Evaluation of the Pilot Stage of the Primary Mental Health Workers in Education Service

Executive Summary

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INTRODUCTION OF THE PRIMARY MENTAL HEALTH WORKER IN EDUCATION ROLE

The recent CAMHS (Child and Adolescent Mental Health Service) Review (2008) highlighted an expectation that universal services such as schools should play a pivotal role in promoting children’s mental health. A four tier model of CAMHS service provision in mental health was introduced by the Health Advisory Service (1995) with each tier representing a level of service which extends from universal first contact services, such as schools (Tier One), to highly specialised interventions (Tier Four). Government guidance has stated that the capacity and capability of Tier One staff should be developed so they are able to pursue opportunities for mental health promotion and prevention, identify mental health problems early in their development, offer general advice and treatment for less severe problems, and refer to more specialist services as appropriate (Health Advisory Service 1995; Department for Education and Skills 2003; Department of Health 2004). Primary mental health workers were introduced to support this development of Tier One professionals.

In Wrexham, a steering group was appointed to lead the development of the Primary Mental Health Workers in Education Service. This was a partnership between Education and Health. Two full time Primary Mental Health Workers in Education were employed within the Prevention and Inclusion department, Children and Young People Service, Wrexham County Borough Council and came into post early in 2008. The steering group selected three high schools to participate in a pilot project. To preserve anonymity these will be referred to as School A, School B and School C throughout the report.

WORK OF THE PRIMARY MENTAL HEALTH WORKERS IN EDUCATION DURING THE PILOT PHASE

The first term that the Primary Mental Health Workers in Education (PMHWiE) came into post (spring term 2008) was spent establishing the service. The work completed by PMHWiEs in schools during the first two terms of service delivery (April 2008 - Dec 2008) is summarised below.

<table>
<thead>
<tr>
<th>Area of work</th>
<th>Total</th>
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<tbody>
<tr>
<td>Consultations about individual pupils</td>
<td>93</td>
</tr>
<tr>
<td>Requests from school staff for information on mental health issues</td>
<td>29</td>
</tr>
<tr>
<td>Direct work/ assessments</td>
<td>20</td>
</tr>
<tr>
<td>Referrals to Tier 3 CAMHS/ liaison</td>
<td>8</td>
</tr>
<tr>
<td>Pupils accessing universal mental health promotion sessions</td>
<td>350</td>
</tr>
<tr>
<td>Pupils accessing targeted group work (e.g. managing exam stress)</td>
<td>33</td>
</tr>
<tr>
<td>School staff trained in child and adolescent mental health awareness</td>
<td>67</td>
</tr>
</tbody>
</table>
• **Consultation**
  Consultation offers the opportunity for school staff to discuss concerns and access support with regard to the mental health of pupils. Ideas can be shared on how to develop work on supporting young people in school. Outcomes may include signposting to relevant services, joint working, individual, group or family work, or suggestions for possible staff training. This increases knowledge and confidence of school staff with regard to children and young people’s mental health and therefore is likely to increase capacity and capability within the schools. Any mental health issue is relevant and school staff are encouraged to bring any concerns however small in order to promote early identification and intervention. Six case studies exemplifying consultation and follow up work in schools can be found in the full report. A database is currently being developed which will allow trends from consultations to be monitored so that work can be targeted appropriately such as group work with children and young people, or training for school staff on relevant topics.

• **Joint working**
  A main aim of the PMHWiE role is to increase confidence and capacity of staff in schools with regard to children and young people’s mental health. With this aim the work of the PMHWiEs has included joint assessments with children, young people and families with the Heads of Year in school, as well as family work with the ESW and health professionals. Feedback from schools indicates that this area of work has heightened confidence and capability in addressing mental health difficulties at an early stage in their development.

• **Direct work with children and young people**
  Direct work with children and young people may be appropriate when difficulties have not resolved following intervention from school staff but the problems do not warrant a referral to Tier 3 CAMHS. Direct work undertaken by PMHWiEs has tended to be complex case work necessitating collaboration with other agencies. PMHWiEs offer planned interventions working with the child or young person and involving their family as much as possible. Interventions are planned closely to the assessed needs of the child and family and PMHWiEs have been able to draw upon a range of therapeutic approaches as appropriate including cognitive behavioural therapy, solution focused therapy, dialectical behaviour therapy and systemic family therapy. Liaison with school is an important aspect of this work.

