

Education, Children and Families Committee

10.00am, Tuesday, 9 October 2018

Update on Supporting Children & Young People's Mental Health & Wellbeing in School

Item number	7.10
Report number	
Executive/routine	
Wards	
Council Commitments	

Executive Summary

A report was presented to the Education, Children and Families Committee in March 2018 which highlighted the wide range of high quality interventions, preventative approaches, training and initiatives working well to support children & young people's mental health and wellbeing in schools.

The report also contained recommendations to address areas for development with particular emphasis on helping young people identify and access people who can support them at point of need, and additionally, that children and young people are involved in developing resources and signposting that would help them to better promote good mental health in themselves and others.

This report is an update of the recommendations (1.5 -1.10) made in March 2018 with regard to supporting Children & Young people's mental health and wellbeing in schools. It also sets out the plans for the next 6 months before the next Committee Report which is due in March 2019.

Supporting Children & Young People's Mental Health & Wellbeing in School

1. Recommendations

1.1 The Education, Children and Families Committee is asked to:

1.1.1 Note the contents of this report

2. Background

- 2.1 A Supporting Children & Young People's Mental Health & Wellbeing report was presented to the Education, Children and Families Committee in March 2018. This highlighted the wide range of interventions, preventative approaches, training and initiatives working well to support children & young people's mental health and wellbeing in schools and outlined a number of recommendations going forward.
- 2.2 This report is an update of the recommendations (1.5-1.10) made in March 2018 with regards to supporting Children & Young people's mental health and wellbeing in schools. It also highlights the plans for the next 6 months before the next Committee Report which is due in March 2019.
- 2.3 Delivering for Today, Investing for Tomorrow (The Government's Programme for Scotland 2018-19) is the beginning of a radical reform of the way we respond to and treat mental ill-health. It highlights their commitment to offering improved service for children and young people experiencing mental health difficulties better access to clinical services (such as counselling, CAMHS and professional support) and early intervention in the form of local help by additional School Nurses.
- 2.4 However, it is important that all staff within schools and wider council settings working with children and young people feel better able to support their mental health and wellbeing. Given the majority of children and young people will not have a diagnosable mental health issue but will experience occasional distress or anxiety as an appropriate response to life's challenges. Equally important, is that children and young people are included and consulted to identify what type of support would personally benefit them and how to access this. The content of the report sets out how services in Edinburgh are working together to deliver a range of responses to effectively address these areas.

3. Main report

- 3.1 In order to address, recommendation 1.5 which was to work in consultation with young people and staff to update classroom and online resources to increase awareness of, tools and strategies to better support mental health and wellbeing.
- 3.2 The Health & Wellbeing Team have dates set up with staff and young people in Secondary schools and youth work organisations across Edinburgh and the Scottish Borders to look at existing resources and ensure that they inform the content, redesign and development of these materials.
- 3.3 The Young Edinburgh Action Team in conjunction with the Health & Wellbeing Team are involved with a team of young people who are leading on researching what other young people think should be covered in schools with regard to mental health and wellbeing. Young people have already identified 'managing and coping with stress' as a key topic area and are holding their next session on Tuesday 18th September to finalise questions and design consultations for pupils within schools across Edinburgh.
- 3.4 Thousands of children across Edinburgh are benefiting from the roll out of the Building Resilience 3 year programme which teaches them 10 strategies that can help them to better look after their mental health. These include but are not limited to the importance of positive relationships, talking about their worries, dealing with stress, physical activity, belonging to groups, building on strengths, caring for others, having goals and finding a sense of meaning and purpose. Children have been involved in shaping the materials throughout the pilot schools, delivering assemblies to their peers or parents and carers and providing feedback and evaluation to researchers about impact.
- 3.5 Independent evaluation (see Executive Summary in Appendix 1) has been carried out with children and staff to compare impact in 2 schools one with lowest and one with highest SIMD populations. This indicated the programme had equal impact with positive outcomes in both schools. The evaluation found that the programme increased children's understanding of the tools, resources and strategies that help them develop resilience, share wellbeing concerns, promote positive relationships, normalise the experience of setbacks and develop empathy. In addition, it gave the whole school community a shared and common language to support the promotion of positive mental health and emotional wellbeing. It was also shown to improve parental engagement and family learning.
- 3.6 In order to address recommendation 1.6 that 'young people are involved in the design of services and supports' a young people's mental health survey has been developed for use in schools. The Health & Wellbeing team have circulated the survey to an initial 10 secondary schools that expressed an interest in this last term. Schools can then consider and modify the survey specifically for their school setting. The aim being to facilitate positive and meaningful consultation with young people that informs school practice and supports.

