TaMHS Expansion Evaluation 2013 - 2014

TaMHS Performance Measures and Indicator Impact September 2014

Glossary

1:1 work: regular individual support to a pupil
CAF: Common Assessment Framework
CBT: Cognitive Behavioural Therapy
CCG: Clinical Commissioning Group
CLA: Children Looked After
Consultation: Professional advice from a specialist mental health practitioner to a family, staff member. This includes the CAMHS '2+1' consultation model to families.
CPPs: Child Protection Plans
CYPP: Children's and Young Persons' Plan (for Leeds)
CYP IAPT: Children and Young Peoples Improving Access to Psychological Therapies. A service improvement programme for CAMHS.
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
OBA: Outcomes Based Accountability
TaMHS: Targeted Mental Health in Schools Project

Summary:

- For a summary description of TaMHS please visit http://www.schoolwellbeing.co.uk/pages/tamhs-leeds
- TaMHS has expanded into another 13 clusters. As previous clusters have re commissioned their TaMHS service this now can be considered a city wide service (Garforth cluster have commissioned their own mental health support independently of TaMHS).
- CCGs have invested in 5 existing TaMHS clusters to pilot direct GP referral access. This is in its initial stages with a separate interim evaluation showing some early signs of success
    - South and East CCG (with one year TaMHS funding): Temple Newsam Halton and Brigshaw (September 2013 – August 2015)
    - West CCG: Aireborough, Bramley and Pudsey (September 2014 – August 2015)
- The evaluated data shows positive impact in performance measures of mental health improvement and school development. The related CYPP indicators of CPPs and CLAs do not show the previous positive impact but there are now no clusters without TaMHS to compare against.

Issues

1. (As reported in the previous evaluation) 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:

i) Quite simply the extent and depth of the need in the local communities. We see most cluster G&S referrals as a request for TaMHS and most of these cases have well entrenched need. Amongst those are many cases that meet the specialist CAMHS threshold but have not been addressed due to a range of factors e.g. referrals not taking place, referrals going missing, referrals by GPs incomplete, a refusal by the client to engage with CAMHS, public transport phobia etc. it is these types of cases that TaMHS supports and improves week in, week out as it is part of the cluster remit to problem solve, find alternative ways of meeting need, offering the service in a local, well known place. It is this that best exemplifies why TaMHS is successfully placed in the cluster multi professional team.
ii) 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
iii) A downward pressure on the specialist CAMHS budget reducing capacity.
iv) 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. Data recording. There was wide variation in data recording with some practitioners completing a very complete set of data and some with many gaps e.g. no attendance data. The importance of this will be reinforced going forward as it is essential prove to funders the impact of the service and the findings of CYP IAPT showing that outcome data improves distress, gives an effective measure of successful support and reduces the length of time support is needed by the client.

Clusters involved in the evaluated expansion:

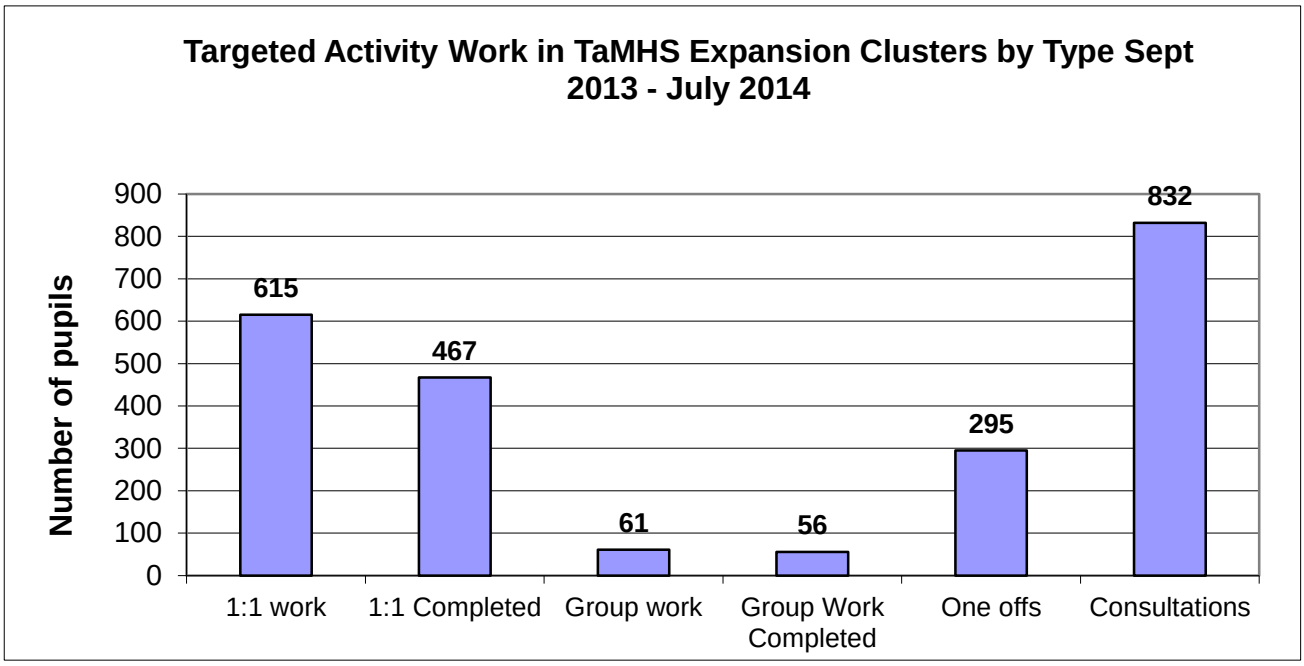
- ACES
- BCM
- Alwoodley
- Morley
- Ardsely & Tingley
- Otley
- Seacroft and Manston
- EPOS
- Rothwell
- Farnley
- ESNW
- INW HUB
- Horsforth

