

# Prevention: Evolving to work within the school structure

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# Overview

- School mental health: who and what
- Oxfordshire Experience
- Model for sustainable service development

# Chief Medical Officer



“There is a great need for earlier treatment for children and young people with mental health problems. Half of adult mental illness starts before the age of 15 and 75% by the age of 18. Unless young people get help, they risk a life of problems including unemployment, substance misuse, crime and antisocial behaviour. Under-investment in mental health services, particularly for young people, simply does not make sense economically”

CMO Annual Report, 9<sup>th</sup> September 2014

# School years

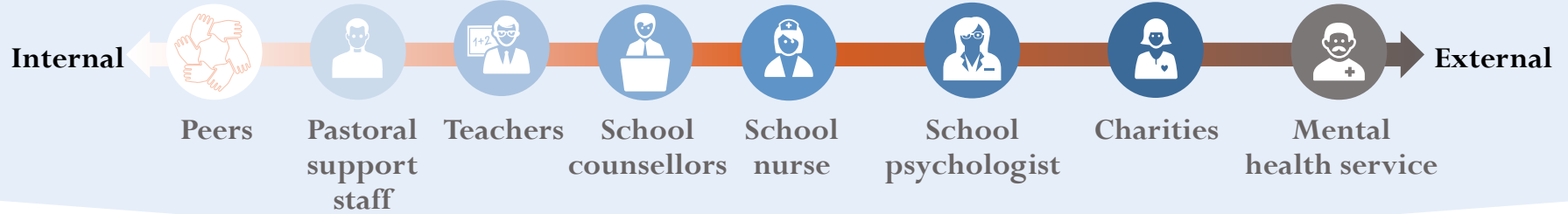
- Prevalence of mental health difficulties
- Relationship between academic attainment and mental health
  - Persistence
  - School specific factors:
    - Bullying
    - Relationship with teachers
    - Burnout of teachers
- Considerable time spent in school

# 14 year study of 2000 adolescents

- Assessed 8 times over 14 years
  - High symptoms scores at least once in adolescence: 29% M; 54% F
  - 60% had a further episode as young adult
  - Less likely to have recurrence if first episode lasted less than 6 months
  - Longer duration most clear cut predictor of young adult disorders (3x)

# What are school-based mental health interventions?

## Who gives the treatment?



## To whom?

Whole school



Classroom



Pupils at risk



Diagnosed pupils



Cognitive behavioural therapy

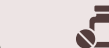


Behavioural intervention



Art therapy

Counselling



Medication



Family therapy

## What treatment?

Consent?