- 3.7 In order to address recommendations 1.7-1.8 that staff in consultation with young people, work together to identify a key adult or adults who children and young people can talk to at point of need, and provide a safe space for these conversations to take place.
- 3.8 A citywide communication will be sent to schools in October to promote and encourage interest in developing a whole school led approach shaped by staff and pupils to better support getting help with mental health at point of need. This could include exploring a range of options that would best suit their setting and providing some focus group materials for staff/pupils to carry out this work. The citywide communication would also be used to advertise the Children's Conference (see below).
- 3.9 The Health & Wellbeing team will support the work taking place in primary and secondary schools aforementioned where needed. Additionally they will engage with youth groups and LAC groups to ensure further consultations led by and for young people are taking place outwith the school setting.
- 3.10 The output from all these consultations will be to produce a *Top Tips for Supporting Children & Young People's Wellbeing* document, with good practice ideas for all staff in schools and settings. In addition, there will be a complementary *Top Tips for Supporting Our Own Wellbeing* which will be consolidating all children and young people's ideas and advice for their peers and include a necessary signposting sheet for further help. Both documents will be launched at the Children's Conference in February 2019.
- 3.11 The new Engaged, Involved policy (about to be circulated) also emphasises the role of all staff in terms of availability to listen and responsibility for positive relationships and wellbeing support to all children.
- 3.12 Examples of tests of change include the Wellbeing Academy is a collaborative test of change project being delivered by Psychological Services and Child and Adolescent Mental Health Services (CAMHS). The project involved 14 schools in 2017-18 and an additional 10 schools have joined for 2018-19. An assigned member of staff (Pupil Support Officers) is a key point of contact, providing additional support in school focussing on emotional wellbeing. These staff are trained in the implementation of evidence based approaches to support children and young people and provide appropriate early intervention. Ongoing training, support and coaching is provided through collaboration with CAMHS and Psychological services. Initial findings are being gathered.
- 3.13 There is also a commitment for School Nurses to be freed up to deliver the new national school nursing pathway which includes supporting pupil emotional health and wellbeing. The local strategy led by NHS Lothian has initially focused on the delivery of a CBT informed low intensity intervention for experiences of anxiety, (LIAM) primarily being delivered by School Nurses across Lothian alongside the Pupil Support Officers (PSOs). LIAM has been delivered and engaged with 53

young people and the data is suggesting positive outcomes with regards to impact of this model. For full report (see Appendix 2).

- 3.14 Over 140 City of Edinburgh Council staff have been fully trained as nurture practitioners by Psychological Services in 2017 and 2018 and many schools now offer nurture groups. Nurture practice is an evidence based approach to addressing mental health needs and allows school staff to capitalise on the relationships they have or wish to develop with all children but particularly those who are vulnerable or at risk. It plays a crucial role in ensuring every child has access to at least one key adult.
- 3.15 In order to address recommendation 1.9 that there is a Children's Conference with a theme of mental health and wellbeing and that children and young people are involved in planning and developing the conference. The Children's Conference – Supporting Children & Young People's Mental Health & Wellbeing (working title) will take place on Thursday 28th February at the Faith Mission. It will involve children and young people showcasing good practice ideas, initiatives or programmes that they feel have made a positive difference to their mental health and wellbeing along with some inspiring keynote speakers. They will also present and launch the Top Tips document in conjunction with the Health & Wellbeing Team and the event will be hosted by Cllr Alison Dickie. The hope is that staff and children and young people representatives attending, will be inspired to replicate best practice across their schools and settings.
- 3.16 In order to address recommendation 1.10 that young people are engaged in shaping decisions relating to their health and wellbeing through several channels including but not limited to, Year of Young people and Child Friendly Edinburgh, an update on this is outlined below. Detailed information is contained in the report Year of Young People 2018 and Child Friendly Edinburgh – Young People's Contribution to Decision Making (Item 7.1.)
- 3.17 Within the 'What Kind of Edinburgh' project, around 40 young people are working with Young Edinburgh Action and Children's Parliament and the adult Champions to plan, organise and run a series of workshops based on the 5 outcomes in the Children's Services Plan, one of which is Health and Wellbeing. The workshop looking at health and wellbeing is planned for 12th December. The purpose of all this work is to engage those young people in shaping policy about the decisions that influence their lives. This work will help inform the planning and delivery of the Children's Conference in February.
- 3.18 Youth Ambassadors from Edinburgh are currently being selected to participate in the Eurocities Conference and AGM in November, alongside Young Ambassadors from around 50 other countries. Alongside this, a call is about to go out via schools, youth groups and voluntary sector organisations for up to 20 Youth Volunteers who will engage and support the youth ambassadors and help create a legacy for young people in Edinburgh. The conference themes are Creative Competitive Cities and parallel to this is Cities4 Europe which is all about local democracy and decision

making. Feedback from the Young Ambassadors and the Youth Volunteers will help inform the planning and content of the Children's Conference.