Contents

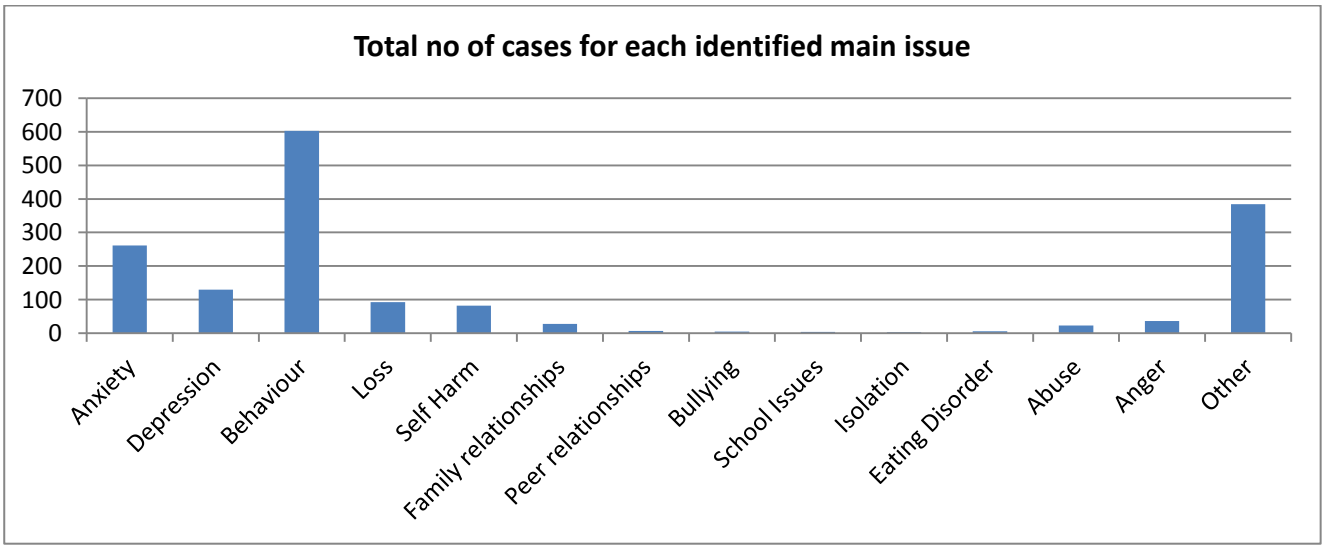
Performance Measures

How much did we do? (activity)

- **Guidance and Support Referrals** (Case Discussions) [1]: 162 Guidance and Support meetings with 1326 total referrals (not just TaMHS)
- **Targeted activity work**



This shows a total of 1803 pupils supported through direct and indirect contact (there is some double counting of pupils in this total within consultations.) Despite this, when compared to the number of total referrals to G&S, it demonstrates the high numbers of mental health issues in targeted referrals.

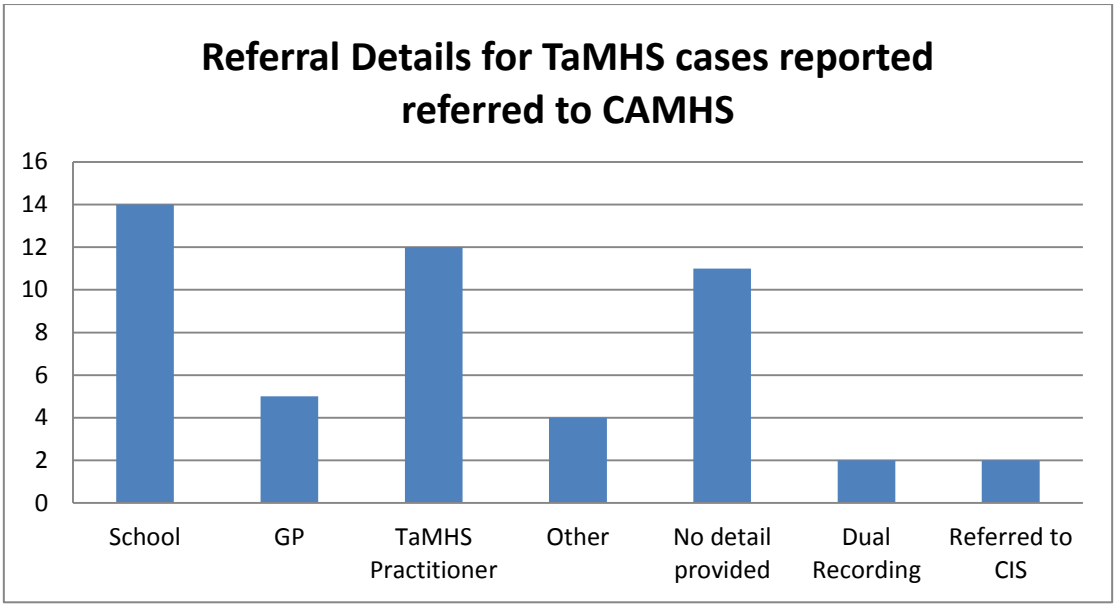


The above chart should be treated as a broad brush stroke as there is variability in using all headings of main issues and many behaviour cases as the referral reason

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

rather than the underlying issue (as to be expected in a school facing service). More analysis of underlying issue will be requested from practitioners in year 2.

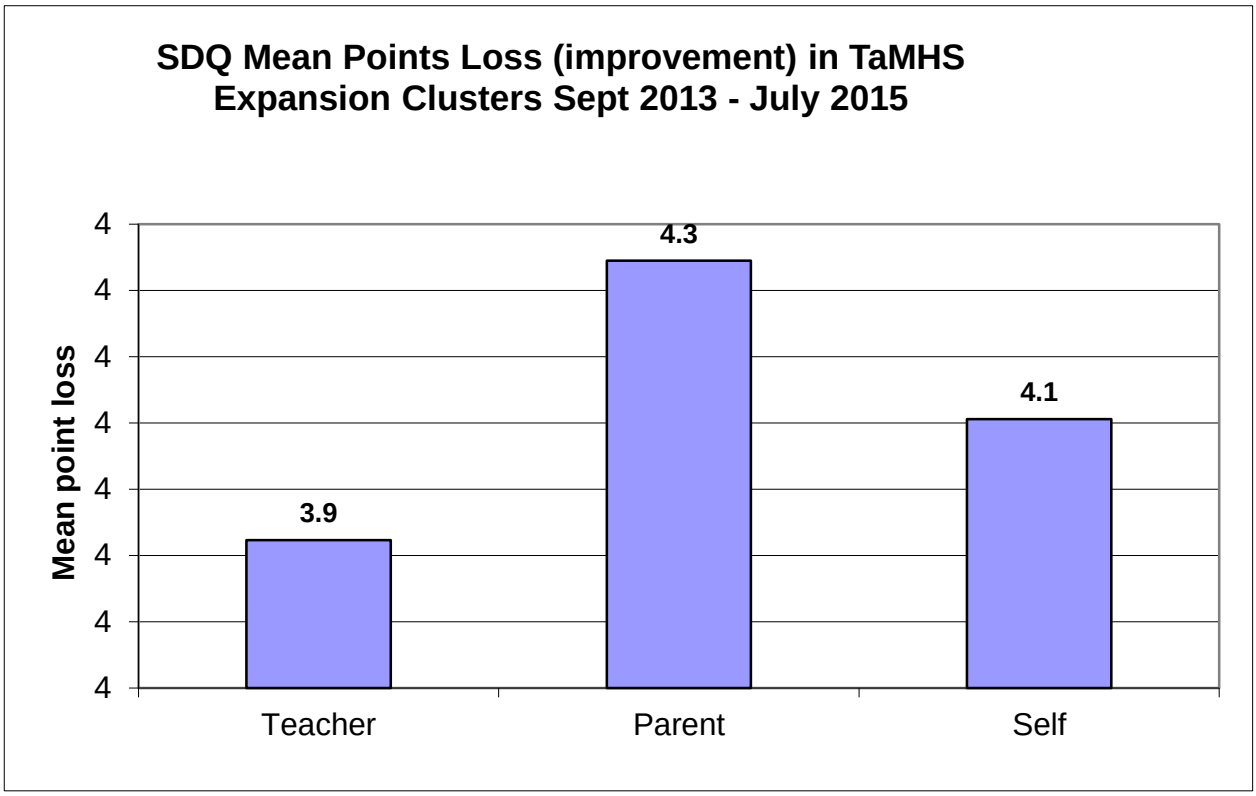
- **CAMHS referrals**:
  - 9 as identified by CAMHS service. 52 as identified by TaMHS practitioners. There is normally a mis match between the two totals. However this is much larger than previous years. Further analysis shows 12 of these were by TaMHS practitioners and all were accepted. The chart below shows a further breakdown.