Confidentiality



Evidence based

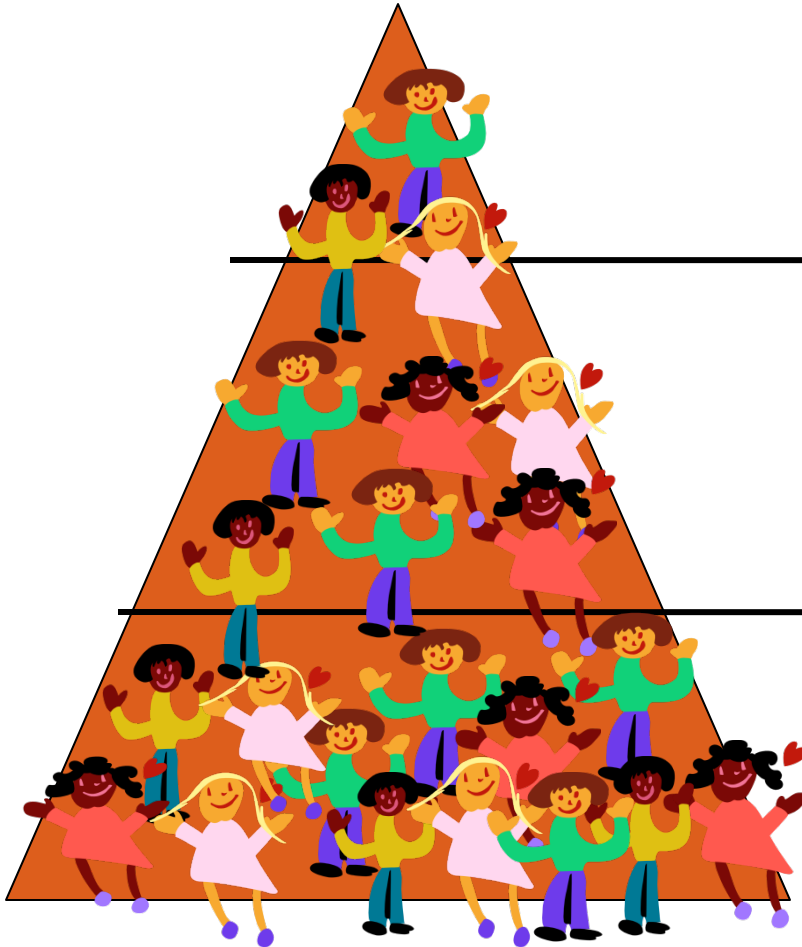


Whose responsibility?



## Important prevailing issues

# Types of School Interventions



## ***Treatment/Indicated:***

Cognitive Behavioral Intervention for Trauma in Schools, Coping Cat, Trauma Focused CBT, Interpersonal Therapy for Adolescents (IPT-A)

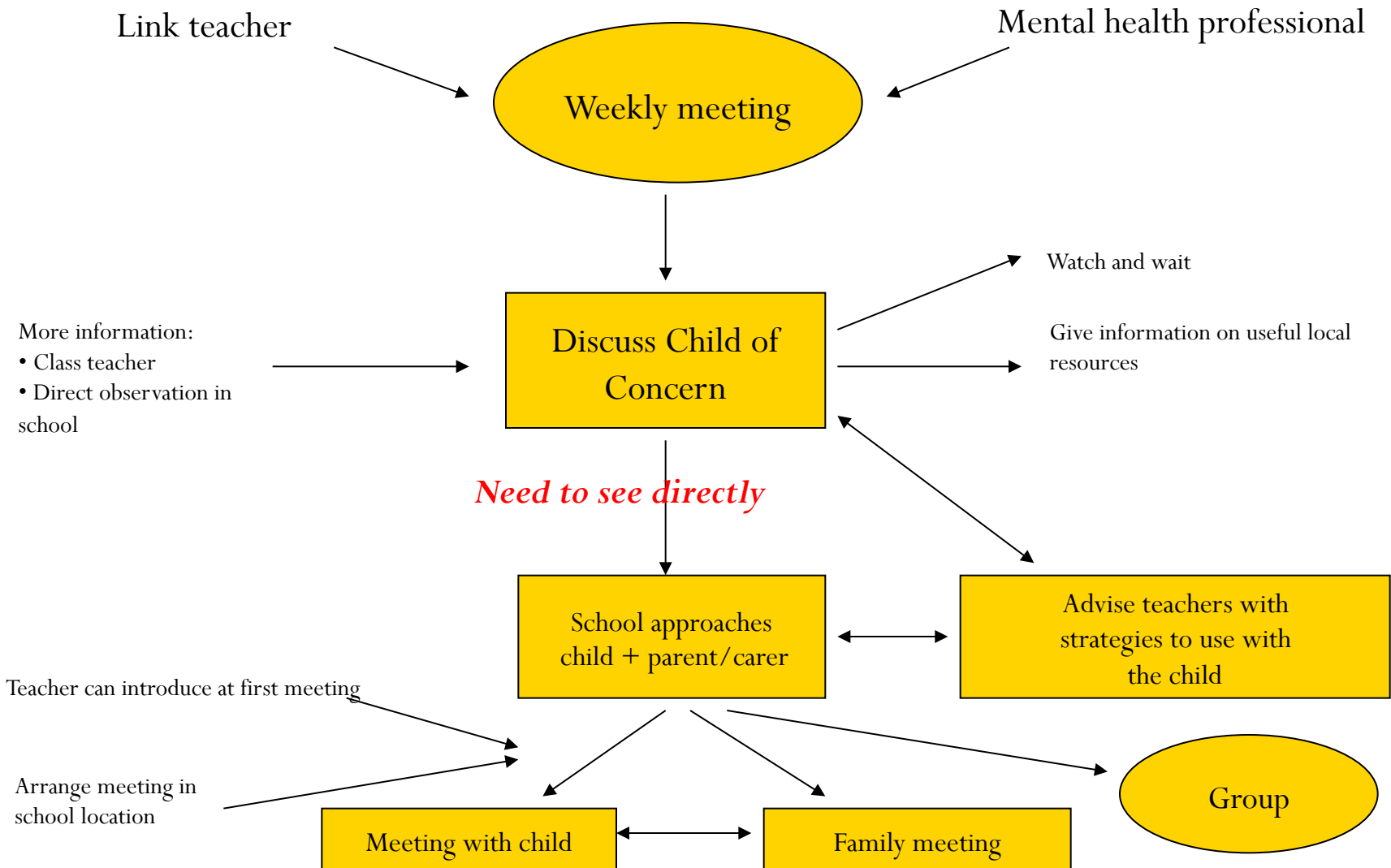
## ***Prevention/Selected:***

*Coping Power, FRIENDS for Youth/Teens, The Incredible Years, Second Step, SEFEL and DECA Strategies and Tools, Strengthening Families Coping Resources Workshops*

