Assembling the perfect team to protect at-risk pupils

Breaking down barriers between schools and mental health services is essential for supporting vulnerable young people, write **Tara Porter** and **Alex Yates**

It has become increasingly clear that mental health services and schools need to work together more closely.

The political will to facilitate that relationship is also starting to manifest. So over the next few years, education and health will have to work together to figure out how this is going to happen. Perhaps we can lend a hand in pointing out what works and what does not.

We are proud that, as a school and a children and adolescent mental health service (Cahms), we are ahead of the curve, working closely in the same hospital setting.

The school is a local authority maintained community special school situated in the Royal Free Hospital in London. As well as providing educational services on the wards and to the Camhs eating disorders service, the school also offers a number of full- and part-time dual-roll placements for children and young people with significant medical or mental health needs.

The Camhs service, meanwhile, is also based at the Royal Free and provides general outpatient services to three postcodes in the London Borough of Barnet. It also provides paediatric support to those young people being treated in the hospital; emergency services to those who show up in accident and emergency; and specialist eating disorder and neurodevelopmental services to different boroughs in North London.

Even with the best intentions, joint working between schools and Camhs usually means an occasional snatched phone call or meeting to try to coordinate education and treatment plans. The reality is that both health and education are creaking at the seams – there is little time to do the full liaison that we all recognise would be best practice.

For us, our joint working, when located in the same building and having been developed over years, has shown that the relationship can have a different flavour. For example:

- The school contributes to decisions regarding patient outcomes during the weekly hospital psychosocial meeting and daily "safety huddle". This has seen far greater participation in both care and reintegration meetings, so that actions and transitions are as smooth as possible.
- The school attends Camhs weekly ward rounds for eating-disorder patients.
- The school helps Camhs to develop effective links and positive relationships with the patient's home school.
- The headteacher attends the monthly Camhs review meeting.
- There is a Camhs representative on the school's governing body.
- Camhs staff attend school progress review meetings and use the school as a safe setting for outreach work where appropriate.
- Camhs facilitates a fortnightly work discussion group for all staff.
- Camhs and the school are together developing a parent engagement programme that meets every half-term.
- Together, we have run two conferences for local and regional schools addressing both self-harm and eating disorders.
- Camhs trainees volunteer within the school setting.

For the young people with whom both settings are working, this means we are providing a fully joined-up service. But what are the specifics of how we work and the benefits it brings?

Benefits for Camhs

Camhs staff receive the insight of the teachers about the social, emotional and academic functioning of students while making assessments. This can be crucial in diagnostic quandaries. For example, severely underweight young people with anorexia can present with autistic features, and young women with undiagnosed autism can become anorexic.

Unravelling which situation is in play with a given student during a clinic appointment can be exceptionally tricky. Hence, the observations from our teacher colleagues, who see a child all day, can be really helpful.

The relationship also means Camhs can set goals and targets that are reflective of the whole child: from a mental health perspective, goals are made that can be supported by the school, and also maximise their education.

But more than that, we each have young people who do not need this whole package, or owing to funding boundary issues, are not eligible for it. These patients still benefit indirectly from our close links. Camhs are more in touch with educational developments and with what is considered "normal" development. Staff learn from teachers about the curriculum, frameworks and resources that teachers use, but most importantly, the current mindset and outlook of teachers and schools. This improves all Camhs work.

A wider effect has been that the hospital school has become a link school for mental health in the borough, and has arranged for Camhs to speak at school-based conferences, to go into schools to teach on mental health and write for teachers' journals. The school has been a conduit to allow us to have more, and deeper, conversations about mental health in education.

What's in it for the school?

For teachers, these close links mean that the school is able to provide ongoing personalised and effective education for children and young people who have mental health problems. These vulnerable young people, who are at high risk of falling out of education, are kept motivated, connected to their normal world, and it stops them falling behind or suffering educational failure.

This is an important factor in both mental health treatment and their education in terms of treatment quality, efficacy, recovery rates and reintegration into normal life following treatment.

Working alongside clinicians and therapists is hugely beneficial to educators. Teachers are encouraged to give real thought to what behaviour means and how to manage their own feelings in response.

The school has also received significant support in managing risk and finding an appropriate – and inclusive – level of challenge for young people in recovery.

As for specific new resources and approaches that have arisen:

- The school has developed "thinking and feeling" cards – an innovative approach to cognitive behavioural therapy-type work in a school setting.
- The school has taken some elements from traditional Camhs strengths and development questionnaires to develop bespoke pastoral assessment tools that are invaluable for target setting.
- The school is pioneering the use of the "My Cognition" assessment tool as a means of tracking and enhancing mental agility over time. This has huge implications in areas such as eating disorders for monitoring and providing clinically valid data regarding executive function (planning and strategy), working memory (problem-solving), episodic memory (memory), attention (concentration) and processing speed.
- The school is currently trialling the use of "Take Ten"– a device that allows students to see how emotions and attitudes affect their heart-rhythm patterns.

Scalable model

It would be good to argue that there is something special about us that has enabled us to develop this model, but the truth is likely to be more prosaic. We have had the opportunity to work closely together because we are physically located together.

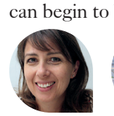
But not being in the same building should not be a barrier to the sort of close professional sharing we have developed. We believe most schools and Camhs would welcome this opportunity. Most professionals in these fields are passionate about giving children the best chances in life, and recognise that joined-up care is the best way to do this.

But it will be challenging. The ways by which larger-scale schools and academies can audit need or offer more informed interventions in a similar way needs serious thought on both a local and regional basis.

There are constant debates about who is responsible for what – where education ends and health begins. This chasm runs from the top of government; it seems that the purpose of this split is historic and bureaucratic, and were services designed today, they would not be designed in such a way.

We should strive to avoid falling into the traps of competition or self-protectionism and instead share resources, develop a shared language and overlap services as much as we can, despite the pressures we are all under.

We hope that this feature shows what is possible and that it gives some idea of the terms by which bridges between the two can begin to be built.



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