- **Training & support**
  - 175 school and TaMHS staff trained in 13 training sessions.
    - TaMHS assessments (9), TaMHS staff induction (34) and Targeted Emotional Literacy (132)
  - 110 school support visits to develop in-school capacity. 107 Self review and action plans complete out of 133 schools.

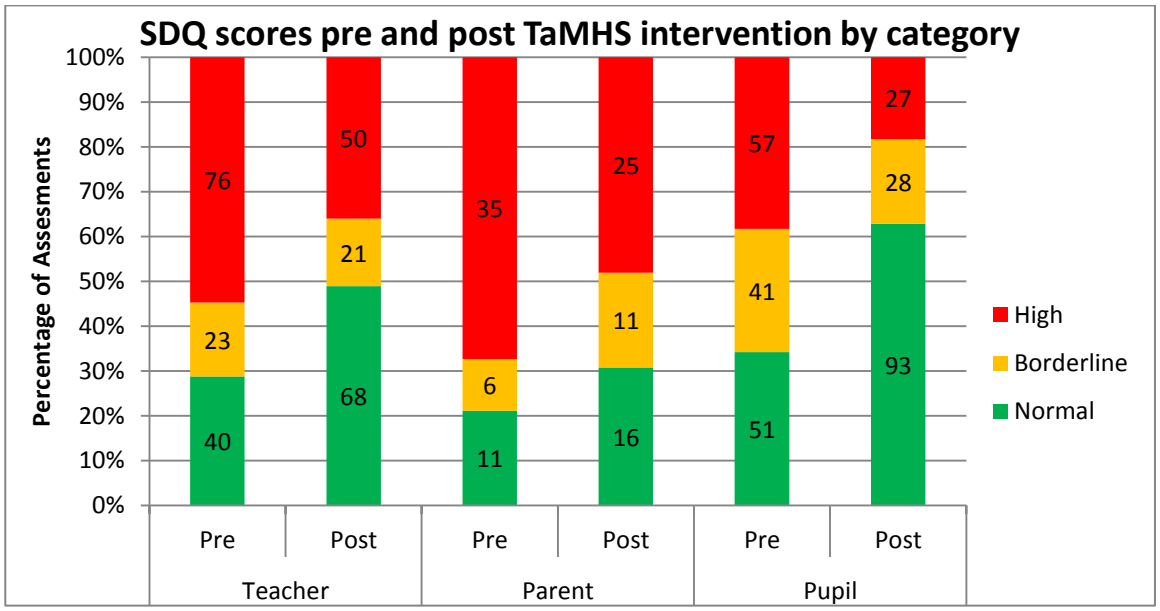
How Well Did We Do It and Is Anyone Better Off? (outcomes)

- **Pupil & Family progress**
  - **SDQ**[2]



This shows good positive change from all 3 perceptions.[3]

- **SDQ Category Analysis**



[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 last year's evaluation were: Teacher 3.2; Parent 4.3; Self (Pupil over the age of 11) 3.1 points

This shows an almost identical pattern to the previous 2 year evaluation demonstrating level of need and change. The overall trend is improvement in categorized need in all 3 perceptions. More detailed analysis in Appendix 2

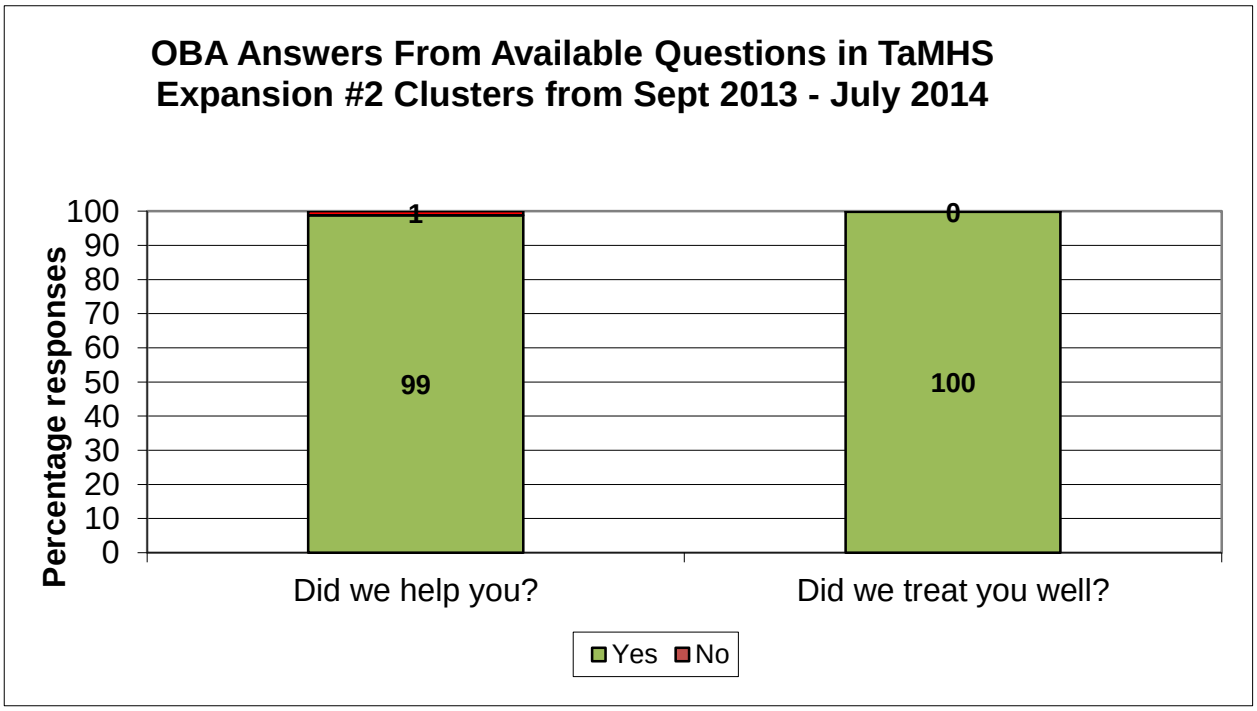
- **Emotional Literacy**

One TaMHS practitioner used Emotional Literacy assessments. The improvement rate was 6.5. This is a very good improvement.
No assessment scores have been returned from schools. This will be followed up this year. Funding is reliant on scores being returned.