• **Training**
  Several training events on Child and Adolescent Mental Health Awareness have been developed and delivered to staff working within schools resulting in a total of 67 staff trained overall. The training course aimed to promote a basic understanding of child mental health and factors which impact on this, plus an understanding of the four tier model of CAMHS and the role of the Tier 1 professional. There were large increases in reported confidence among course attendees following each of the training events delivered. Here are some examples of comments from school staff and associated professionals:

  "Importance of early intervention and raising issues of mental health in the school." (School based professional).

  "Recognise signs of emotional stress better." (School based professional).

  "It was all extremely helpful, especially identifying the different aspects/Tiers of CAMHS." (School based professional).

  "More empowered to feel like I can help." (School based professional).
These training events have addressed the aims of the PMHWiE role, namely to build capacity and capability among Tier 1 professionals with regard to children and young people’s mental health and emotional well being.

**Universal mental health promotion**

The PMHWiEs have planned and delivered events in schools to promote children and young people's positive mental health with the aim of encouraging prevention of problems and early intervention. Examples include Positive Mental Health sessions for Year 11 students and PSE sessions for Year 8. Here are some of the comments made about the sessions:

"I learnt more about what mental health actually is and how you can help people who suffer from mental health problems." (Year 11 student).

"Talking about different signs of illness and how to take preventative action and what to do to be mentally healthy." (Year 11 student).

"Learning about all of the different people you can talk to and phone to get help." (Year 8 pupil).

"Finding out that mental health does not mean that you are crazy." (Year 8 pupil).

**Targeted mental health promotion**

The PMHWiEs have also worked with schools to plan and deliver targeted mental health promotion work according to identified need. This has included a Managing Emotions group, delivered jointly with the Head of Year who was also involved with planning and reviewing each session. Comments from the young people on completion of the course were very positive. Here are some examples of what they found useful about attending the group:

"Identifying my emotions and how to cope with them." (Year 9 pupil).

"Finding new ways to calm me down." (Year 9 pupil).

"The relaxing exercises and the advice to help the way I think." (Year 9 pupil).

"I've been a bit more assertive." (Year 9 pupil).

"Controlled my worries a lot more." (Year 9 pupil).

PMHWiEs have also planned and delivered Managing Exam Stress workshops. A member of school staff was present during sessions to support delivery of the group. The workshops were very well received by students, with 100% of those attending rating the session as either helpful or very helpful. Following are some comments from the students about what they found useful.
Through joint working with school staff, delivery of the workshops on managing exam stress has addressed a main aim of the PMHWiE remit, namely to support staff working within schools to recognise and manage children and young people’s mental health problems early on. Furthermore, through encouraging follow up support and possible delivery of future sessions by school staff, sustainability is promoted as well as an opportunity to build confidence and capacity among school staff with regard to children and young people’s mental health and emotional well-being.

**LEARNING POINTS FOR EXTENSION OF THE PRIMARY MENTAL HEALTH WORKER IN EDUCATION SERVICE TO OTHER SCHOOLS**

One of the key aims of the PMHW service is to support and strengthen Tier 1 child and adolescent mental health provision through building capacity and capability in relation to early identification and intervention. Factors that have presented a challenge in this have included lack of understanding in relation to the role, pressure to manage the demand for direct work to be undertaken and to also undertake work at the level of Tier 3 Specialist CAMHS. Some professionals were initially resistant to the consultation model for a number of reasons (personal, professional and organisational). The consultation model is more demanding of time than a referral model but it offers sustainability through building capacity within schools. However, the benefits of the consultation approach are evidenced by the following quotations:

"Good to talk to people about stress and finding out how other people cope." (School student).

"Advice on different techniques to use to help manage stress." (School student).

"Talking about how to manage negative unhelpful thoughts. Just sharing ideas." (School student).

"Just being able to ask for help and guidance has been reassuring." (School based professional).

"It has been useful to talk about particular pupils and have suggestions on action to be taken." (School based professional).

"It has been very useful to talk to the health workers and have time for detailed consultation. Their work regarding individual pupils has been invaluable to them." (School based professional).

