

# Innovation in education



## Why do we work in schools?

Recent studies have shown that the prevalence of mental health disorders in children and young people, ranging from the very minor to the very serious, is as high as 1 in 10. These figures are for children with definable, clinically diagnosable mental disorders. However, recent research has shown that overall, 30% of children with a mental disorder had not been seen by a GP or secondary health care services for children. This figure is worryingly high. The figures for children presenting with less developed mental health related issues have not been studied but it is likely to be even higher.

One of the problems with treating children and families who need help is that the current system of services often fails to engage those who need help the most.

These 'hard to reach' families are often not registered with GPs, or dentists, and therefore interventions based in traditional settings often fail work. Solutions must be

innovative, focusing on early interventions that are community based to ensure that these families become engaged with services.

We have found that placing these services within school settings is very effective. School staff are well placed to notice when something might be the matter with a child; their observations, together with a specialised child mental health approach to making sense of what has been observed, affords a unique opportunity to pick up and address children's difficulties.



## Working with children and families:

### Tavistock Outreach Primary Schools (TOPS) project

The Trust, with the children's charity Coram, has pioneered an innovative outreach project in five primary schools in Camden in areas of long term deprivation and disadvantage. The project provides a psychotherapeutic service for children and families with severe emotional difficulties.

If children have uncomfortable thoughts and strong feelings that they and their families find difficult to understand, then they may become unusually worried, frightened, angry or sad. They may behave in ways that are extremely upsetting and hard to manage for themselves, their families and their schools.

Some children benefit importantly from extra attention from their parents or carers, educational support, play opportunities extra-curricular activities or brief counselling. But other children

*"It stopped me having tantrums and now I really want to come to school"*

Child user of the service

seem to have difficulties that are particularly complex and entrenched and may be severe enough to impact significantly on their capacity to learn and develop in an ordinary way. This small and often hard to reach group of children are usually the children that a school is most worried about and that a family is finding troubling. They are children who may cause considerable disruption in the family, classroom and playground or who may become excessively withdrawn and unreachable.



The project has been very successful. Outcomes show improvements in angry feelings and worries, and improved children's ability to concentrate in class, getting into fights with other children

*"Interactions helped stop problems with bullying and getting into trouble at school."*

School staff member

and getting into trouble at school.

The project was funded on a time limited basis by Camden Council, through the Camden Children's Fund. Despite showing successful outcomes the funding was not followed up. The project was so successful that the schools offered to part-fund the project, with us,, to ensure its continuity.

## A TOPS Case study

A Year 6 boy from a refugee background was referred to the specialist CAMHS service in his LB Camden primary school because of concern about his escalating aggressive outbursts in the classroom and playground, his inability to manage ordinary communication with peers and adults and his difficulties with learning. He was on the verge of being excluded and there was worry about how he would manage the impending transition to secondary school. The specialist CAMHS service undertook an assessment, which involved working closely with his class teacher, a teaching assistant, the SENCO and Inclusion Manager. An interpreter was also involved as mother was not confident in English; mother was a single parent and there was a history of non-engagement with the school and other services. As well as sessions with the mother and son, a key part of the assessment process, within confidentiality boundaries, was thinking together with the school to try and understand the family's complex circumstances and the possible impact of this, among other factors, on the boy's emotional development and subsequently on his capacity to make use of learning opportunities in school. In addition to offering ongoing psychotherapy for the child in the school, supported by regular sessions for his mother, this case provided a learning opportunity for staff in the school at all levels. This kind of learning is based on developing the school staff's own emotional understanding from their own experience, with the support of specialised child mental health clinicians.

## Working with school staff:

### Work discussion groups

We have piloted projects in schools, which follow the community based, early intervention model, but involve working with teachers to help them to more easily identify children considered to be at risk, and to feel more confident about worrying pupils.

This model involves teachers and other staff at schools meeting in groups facilitated by an external consultant, usually a child and adolescent psychotherapist, to think through in depth any concerns and difficulties with pupils or class groups.



This helps them to understand the underlying meaning of pupil behaviour, to be able to identify more easily children who are considered to be at risk, and to feel more confident about worrying pupils.

### Evaluation with 120 staff members showed that

97%

Were helped to persevere with challenging pupils when they felt like giving up

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83%

Reported feeling less stressed after talking about these pupils in the groups

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There was an overall reduction in school exclusions

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In one school, over a three year period, 22 staff attending had a significantly lower rate of absence than the whole staff group