- **Goals Based Outcomes** (Family Work)
  - 4 points average improvement on a 10 point scale.[4]

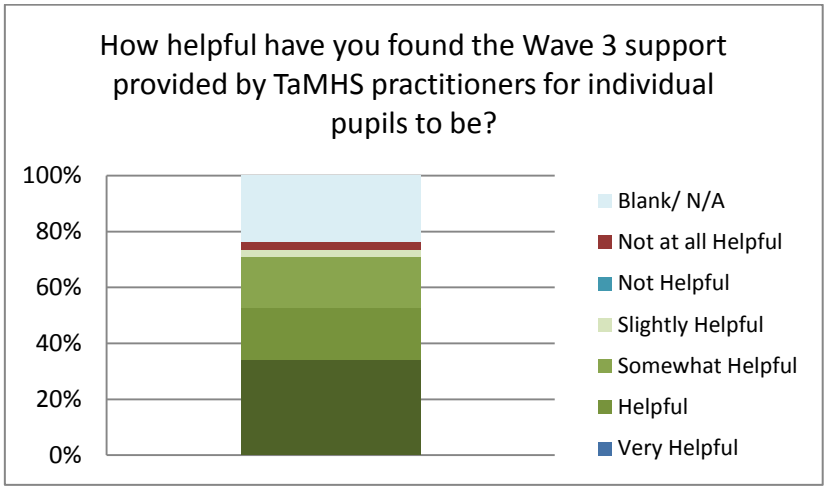
[4] Last year the overall improvement rate was 4.1. this year the current sample size is very small.

- **OBA Questions**



This shows excellent positive user feedback. 99% and 100% respectively answered yes.

Perceptions of TaMHS school leads were asked:



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

ACES

Issues: Aggressive behaviour at home and school. His parents had expressed wanting support and were concerned about his behaviour due to young siblings being in the family home. His parents also felt they struggled to manage his behaviour and were often worried about discipline. School stated the young person was not currently reaching the necessary effort level in 3 subjects which could impact on his graduation into year 9. **Actions:** 5 individual sessions and 5 family sessions. 3 goals identified by young person. CBT approach used to help identify thoughts, feelings and behaviours.

Positive coping strategies were then discussed. In family sessions a set of rules and boundaries were developed which helped the young person to experience his emotions in a positive way and to promote the new coping strategies he had developed during the individual sessions. **Outcomes:** According to mum and dad they feel the young persons' aggressive outbursts have decreased within the home and that he now appears happier. They feel he is now able to self-regulate his own emotions much more and has responded well to the consistencies in parenting styles. The young person feels happy that his parents have listened to him and acted on his suggestions; he also feels he is able to calm himself down more effectively with the use of his chosen coping strategies. With regards to school, the young person was able to improve his effort levels in two of his lessons and was able to graduate with the rest of his class.

Alwoodley
Issues: Anxious, nervous Year 3 child who doesn't sleep well (even with prescribed sedatives). She requires constant reassurance from mum and will often phone her several times a day, asking her not to go to work or out in the evening. She would also seek adult attention with supposed injuries/ not feeling well, taking her temperature several times a day. Normally a bright, creative, loving, happy child who enjoys school but the recent increase in anxiety is beginning to affect her health, emotional wellbeing and achievement. Parent SDQ pre 21, Teacher SDQ pre 11 **Actions:** Verbal assessment with parents. Kept a sleep diary, including routines before going to sleep, any trouble getting to sleep, reasons and frequency of waking and any strong feelings which enabled and facilitated some in-depth work looking at the underlying fears and anxieties resulting in sleep problems and how these were influencing school and home life. Helped uncover a sense of separation anxiety with no clear explanation of where this came from. The counsellor agreed to facilitate a meeting in school prior to the transition to Year 4 between parents, Deputy-Head and x's new teacher and was an opportunity for sharing previous concerns with the new teacher and a chance to plan positive strategies for easing transition without X's previous anxieties returning. **Outcomes:** Teacher SDQ post 10 Parent SDQ post 16**.** X's self-assessment and feedback stated that counselling had "helped with my sleep problem and stopped me worrying". School feedback was that X's anxiety and need for adult attention had diminished and she seemed to be more integrated in class with her peers. Mum reported an improvement in x's level of anxiety. Mum had put into practice the recommendation of having a period of one-to-one time each week where x could talk through any concerns or worries. This was having a positive impact on their relationship.

Beeston, Cottingley and Middleton
Issues: A 15 year old boy who had been self harming for the previous 10 months. Had previously attended CAMHS but disengaged. Self SDQ 23, CORE 34 **Actions:** 6 sessions of 1:1 integrative counselling. Issues around underlying anxieties were explored. In particular issues around feeling safe due to an incident with local youths when he was 10 years old. Some work around 'then and there' and 'here and now' was done to bring into his awareness that he was no longer a small boy of 10 and that he was much bigger, stronger and better able to look after himself now. **Outcomes:** He stopped his self-harming behaviour and has had no relapses to date. He started to play rugby. SDQ went from 23 to 18. CORE went from 34 to 15.

EPOS
Issues: A 13 year old boy referred by school for self-harm and low mood. Initial consultation provided with school, the young person and his mother which lead to him

sharing that he had relationship difficulties with his parents triggered by him coming out as being gay. He felt that self-harm was a way of coping with his current stressors having not felt able to talk openly within his family. **Actions:** Parents declined to engage in mediation with the Beck however the young person attended individual sessions within school with CAMHS in Schools Practitioner. A risk assessment and management plan (MyPlan) was completed in collaboration with the young person regards to thoughts that life was not worth living and self-harm by cutting. Psychometric scales were used to provide an objective measure and aid professional judgment when assessing mental health problems. A Cognitive-behavioral approach to stress and low mood was taken and coping strategy enhancement work completed **Outcomes:** Goal Based Outcomes – score increased from 5/10 to 7/10 for achieving goal set at the start of treatment. No current self-harming behaviour. No current thoughts of wanting to end life. Evaluations not returned by parents and young person. Arranged for the young person to meet with the school nurse for advice on healthy eating and losing weight.