## ***Promotion/Universal:***

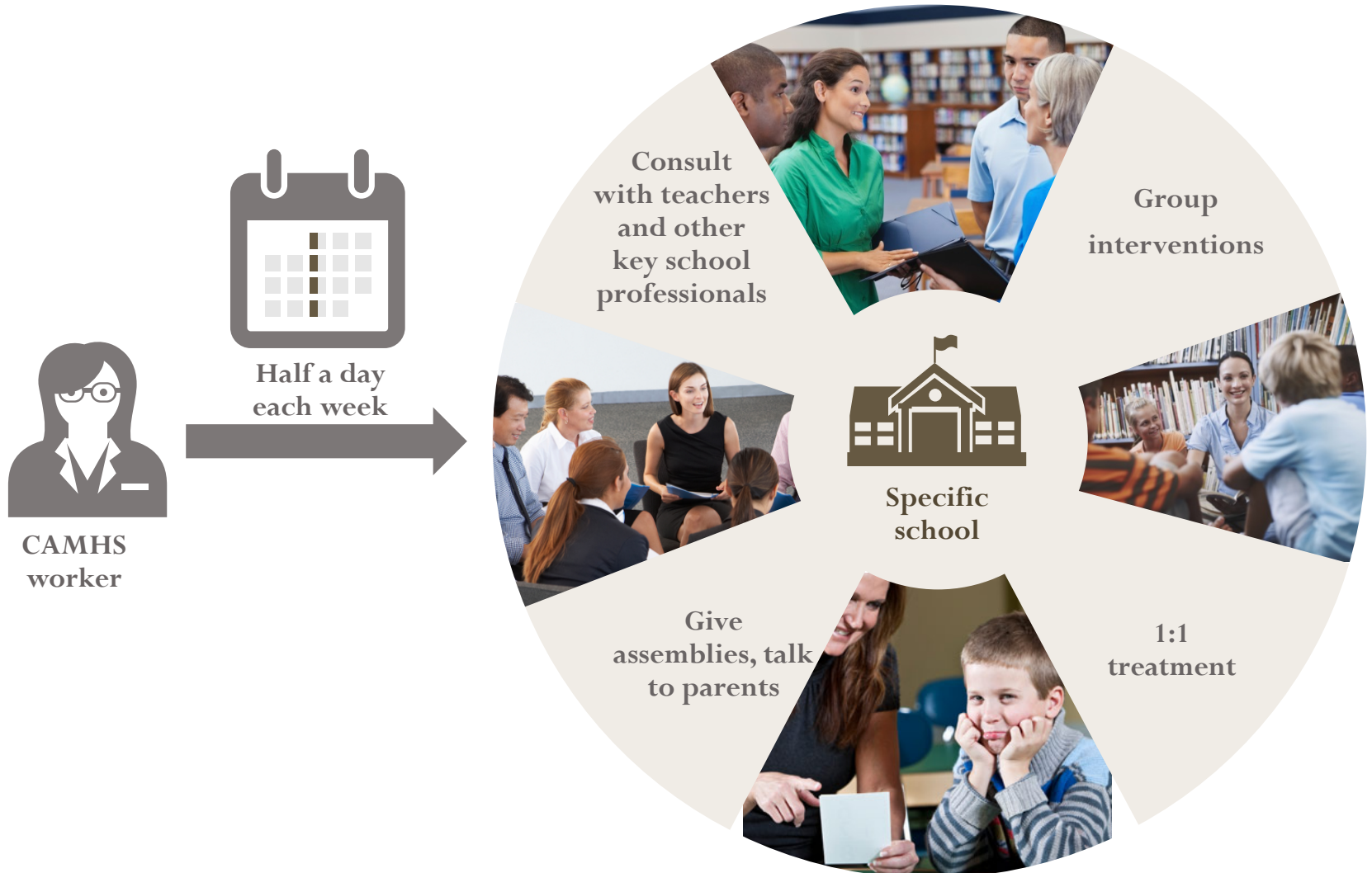
*Good Behavior Game, PATHS to PAX, Positive Behavior Interventions and Support, Social and Emotional Foundations of Early Learning (SEFEL), Olweus Bullying Prevention, Toward No Tobacco Use*