- 3.19 Other examples include Active Schools Girls Event on 4 October for over 100 S3 girls which aims to raise awareness of mental health and wellbeing and the protective power of sport and physical activity. This is a particularly vulnerable age group for onset of mental ill health and workshops will be held on the day that will help support young people to engage and shape decisions relating to their health and wellbeing.

4. Measures of success

- 4.1 All schools as part of the NIF (National Improvement Framework) address Health and Wellbeing for pupils, including mental health and wellbeing.
- 4.2 More schools are taking steps towards specifically improving mental health and wellbeing outcomes for of pupils by accessing training, resources and encouraging greater use of Pupil Surveys
- 4.3 A Young People's Mental Health Survey is available for schools to use and they are encouraged to do so
- 4.4 Cool, Calm and Connected and Think Good Feel Good mental health resources are used effectively in most schools
- 4.5 There is an identified adult in each school who children and young people can talk to and a space for these conversations to take place.
- 4.6 A self-referral process is available that pupils can use at point of need.
- 4.7 A legacy of the Year of Young People is a Children's Conference which this year includes mental health and wellbeing and may become an annual conference with themes chosen by young people

5. Financial impact

- 5.1 The Children's Conference is a potentially an annual conference and as such does have a cost implication. Budget will need to be identified to cover amongst other things, venue, refreshments, speakers, transport of children and young people, cover costs for staff.

6. Risk, policy, compliance and governance impact

- 6.1 There are no adverse impacts arising from this report.

7. Equalities impact

- 7.1 The report has been considered in relation to equalities and human rights and no negative impacts have been identified.

8. Sustainability impact

- 8.1 The recommendations of this report are focussed on ensuring sustainability for Edinburgh's young people, particularly regarding their emotional and mental health and wellbeing.
- 8.2 There are no adverse economic, social or environmental impacts resulting from these areas of activity.

9. Consultation and engagement

- 9.1 Consultation has taken place with and by the Lifelong Learning Strategic Youth Work team, Young Edinburgh in Action, Parent and Carer Support, Health & Wellbeing Team, Schools, Educational Psychologists and Additional Support for Learning, Inclusion and Quality Improvement Teams, Scottish Youth Parliament and NHS.

10. Background reading/external references

Alistair Gaw

Executive Director for Communities and Families

Contact: Pattie Santelices, Lifelong Learning Strategic Officer, Health and Wellbeing

E-mail: patricia.santelices@edinburgh.gov.uk | Tel: 0131 469 3201

11. Appendices

- 11.1 Appendix 1 - Executive Summary Building Resilience
- 11.2 Appendix 2 - Appendix 2 LIAM update 2018

Appendix 1

Building Resilience Evaluation Executive Summary September 2018 Dr Briega Nugent

Overview

This summary presents findings from an independent evaluation of the 'Building Resilience' programme that sets out to help young people develop strategies to cope with setbacks, share wellbeing concerns and promote positive relationships. The concept of adversity has become synonymous with poverty and the research focused on comparing the impact of the programme in one school with one of the highest levels of SIMD 1 & 2 population (Castleview Primary School) with one of the lowest (South Morningside Primary School). The research involved gathering feedback from 202 teachers, 51 parents and 39 pupils.