ESNW

Issues: 14 year old female pupil with reported low mood. Presented as depressed and tearful in first session. High stress levels and feeling 'out of control' in most areas of her life. **Actions:** Individual and family counselling sessions. Identified that a neighbourhood incident 4 months previously had triggered memories of an earlier attack on her father that she had witnessed. Addressed the need for her to learn how to relax and reduce her stress levels. Identified some future goals such as joining a drama group and travelling to Australia. **Outcomes:** By the end of therapy the client was able to talk about the attacks without feeling tearful – she also said that she knew she was 'over it' because she was able to laugh more with her friends and days went by without thinking of the attacks. Her Head of Year confirmed that at school the client presented as 'more confident now'.

Farnley

Issues: father's recent diagnosis of terminal cancer. Fall-outs with friends and one or two behaviour incidents in class which were 'out of character'. School attendance was falling and she was struggling with motivation. Low self-esteem and a poor body image **Actions:** counselling: identified some of the issues she was struggling with – primarily jealousy, loss and rejection. Therapeutic support helped her to develop insights into her own behaviour which ultimately allowed her to change. **Outcomes:** Pre SDQ score 17, post SDQ score 4 "I feel I have changed as a person. I'm now really happy and have a much more positive attitude".

INW Hub

Issues: Pupil presenting in school with low mood and had told her Head of Year that she was feeling depressed. Previous history of two attempted overdoses. Had been offered services in the past without engaging, so CAMHS in Schools was seen as a last resort to try and engage her in some support around her mental health and self-harm. **Actions:** 1:1 assessment. CAF and referral to social services due to ongoing issues within the family and home environment. 1:1 sessions in school to support mental health needs. **Outcomes:** Pupil reported feeling much better in terms of her mental health as a result of support given and CAF being in place.

Morley, Ardsley and Tingley

Issues: Parents concerned about his anxiety levels, and anger at home. This had not been seen at school. **Actions:** 1:1 Therapeutic work for 10 sessions, weekly. We helped him to develop an awareness of his needs, by being respectful and listening to his thoughts and feelings without any correction or control. He gained confidence

over the weeks in trusting the therapeutic relationship, which in turn helped him to begin to trust in making his own choices. **Outcomes:** The parents had noticed a difference in his behaviour at home, and it was agreed that some further work would be carried out with the young person and his parents. This is to help ri-enforce the therapeutic work, and to help with the communication and understanding within the family set of beliefs and structure**.**

Otley
Issues: difficulty appropriately managing and expressing his emotions in the client's frequent emotional outbursts, somatic expression of emotion through physical symptoms, difficulty managing his relationships with peers, as well as a fearfulness, and a lack of confidence in trying out new activities. SDQ (teacher): 23 SDQ (child): 18 **Actions:** Assessment plus 7 sessions Counselling sessions to express, explore and process his feelings and emotions. **Outcomes:** confidence in expressing his thoughts and feelings and in making decisions for himself. Appears a happier, more confident, and emotionally able child. SENCo at the School has stated that: "the client's temper tantrums have reduced in frequency, intensity and duration since referral, although they still occur. While he still complains that he has been hurt or has pain or illness, this occurs less often than before. The client frequently appears to feel unhappy and worried but he seems generally more at ease and confident since referral. He continues to need significant support and encouragement to try new activities especially if he perceives then to be difficult, to see tasks through to the end, and to maintain attention. He often finds it hard to avoid joining in disputes with other children which often brings him into conflict with his peers." The student will be transitioning to xxx in the September academic term, and I would recommend that the transition be carefully managed with additional support put in place so that the changes and new challenges do not destabilize this student. It is my intention to meet with this student in his first few weeks at xxx to support his transition. SDQ (teacher): 17 SDQ (child): 2

Rothwell
Issues: A year 10 boy was referred for counselling because his behaviour had changed in school and he felt that this was due to his twin brother dying at birth which he had never talked about. Teacher SDQ pre 15, Self SDQ pre 7 **Actions:** I met with him for an assessment and we identified feelings grief which he had previously not understood. I offered him a safe, confidential space where he could explore his feelings and work out how to manage them differently so that he could effectively attend lessons and learn how to express his feelings in other ways. **Outcomes:** As a result of our work together he said that he felt 'back on track', *Learning mentor reported that student no longer using pass out card* and school had not seen him in the behaviour unit for many weeks. Did we help? Yes. Did we treat you well? Yes Teacher SDQ post 6, Self SDQ post 2

Seacroft Manston
Issues: Female, Year 11 pupil who was suffering bouts of anxiety where she was unable to come to school or take part in activities out of school. Had some previous CBT therapy at CAMHS but was referred by Head of Year for further intervention by TaMHS **Actions:** 1:1 sessions focusing on a childhood accident after which she spent some time in a wheelchair. Used 'story telling' approach to create an autobiographical story of her life. Planned strategies for future events such as college interviews. **Outcomes:** C was able to attend school until the end of Year 11. She sat her GCSEs, attended a college interview and was offered a place for September. The pupil reported that she felt much more able to deal with any stresses that came up. She

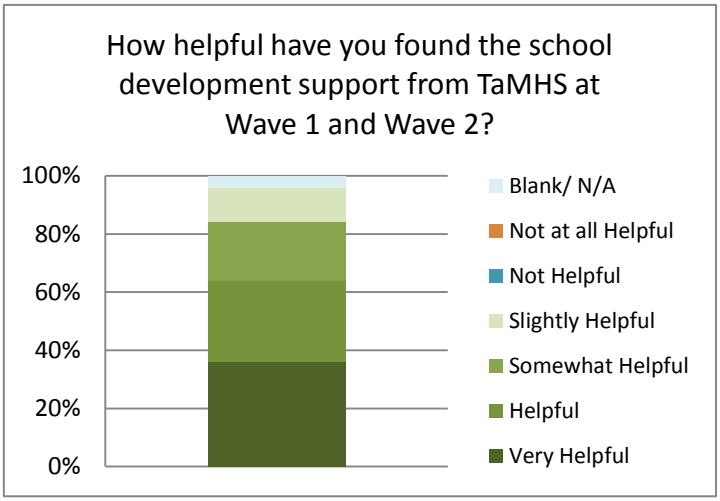
said she felt she had made sense of that part of her life and was more able to talk and think about the accident and to see that she had many other aspects to her other than it.