# School-based mental health service for Refugee Children





# The Oxford CAMHS InReach Service



# What might be the effect of this for Oxford services?

- See young people earlier in services
- See more young people as many have difficulty accessing services
- Engagement might improve with fewer non-attendances
- Help schools manage difficult and concerning problems on
  - Individual cases
  - Classroom problems
  - Whole school difficulties
- Provide additional support to school staff

# Sustainable model

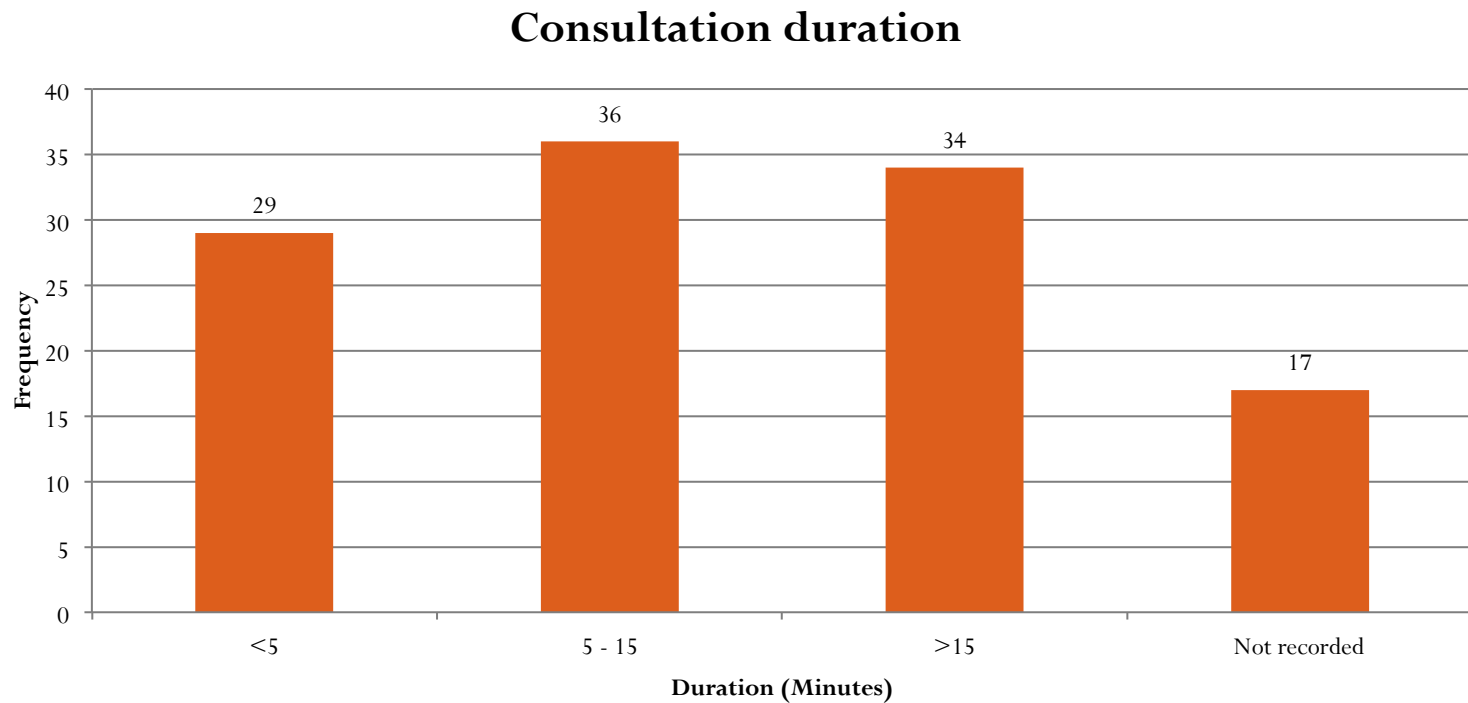
# Prioritises prevention

- Services in schools democratises access to services
- Key period of development
- Screening

