Targeted Mental Health in Schools (TaMHS) Project

Phase I, 2010-2011 Evaluation

Wokingham Borough Council
Executive Summary

The Department of Health’s CAMHS Review (2008) on mental health in children and young people stated that schools were an important place where early intervention and prevention could occur. The Government’s response to the review was to launch the Targeted Mental Health in Schools (TaMHS) Project. In Wokingham, TaMHS was funded for one year and aimed to improve the mental and emotional health and well-being of pupils in targeted schools in Wokingham. A cluster of ten schools and the borough’s school for young people with Behaviour, Emotional and Social Difficulties (BESD) were asked to participate in the project. The project consisted of seven strands, in line with the TaMHS three wave intervention model of early intervention and prevention (see page 5 of main document for a description of the TaMHS model and page 7 for a description of the Wokingham model).

Each strand was evaluated using a mixed method approach which included: semi-structured interviews, focus groups, participant scaling and questionnaires containing open and closed questions. The questionnaires were designed specifically for the TaMHS project and mainly completed by the adults implementing the interventions. Caution should be taken with some of the results as, due to the large number of strands and difficulties with participants returning data, the sample sizes are very small. The data collected indicates that each strand was generally well received within the schools and that there was a positive impact (albeit small in some cases) on the children and young people in the TaMHS Project schools.

**Emotional First Aid** was a universal approach. Feedback from those who attended the EFA course was very positive. Schools reported that attending the course was helpful, as they can use the language with parents, staff and children. EFA was found to increase participants’ competence in assessing risk and allowed participants to see the child within the systems they operate. Participants also felt more confident to raise awareness of mental health issues in school. Those who went on to ‘train the trainer’ had mixed responses to the training, for example in that it was only two days and they were taught to ‘teach’ rather than understand the course materials.

**Protective Behaviours** (PB) was a universal intervention. It was reported by school staff to have been positively received by the children. The programme enabled some school staff to identify individual children who were vulnerable at transition. Those pupils who attended PBs also had lower unauthorised absences in Year 7 than pupils who did not receive PBs.

**Fun Friends**, a universal intervention, was reported to have been enjoyed by the children and in particular helped them to develop and extend their emotional vocabulary. Teachers reported that it was easy to deliver with age appropriate materials. One school session was witnessed by an Ofsted inspector who made positive comments regarding the programme.
**Nurture Assistants** (NAs), a targeted intervention, demonstrated that 72% of pupils made progress in their targets and that they found the sessions helpful. Anecdotal evidence from most schools was that the Nurture Assistant’s role within schools was a success. The feedback from the training was that, although it felt rushed, it was good quality and enjoyable. Research from other authorities demonstrates that NAs have a significant positive impact on emotional well-being in children and young people.

**Consultation** was a targeted intervention in the secondary schools carried out by a Primary Mental Health Worker (PMHW). Of the pupils discussed at consultation, 70% made progress in their targets. Consultation allowed good relationships to be built between schools and CAMHS and reduced the number of inappropriate referrals.

**Chilled** was a targeted group intervention in secondary schools to help young people manage their anxiety. It was not possible to analyse the effectiveness of this strand due to the small data set available. However 90% of participants rated the group 8/10 or higher and would recommend the group to their peers. This intervention has a significant worldwide evidence-base.

The final strand involved using consultation between the EP, PMHW and the BESD school in Wokingham. Of the pupils discussed, 44% made some progress and 22% made more than expected progress. Staff reported that the sessions helped them to understand how home impacted on school and identified training needs within the school.

At times, schools did find the project difficult to manage, due to the large number of strands operating at any one time in their school.

It is felt that the TaMHS Project in Wokingham was effective. It was able to deliver interventions to 1025 children and young people and 341 staff were trained in a specific intervention. The TaMHS Project was generally received positively by schools and its partners. As a result, the local authority has agreed to fund the project for another year. The intention is for the project to achieve sustainability by embedding what has worked well in the one year (Phase 1) project into the long-term structures both of the Phase 1 TaMHS schools and of all the other schools in Wokingham. Between September 2011 and August 2012, training for schools in EFA, PB, Fun Friends and Nurture Assistants will therefore be rolled out to those schools not in the Phase 1 TaMHS project.

Investment in the emotional well-being of children and young people by schools will become increasingly important as services provided by the local authority and Primary Care Trust (PCT) change. The school setting is now being viewed as a valuable point of access to children and young people for early intervention and prevention programmes (Rones and Hoagwood, 2000). Schools and services that provide support for children, young people and parents will therefore need to continue to invest in evidence-based interventions that can be delivered in schools.