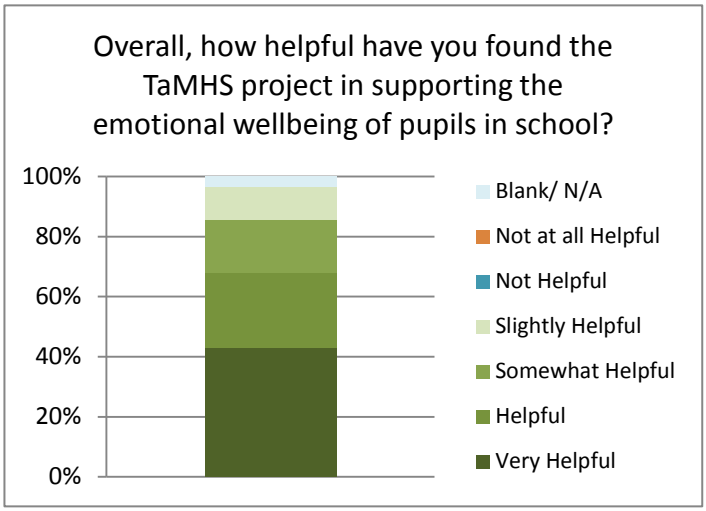
CAMHS referrals

- 100 % accepted

School Development

User Consultation An online survey was sent to all the TaMHS schools contacts. 2 questions and answers are below:





Feedback is overall positive. Some schools will have had little contact in year 1 while self reviews and action plans were completed. Year 2 should see more support from cluster meetings, training and bespoke support.

Training feedback: average ratings of OBA Questions

- Did we help? Very Good (Average score of 5.2/6)
- Did we treat you well? Excellent (Average score of 5.4/6)

TaMHS Indicators Impact

The indicators from the CYPP for the TaMHS Project are:

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

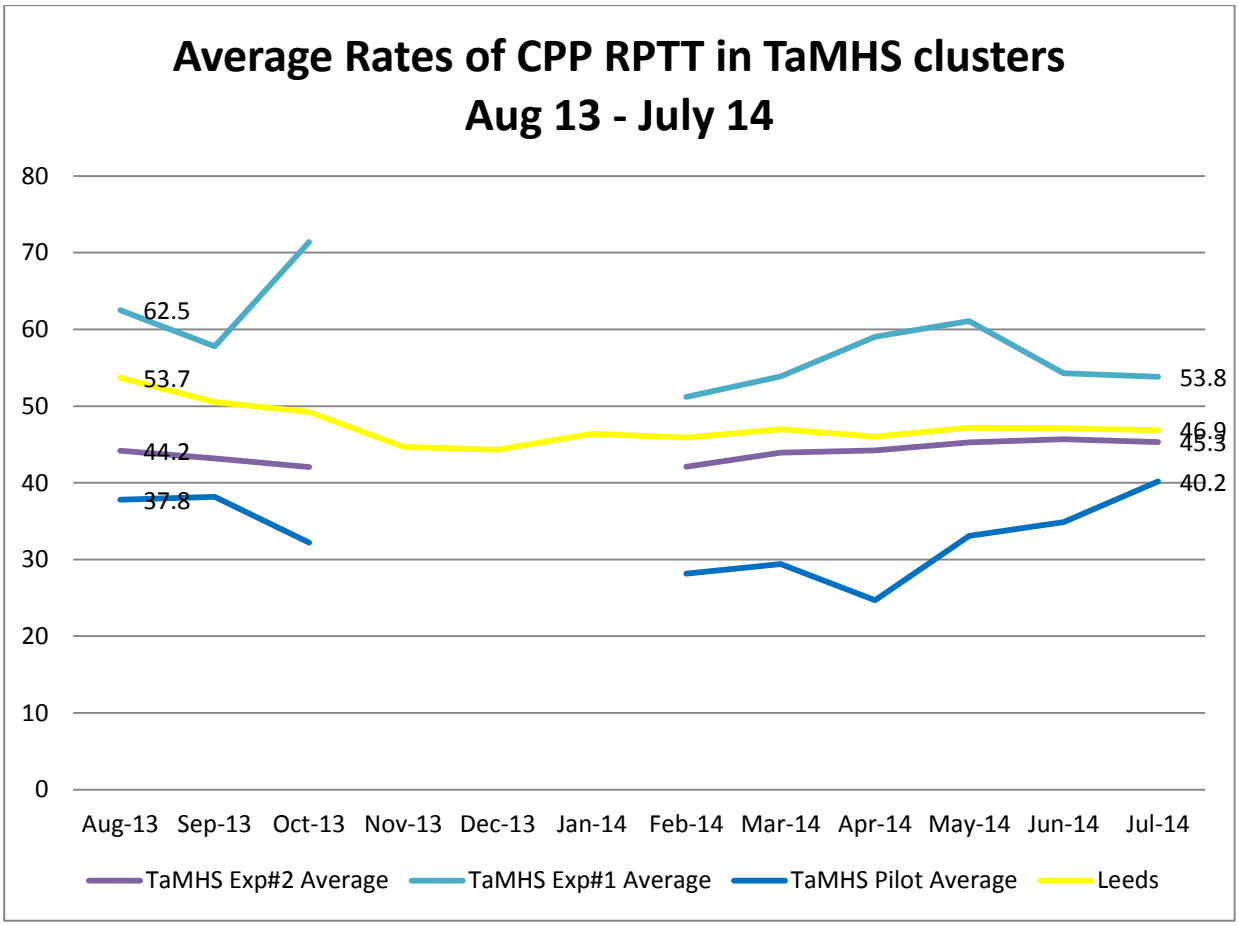
Cautions

- As TaMHS is now a city wide service there is no non TaMHS clusters for comparison as previously and the Leeds average will be influenced by previous and existing TaMHS cluster impact.
- 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 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 & CLA Indicators

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

CPP



TaMHS Expansion #2 clusters: outperforms but worsens with the Leeds average from -9.5 to -1.6 RPTT

TaMHS Expansion #1 clusters: gap narrowed with the Leeds average from 8.8 to 6.9 RPTT
TaMHS pilot clusters: outperforms but worsens with the Leeds average from -15.9 to -6.7 RPTT