"I feel more confident in dealing with this type of issue, both as a result of my increased knowledge and knowing I have the back up of the PMHWiE." (School based professional).

"I feel that it is now possible to be more pro active and to intervene much earlier." (School based professional).
While all three schools initially expressed reservations about the role of PMHWiE, two schools were able to go on to make full use of the service. However, some feedback from School C suggests an ongoing lack of understanding about the role of the PMHWiE and in particular the function of consultation. The desire to refer children on for direct work with limited involvement on the part of school staff has remained, suggesting this school is currently unable to commit to making meaningful use of the service.

Other issues which are fully explored in the report are the interface between Tier 2 and Tier 3 CAMHS, particularly on the role of the PMHWiE when Tier 3 CAMHS involvement is appropriate, issues around lack of co-ordination, both within schools in relation to the needs of individual children but also around the range of services offered, and a continuing lack of parity across Wrexham due to a shortage of capacity to provide a PMHWiE service across the county.

Findings from the evaluation show that two of the three schools argued strongly that the PMHWiE service in their schools should continue. Both have expressed the view that they would be able to utilise more PMHWiE time than the one day per week currently allocated if this were available to them.

"I believe it is important to have a PMHWiE who is attached permanently to our school. This allows for continuity and good working relationships which can only be of benefit to the children." (School based professional).

"Extended access to the team would be an obvious advantage to both staff and pupils." (School based professional).

"A tier 2 level service in school is an absolute must to ensure the welfare of pupils in need of support regarding emotional wellbeing." (School based professional).

PMHWiEs have aimed to work systemically at as many different levels within schools and the local authority as possible. In schools where the service has been most successful they have embraced all aspects of the service including consultation, joint working, attending training and involvement in the PSE curriculum. Being able to work in this collaborative way has also helped to develop an understanding of particular school issues so that the service can be responsive to the needs of the school, as illustrated by the following quotation:

"From my perspective, the service has developed well since its inception as we have been able to work with the PMHWiE to tailor the service to our particular needs." (School based professional).
RECOMMENDATIONS INCLUDED:

- The number of PMHWiE posts be increased in order to provide wider coverage across Wrexham and enable the service to be accessed by more schools.

- Should this not be possible in the short-term then a limited roll out of the service needs to be planned. It is important that the robust role in schools already well established is retained. Two of the three schools were able to make full use of the service and stated that they could make even more use of the service if more time was available to them.

- A decision needs to be made by the Steering Group for the PMHWiE Service about the future of the work at School C. As the service is a limited resource this time could be offered to another school in a position to make full use of it.

- Suggestions for a roll out include introduction of the service to another high school and a consortia of primary schools. Extension of the pilot to include primaries would allow a more comprehensive service to schools with more focus on early identification and intervention.

- If the service is rolled out to other schools preparatory work is vital. Meetings would be helpful between senior managers to promote an understanding of the role, ways of working, and what can and cannot be offered.

- The service is more likely to be effective if schools are able to make the following commitments:
  - Key link person within school to be identified. This person should hold some authority within school, agree with principles of the PMHWiE role, and be allowed time for regular meetings with PMHWiE and associated liaison work with other school staff.
  - Key pastoral staff within school to be identified. These staff would need to be released in order to meet for consultation with PMHWiE to discuss any children or young people they have concerns about.
  - Attendance at staff training events, e.g. Mental Health Awareness training.
  - Allocation of a room, ideally with access to a telephone, for use by PMHWiE at agreed times.

- Alternatively, the training aspect of the role could be developed so that more schools across Wrexham would be able to access the Mental Health Awareness training in relation to children and adolescents. However, this would provide challenges in that awareness about mental health would be raised without the offer of support to the schools in addressing difficulties once they have been identified. Sustainability of such an approach would also need to be considered.

- Consideration to be given to an allocated budget for PMHWiE service for training of school staff to enable forward planning.

- Evaluation of the clinical effectiveness of the role according to perceptions of all stakeholders, including children, young people and their families.

- Work already undertaken to be further consolidated and reviewed at regular intervals and further developments of the service to be piloted.

For a copy of the full report please contact Sarah Davies or Sarah Jones, Primary Mental Health Workers in Education, Educational Psychology Service, Tel. 01978 317675.