Key Findings

- Teachers, parents and pupils felt that the programme was a personal journey, prompting in-depth reflection and a mature outlook on life, to understand what and who matters, emphasising that everyone has ups and downs. 'Resilience' in this programme is not about promoting the message that challenges are to be endured but rather emphasises the importance of asking for help from others. All children and young people face challenges and this course has value and meaning across socio-economic classes.
- For a small group of children in both schools this programme has been transformational, leading them to opening up about their concerns, sleeping and eating better, joining clubs and in at least two cases (one in each school) attending school now regularly.
- All the children reported having increased confidence, self-esteem and being generally 'kinder' to one another.
- Poor transitions from primary to secondary school can have a lasting impact on young people. Those in P6 and P7 in both schools felt more confident about being able to make new friends and as a result much less anxious about going to secondary school, with some even excited about the change. Parents in turn were also then less stressed, resulting in the whole family having a positive impact.
- Significantly, this programme in both schools has led to a shared language for pupils, parents and teachers to express themselves, be understood and trigger support, creating a 'whole school community approach'.
- In the most deprived area parents were invited to the school to participate in the classroom activities with their children. This was one of the highest attended events the school had ever had, with a few parents coming who had never before and resulted in a small number asking for help and parenting sessions held as a follow up.
- The positive effects of this programme were the same in both schools, despite the differing levels of SIMD populations. Although more research would be needed the

only difference is that there were some indications that in the more affluent school more work was needed in helping parents to be less protective of their children, to encourage them to try new things or persevere at those areas they are not immediately good at. In both schools teachers said that the programme had led to some difficult but necessary conversations with parents taking place about how to support their children to deal with challenges.

- This programme flattens power hierarchies by clarifying that we all need help and encourages 'hard to reach' parents struggling to come forward and ask for help, and this was relevant to both the most and least deprived area.

Suggestions

- It is advised that parents are invited in to the school to participate in at least one session with their children as part of the course.
- It is recommended that the resources could be tailored for the older children to help with the transition from primary into secondary school.
- It is recommended that longitudinal research of the impact of this programme be carried out.

Conclusion

There has been a rise in the number of young people reporting anxiety and depression and the mental health and wellbeing of children is a national priority. This programme was created by experts from mental health, well being and education coming together, and the multi-media resources have been well thought out and allows for teachers to tailor the approach to different age groups and the needs of those within their school.

From questionnaires, focus groups and interviews conducted in both schools, they equally reported that children had increased understanding of the tools, resources and strategies that help them develop resilience, were better able to share wellbeing concerns, promote positive relationships and empathy (a 'culture of kindness') and normalised the experience of setbacks. In addition, it gave the whole school community a shared and common language to support the promotion of positive mental health and emotional wellbeing and supported parental engagement and family learning.

For a small group of young people interviewed this has been transformational and for some parents the first time they have engaged with the school, coming forward to ask for help and being supported as a result.

As the OECD (2015: 78) states, the ambition should not only be to close gaps but also to "raise the bar" for all,¹ and this is exactly what this programme is doing through a

¹ Organisation for Economic Co-operation and Development (2015) Improving Schools in Scotland: an OECD Perspective. Available online at: <https://www.oecd.org/education/school/Improving-Schools-in-Scotland-An-OECD-Perspective.pdf>

social pedagogical approach that promotes dialogue between home and school, improving mental health and wellbeing.

DRAFT

Appendix 2

Let's Introduce Anxiety Management (LIAM): A collaboration between NHS Lothian CAMHS, NHS Education Scotland and local partners including School nursing, Educational psychology and Schools.

Progress report; Summer 2018

Cathy Richards; Lead Clinician/ Head of Psychology CAMHS
Jane Owens; Clinical Psychologist (Lothian CAMHS/NES Early Intervention Project)
Claire Gittoes; (Lothian CAMHS/NES Early Intervention Project)
Gemma Brown; Trainee Clinical Psychologist; NHS Lothian

1. Background information

Up to 20% of children and young people (CYP) will experience a depressive episode or anxiety disorder before the age of 18 years (Werner-Seidler et al., 2017); with many more experiencing sub-threshold difficulties with emotional and mental well-being. While evidence-based interventions are recommended for these children and young people (The Matrix, 2015), access to these is limited.

Prevention and early intervention is identified as a key priority of the Scottish Government's Mental Health Strategy 2017-2027. Furthermore, the strategy highlights that every child and young person should have appropriate access to emotional and mental well-being support in school and that training for non-mental health staff should be available across health and social care services.

NHS Education Scotland has funded the 'Psychological Skills – Early Intervention CAMHS (TIPS-EIC)' initiative with the aim of up-skilling the broader workforce of children services in Scotland in Early Intervention Child and Adolescent Mental Health (outside of the Tier 3 CAMHS workforce). Posts throughout Scotland have been developed in-line with the new Mental Health Strategy 2017 – 2027. There is a focus from the Scottish Government on their being improved support at tiers 1 (i.e. universal services – school nursing, school staff, general medical practices, health visiting) and tier 2 (a combination of some specialist CAMHS services and community-based services including community/ primary mental health workers) to tackle mental health problems or behavioural or emotional issues, which do not require a specialist CAMHS. To date, in NHS Lothian, this funding has supported the development of 1 wte 8a clinical psychologist. Among other tasks this post holder has delivered training and offered fortnightly coaching to the staff trained in LIAM.