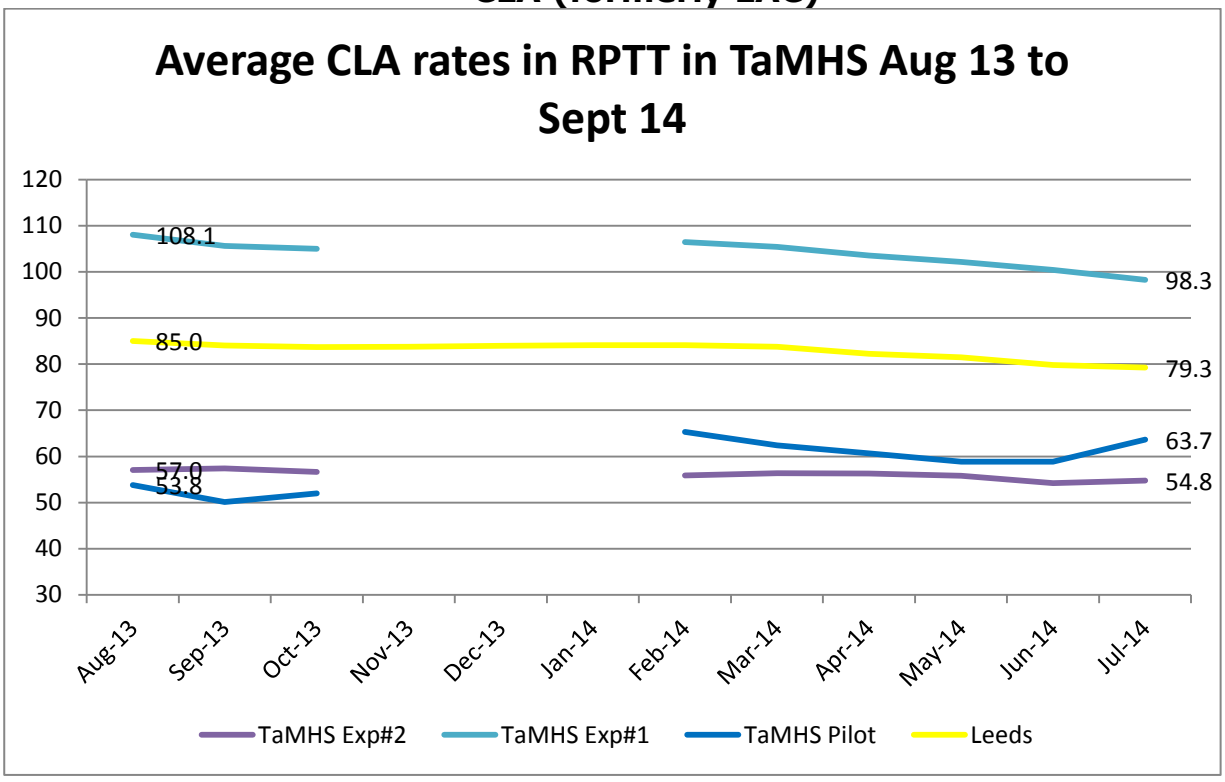
The gaps in the above chart are due to gaps in reporting during the switch over to frameworki.

TaMHS expansion #2 clusters decrease by just over 1 RPTT while TaMHS expansion #1 decrease by almost 10 RPTT. TaMHS pilot increase by just over 2 RPTT.

In previous evaluations rates of CPP have come down. This set of supported clusters the rates have gone up slightly while the Leeds average has come down.
The information is difficult to analyse as:

1. There is no comparison as no clusters do not have TaMHS (Garforth data is incomplete)
2. The pilot clusters rates have gone up
3. Expansion #1 clusters rates have gone down which will be the reason for the Leeds average decrease.

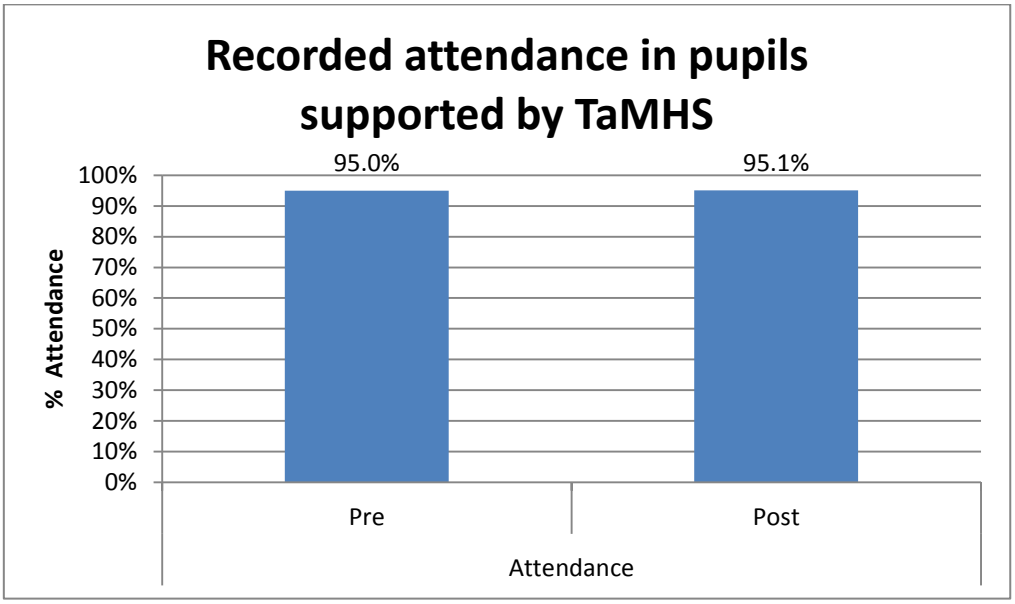
CLA (formerly LAC)



TaMHS Expansion #2 clusters: outperforms but worsens with the Leeds average from -28 to -24.5 RPTT
TaMHS Expansion #1 clusters: gap narrowed with the Leeds average from 23.1 to 19 RPTT
TaMHS pilot clusters: outperforms but worsens with the Leeds average from -31.2 to -15.6 RPTT

TaMHS expansion #2 clusters decrease by just over 2 RPTT while TaMHS expansion #1 decrease by almost 10 RPTT. TaMHS pilot increase by almost 10 RPTT
This is a similar trend to CPP data. No impact on LAC in one year or less is expected for TaMHS.

Attendance:
Attendance data is only available up to HT1-2 13/14 i.e. end of December 2013 so no comparisons can be made.



Pre attendance is at a higher level than in the last set of supported pupils. The increase is negligible at 0.1%. The attendance reporting from clusters was very variable with 4 clusters with no attendance data and others with just once case with pre and post data. The Leeds average increase is 1% and 1.1% for Primary and Secondary respectively.

Primary attendance[4]	**Primary attendance**[4]	**Change**	**Secondary attendance**[4]	**Secondary attendance**[4]	**Change**
HT1-4 12/13	HT1-2 13/14		HT1-4 12/13	HT1-2 13/14	
95.3%	**96.3%**	**1%**	**93.7%**	**94.8%**	**1.1%**

Appendix 1

Case Study excerpts

Alwoodley

It's nearly stopped me from self-harming and given me more confidence. Self SDQ pre 25, post 19

EPOS

Needs: 15 year old girl referred by her GP for anxiety symptoms leading to missed exam and home issues. Struggling also with low self-esteem and confidence which is impacting on feelings of loneliness and low mood. - Mood & Feelings Questionnaire, total score 14 (a score of 8 or more may indicate possible depression in young people): **Actions:** solution focused approach with initial consultation with the young person, mother and school; A CAMHS Consultation Clinic (3 sessions) was offered to the young person and her parents within school. resources around self-help and relaxation to better manager physical symptoms. **Outcomes:** no physical symptoms of anxiety over the past two weeks. Person and mother reported improvements in confidence and functioning and declined any further individual work. 3. SDQ scores showed significant reduction over a 2 month period in the following areas: Overall stress: 17 to 4 (mother) and 19 to 7 (young person); Emotional distress: 9 to 2 (mother) and 9 to 3 (young person); Hyperactivity and concentration: 7 to 2 (young person); Impact on the person's life: 6 to 0 (mother)

Farnley

It was helpful to talk to someone who isn't my mum. Self SDQ pre 20, post 15

I was able to say stuff that I couldn't say to anyone else. Self SDQ pre 12, post 7. Attendance pre 96% post 97%

It's been helpful. I have not been in isolation for 6 weeks. I used to have 9 comments each week, now I only have 2. Self SDQ pre 10, post 9. Attendance pre 87% post 91%

According to mum, he is happier and takes jokes better. Teacher SDQ pre 14, post 11.

