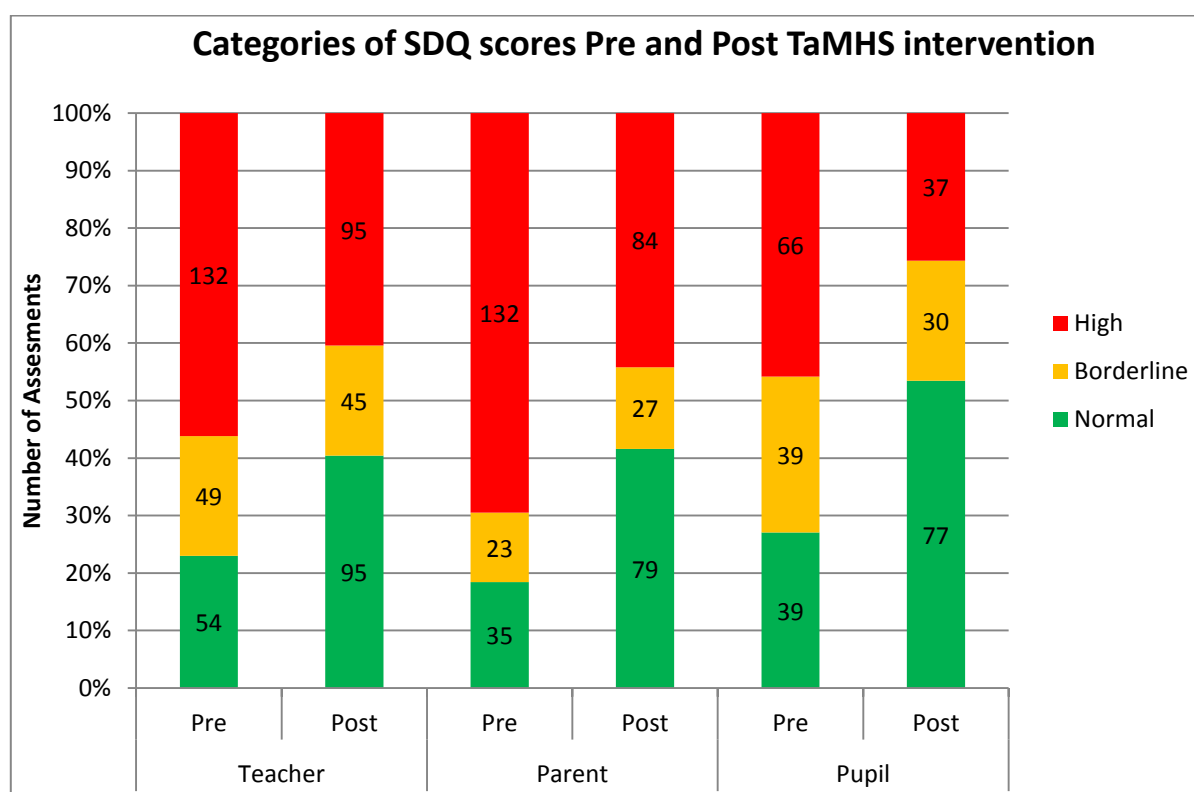
Issues: Anger outbursts; tearful; poor sleep and eating routines; concerning physical appearance; previous Family Outreach Worker input; parental severe depression multiple attempted suicide; existing CAF **Actions:** 11 sessions: focus on friendships, self esteem and confidence; Goals Based outcomes; contract on self care; relaxation skills; anger management techniques; encouraging positive thoughts and self talk (CBT); sign posted to Willow young carers groups

Outcomes: Some improvement in mood but on-going issues. Continued individual support at Willows; support strategies for school staff; referral for parent to Children in Leeds panel for more intensive support in order to resolve family circumstances.

Appendix 2 TaMHS Expansion #1 SDQ Category Analysis

Completed to help demonstrate the range of need coming into TaMHS and the outcomes we can expect in terms of reducing high and borderline categories of need according to SDQ assessments. Overall it shows that:

1. The majority of Teacher and Parent pre assessments were in the High category (one indicator of 'clinical' level of need and CAMHS referral)
2. Most pre scores from all perceptions were in the High category. 'Normal' scores still feature in TaMHS referrals. This and High scores demonstrate that assessment scores alone cannot identify relevant referrals. The multi professional discussion is essential.
3. The High category was reduced and the normal category increased from all perceptions in post support scores.
4. A high majority of pupils attending TaMHS support showed an improvement. 'Self' scores showed lowest improvement. A widely held view is that the pre scores can be less accurate but post scores are more accurate due to increased self awareness and relationship building. This impacts on the positive change recorded. This is also reported in emotional literacy pupil scores so can be identified as a real trend.
5. Of Teacher High pre scores just under half improved a category or more. Of borderline scores over half improved to normal, a small number worsened.
6. Of Parent High pre scores just under half improved a category or more. Of borderline scores 2/3 improved to normal
7. Of Self High pre scores, half improved a category or more. Of borderline scores over half improved to normal, a small number worsened.



Teacher scores

56% were in the **high** category pre intervention

Post intervention:

9% moved to **normal**
12% moved to **borderline**
35% stayed **high**

21% were in the **borderline** category pre intervention

Post intervention:

13% moved to **normal**
5% stayed **borderline**
3% moved to **high**

23 % were in the **normal** category pre intervention

Post intervention:

19 % stayed **normal**
2 % moved to **borderline**
3 % moved to **high**

Parent scores

69 % were in the **high** category pre intervention

Post intervention:

16% moved to **normal**
10% moved to **borderline**
43% stayed **high**

12 % were in the **borderline** category pre intervention

Post intervention:

9% moved to **normal**
3% stayed **borderline**
0% moved to **high**

18 % were in the **normal** category pre intervention

Post intervention:

16% stayed **normal**
1% moved to **borderline**
1% moved to **high**

Pupil Scores (Age 11+ only)

46 % were in the **high** category pre intervention

Post intervention:

10% moved to **normal**
13% moved to **borderline**
23% stayed **high**

27 % were in the **borderline** category pre intervention

Post intervention:

17% moved to **normal**
7% stayed **borderline**
3% moved to **high**

27 % were in the **normal** category pre intervention

Post intervention:

26% stayed **normal**
1% moved to **borderline**
0% moved to **high**

