



**Me and My School:  
Briefing note from  
the National Evaluation of  
Targeted Mental Health in Schools  
2008-2011**

**A collaboration between:**

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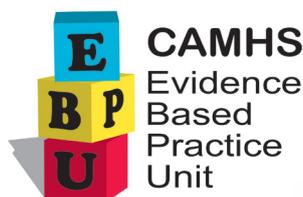
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Caring for young minds

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The Child and Adolescent Mental Health Services - Evidence Based Practice Unit (CAMHS EBPU) is an academic unit across UCL and the Anna Freud Centre dedicated to developing and promoting evidence based and outcomes informed practice



## **Background**

The Me and My school project was a research project commissioned by the Department for Children, Schools and Families (DCSF, now the Department for Education, DfE) to evaluate the impact of the Targeted Mental Health in Schools programme (TaMHS). The aim of TaMHS was to help schools deliver timely support to those with mental health problems and those at increased risk of developing them, with particular emphasis on promoting evidence based practice and interagency working.

## **Aims and Objectives**

This research set out to answer 5 key research questions:

1. What is the impact of TaMHS provision relative to provision as usual when evaluated using random assignment of areas to TaMHS vs. provision as usual?
2. Does the additional provision of support materials when randomly assigned enhance the effect of TaMHS provision on pupil mental health?
3. What different approaches and resources are used to provide targeted mental health in schools?
4. What factors are associated with changes in pupil mental health for schools implementing targeted mental health during the course of a three year longitudinal study?
5. How is targeted mental health provision (and the support materials designed to enhance the impact of such provision) experienced by project workers, school staff, parents and pupils and what lessons are there for future implementation?

## **Methodology**

Two studies were undertaken: a longitudinal study (2008-11) and a randomised control trial (RCT) (2009-11). In addition support materials and approaches to enhance TaMHS were developed and trialled. A mixed quantitative and qualitative methodology was involved.

### **Longitudinal study sample**

2,687 primary school pupils across 137 schools and 2,311 secondary pupils across 37 secondary schools provided self-reports on their mental health in all three years (2008, 2009 and 2010). 41 primary schools and 13 secondary schools provided information on mental health provision in their schools across these three years.

Between 780 and 1,842 parents reported on their children's mental health each year.

Teachers reported on between 3,671 and 6,971 of their pupils' mental health each year.

Qualitative interviews were conducted with 11 policy makers, 26 TaMHS staff, 31 school staff 15 parents and around 50-60 pupils about their views and experience of mental health in schools.

### **Randomised Control Trial sample**

7,330 primary school pupils across 270 schools and 5,907 secondary pupils across 82 secondary schools provided online self-reports of their mental health in 2009 and 2010.

2,857 and 1,606 parents reported on their children's mental health in 2009 and 2010 respectively. Teachers reported on 15,980 and 9,322 of their pupils' mental health in 2009 and 2010 respectively.

## **Summary of findings**

The Randomised Controlled Trial (RCT) found that the implementation of TaMHS led to a significant reduction in problems for pupils in primary school with behavioural problems when compared to schools not implementing TaMHS. No impact was found for pupils with emotional problems or for secondary school pupils with either emotional or behavioural problems. Reduction in problems for pupils in primary school with behavioural problems was greater when pupils were also given evidence based self-help booklets devised as part of the evaluation.

The Longitudinal Study revealed that in secondary school greater inter-agency working, measured by use of Common Assessment Framework (CAF), more positive links with specialist Child and Adolescent Mental Health Service (CAMHS) and provision of information to pupils were all independently associated with greater reductions in behaviour problems. There was, however, some evidence that school reports of giving information to pupils in primary school with emotional problems may be associated with less reduction in emotional problems.

Other findings of note:

1. Overall the self-reported mental health of children taking part in the study improved (except for behaviour problems in secondary school pupils).
2. TaMHS was well received by workers, teachers, parents and pupils
3. Schools reported not using manualised approaches to guide their mental health work in schools.
4. Parents reported schools as the key point of first contact for advice about their child's mental health needs.
5. Schools indicated that it was rare they referred children with significant emotional and behavioural problems direct to specialist CAMHS, but did make use of educational psychology services.
6. Some of those involved in the qualitative studies raised issues about differences in philosophy and language across mental health and education services, and also the concern that new provision such as TaMHS could sometimes substitute rather than supplement existing services and support.

The association of mental health with academic attainment for all groups is to be assessed in 2012 when academic records for the pupils involved in this study will be available.

## **Summary of implications and issues for further consideration**

### ***Targeting mental health in primary schools***

It may make sense to prioritise mental health work with primary school pupils in relation to behavioural problems to have maximum impact before problems become too entrenched.

It may be worth considering further use of evidence based self-help materials for primary school pupils at risk of or with behavioural difficulties.

Caution should be taken when giving information to pupils in primary school with emotional problems to ensure the material does not impact negatively.

### ***Targeting mental health in secondary schools***

It may make sense to prioritise improved inter-agency working (such as by use of systems such as the CAF) as a way to help address behavioural problems in pupils in secondary school.

It may be beneficial to prioritise improved relationships and referral routes between schools and specialist CAMHS as ways to help address behavioural problems in pupils in secondary school.

It may make sense to prioritise the provision of materials to help young people find and access such support for behavioural problems in pupils in secondary school.

### ***Evidence based practice***

It may be helpful for schools to be encouraged to consider using more manualised approaches with a clear evidence base as these have been found in the literature to have the greatest impact, though this needs to be combined with need for local ownership to aid uptake.

### ***Inter-agency working***

It may be important to ensure that schools retain a role in being able to refer their pupils for appropriate help given the fact that parents identify them as the key point of contact and valued advice for their concerns about their children.

Educational psychologists appear to be a key group in relation to mental health provision in schools and their potential role in aiding links between schools and specialist CAMHS should be encouraged.

Strong links with specialist CAMHS and good use of inter-agency working (as demonstrated by high use of the CAF) should be encouraged, especially in secondary schools where they are associated with reduction in behavioural problems for pupils with significant problems.

### ***Future implementation of policy***

It may be helpful to ensure that in any future roll out of mental health provision in schools attention is paid to ensuring a common language and as full integration as possible of services in schools.

When implementing interventions such as TaMHS on a large scale, it may be of benefit to determine beforehand how best to avoid displacing existing support and to how such support can be sustained – for example, by not requiring that provision be “innovative” or “new” and rather allowing areas to draw on existing good practice.

### ***Future research***

It is important to note the evaluation team have still to consider association of TaMHS involvement with later academic attainment levels. This will be reviewed when relevant academic attainment level data is available in 2012.