INW Hub

Needs: P was on the verge of permanent exclusion and school were at a loss as to how to support P. There was heavy involvement from Family Intervention Service and a chaotic home situation for P. Two siblings who had been in prison and younger siblings with behavioural difficulties. Mum also had mental health difficulties and appeared to be inconsistent in her implementation of boundaries. School felt that P needed some therapeutic work with to help her to control her angry outbursts; however, home life was so chaotic that it wasn't clear whether therapeutic work was appropriate or indeed would have any impact. **Actions:** Liaised with Family Intervention Service: P had been referred to Specialist CAMHS via her GP. no sign of the referral so I contacted the GP and asked that this referral could be re-sent. I forwarded a summary of the information I had collected from different professionals to CAMHS to back this referral up. The referral was accepted. I suggested to school that they create a bespoke plan for P and share this with home. A plan to help contain and manage P in and out of school. **Outcomes:** P is now getting 1-1 support from a worker at Family Intervention Service. I have facilitated a quicker referral to CAMHS and supported this referral with information I have gained through consultation with different professionals. I suggested to Family Intervention Service that they ask a worker to begin to meet with P on her own to find out her wishes, views and feelings

on her situation and offer that 1-1 emotional support. Ongoing support to school for containing and managing P in school as well as interim support before specialist CAMHS support is taken up.

Otley
Feedback from Headteacher: This student sought me out in School to thank me for finding him Bo to talk to. The student stated that he felt happier after talking each week with Bo. The classroom teacher reported that the student was happier and calmer after his sessions with me.

This student is much improved in attitude since his time with you. He no longer sulks, and seems more able to take problems in his stride. He is a natural performer, so he still tends to 'entertain' when he feels he has an audience, but this is impacting less upon his work than it did. Thank you for your support for x - it has really made a difference.

Thank you so much for the time you have spent with this student recently. She remains a delightful young lady with a very old head on her shoulders. Since being in Year 3 and even more recently she is making progress. At the start of the year she had no confidence in her ability and relied heavily on the input and support of an adult. This has changed over the past months as she seems a little more resilient to making mistakes and much more willing to 'have a go' herself first and to ask for help later.

Feedback from Headteacher: This student's behaviour is much improved, and we are very impressed with his efforts to behave appropriately in School. Feedback from classroom teacher: this student's temper tantrums have reduced in frequency, intensity and duration since referral. He generally seems more at ease and confident since referral.

Rothwell
MST starting work with the family once therapy ended Self SDQ pre 19, post 10 Teacher SDQ Pre 10 post 13 Attendance pre 92% post 92% Did we help? Yes. Did we treat you well? Yes

Mum reported that child has started to want friends over and to go to friend's houses again. Staff member reported that pupil seems happier in school. Pupil reported that the sessions had helped her. Did we help? Yes. Did we treat you well? Yes Teacher SDQ pre 16, post 11

Seacroft Manston
Needs: Witnessed parent death. **Actions:** 13 sessions of 1:1 Person-Centred Art Therapy **Outcomes:** end-of-year school report was very positive, his relationship with his Dad had greatly improved, able to express his own feelings around the loss of his mother.

Needs: Changes in behaviour had been noticed both at home and school. Pre SDQ: self and parent 'Abnormal' category, teacher 'Borderline' **Actions:** face to face assessment with both mum and the child's teacher where goals were set: Time and space for X to express his inner world, Opportunity for X to explore and develop an understanding of the complex relationships of the adults in his life, For X to develop a positive self-image, To reduce X's need to respond to others with aggressive outbursts. In the sessions 'X' was able to express and process his grief of a family bereavement that he felt was at the core of his changes. As a result of this expression, he was able to gain an understanding and move on. Through a new sense

of self, he was also able to learn other ways to express his emotions without it resulting in a fight. **Outcomes:** School reported a dramatic decrease in the number of incidents. All post SDQ scores: 'Normal' category. Teacher Pre SDQ -11 Post SDQ - 6; Parent Pre SDQ - 17 Post SDQ – 9; Child Pre SDQ - 17 Post SDQ Child- 10

I have gained confidence and it helped in making decisions Self SDQ pre 10, post 4 Teacher SDQ pre 14, post 10 Did we help? Yes. Did we treat you well? Yes Attendance pre 97% post 99%

Feeling more confident and less anxious Did we help? Yes. Did we treat you well? Yes Attendance pre 94% post 96% Self SDQ pre 19, post 10Teacher SDQ pre 6, post 2

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.*
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 over 1/3 improved a category or more. Of borderline scores half improved to normal*
7. *Of Self High pre scores, over half improved a category or more. Of borderline scores over 2/3 improved to normal, a small number worsened.*

Teacher scores

55% were in the **high** category pre intervention	**17%** were in the **borderline** category pre intervention	**29 %** were in the **normal** category pre intervention
Post intervention:	**Post intervention:**	**Post intervention:**
13% moved to **normal** **8%** moved to **borderline** **34%** stayed **high**	**11%** moved to **normal** **4%** stayed **borderline** **2%** moved to **high**	**25 %** stayed **normal** **4 %** moved to **borderline** **0 %** moved to **high**

Parent scores

67 % were in the **high** category pre intervention	**12 %** were in the **borderline** category pre intervention	**21 %** were in the **normal** category pre intervention
Post intervention:	**Post intervention:**	**Post intervention:**
10% moved to **normal** **13%** moved to **borderline** **44%** stayed **high**	**6%** moved to **normal** **2%** stayed **borderline** **4%** moved to **high**	**15%** stayed **normal** **6%** moved to **borderline** **0%** moved to **high**

Pupil Scores (Age 11+ only)

39 % were in the **high** category pre intervention	**28 %** were in the **borderline** category pre intervention	**34 %** were in the **normal** category pre intervention
Post intervention: **12%** moved to **normal** **10%** moved to **borderline** **16%** stayed **high**	**Post intervention:** **19%** moved to **normal** **7%** stayed **borderline** **1%** moved to **high**	**Post intervention:** **32%** stayed **normal** **2%** moved to **borderline** **1%** moved to **high**