# Empowers individuals and communities

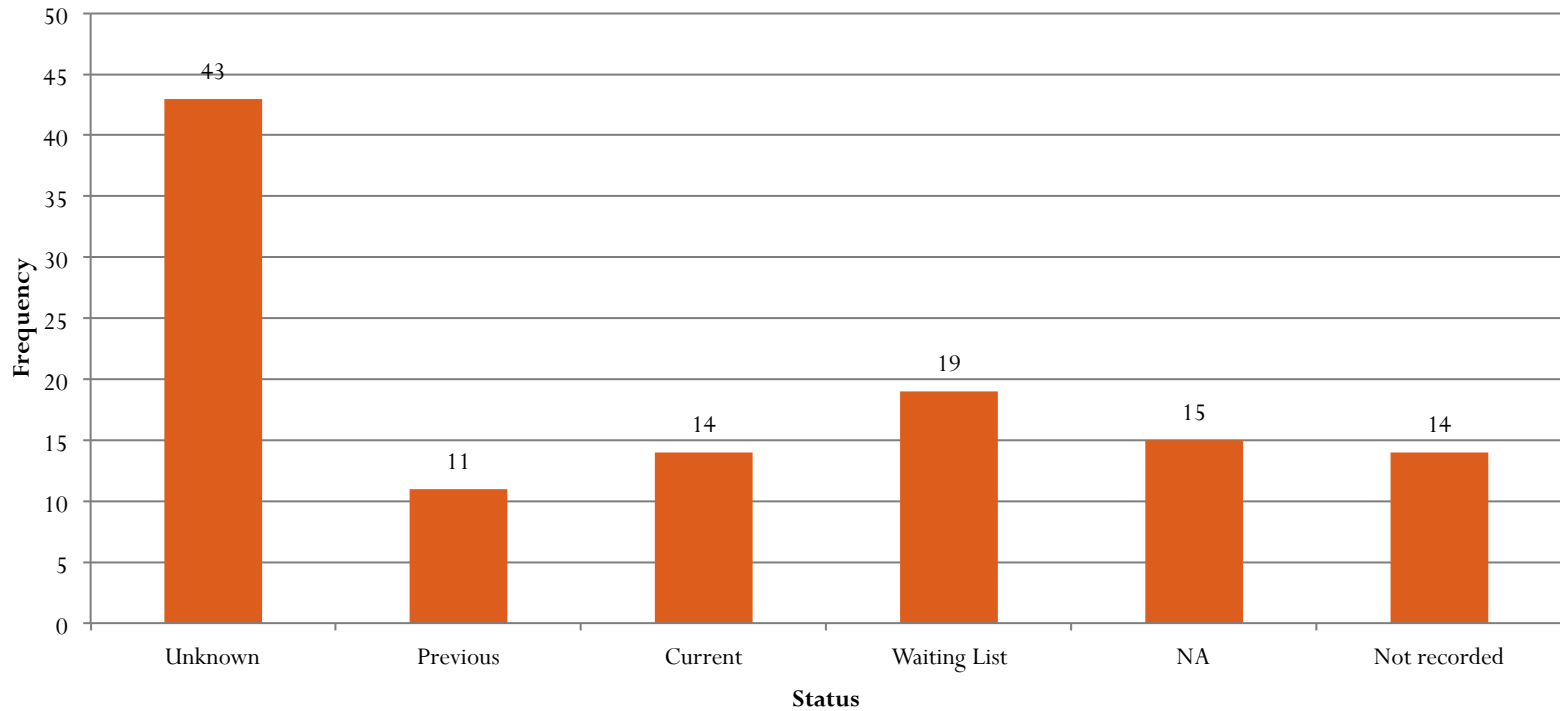
- More integrated within wider system of support for children
- So far:
  - New service welcomed by school staff
  - Schools holding considerable risk within their pastoral systems of care
  - Learning how best to integrate
    - Which students
    - Who knows what
    - Parental involvement

# School staff Consultations Snapshot of first 141



# Identifying Cases

Children discussed: were they known to services?



# Improve value

- Roll out
  - 3 schools May 2014
  - 10 more January 2015
  - more with each subsequent term
  - Commissioners interested and plan to make this part of transformation plan
- Evaluation prioritisation and challenges



# Consider Carbon

- Space
- Time
- Travel
- Engagement

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*“ Good to have it in school, if come to hospital it is scary, I don't know if I would go if it was in a hospital ...no one likes hospital”*