2. Project overview

In collaboration with NHS Education Scotland, NHS Lothian have been working in partnership with school nursing, schools and local authorities to increase access to safe and effective evidence based, low intensity psychological interventions in schools .

Our local strategy has initially focused the delivery of a CBT informed low intensity intervention for experiences of anxiety, primarily being delivered by School Nurses across Lothian and by school employed, Pupil Support Officers (PSOs) within Edinburgh . The later role has been created as part of the newly established 'Edinburgh Emotional Wellbeing Academy'; a collaboration between Edinburgh Psychological Services and NHS Lothian CAMHS. 'Let's Introduce Anxiety Management'

(LIAM) is designed to be delivered on a 1-1 basis with children and young people experiencing mild levels of anxiety by staff working in children’s services who are not mental health professionals. Lothian CAMHS Clinical Psychologists provide training and ongoing coaching to LIAM practitioners along with access to resources to support LIAM delivery and consultation on implementation approaches. In addition, we are beginning to test the intervention with other key staff groups including social work and 3rd sector organisations.

The project has been registered with NHS Lothian Quality Improvement Team, and has benefitted from the incorporation of QI methodology. Implementation science methodology has underpinned the implementation.

3. Initial LIAM implementation

3.1 Training

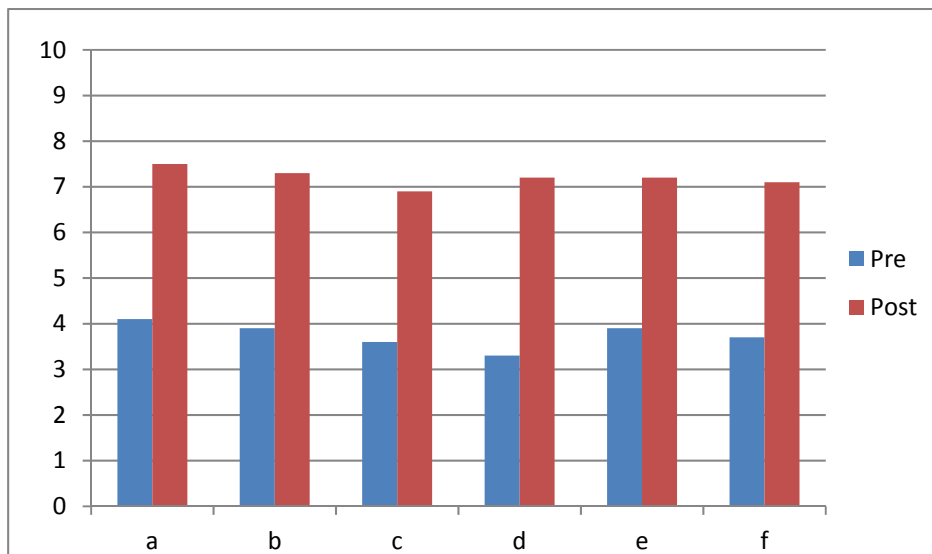
We have delivered 5, two-day LIAM training events in October and December 2017 and in January, June and August 2018. In total, we have trained 75 LIAM practitioners. A break down by profession can be seen in Table 1. This includes, 32 NHS school nurses, 2 school nurses from independent schools, 28 pupil support officers (PSOs), 6 social work colleagues, 2 pupil support leaders, 1 family support teacher, 1 support for Learning teacher, 1 educational psychologist and 2 third sector workers. All PSOs trained are based in Edinburgh Schools, whereas school nurses have been trained across NHS Lothian, with 18 of these being based in Edinburgh, 7 based across East and Mid Lothian and 7 being based in West Lothian.

Table 1: Summary of training attendance.

Training dates	N LIAM practitioners trained	Breakdown by profession
24/10/2017 - 25/10/2017	N = 16	School nurses (NHS) = 15 Educational psychology =1
06/12/2017-07/12/2017	N = 16	PSO = 15 ASL teacher =1
30/01/2018 - 02/02/2018	N= 15	School nurses (NHS) = 7 School nurses (independent) = 2 Social work = 6
11/06/2018-12/06/2018	N =13	School nurses = 9 PSO = 1 3 rd Sector workers = 2 Teachers = 1
28/08/2018 & 30/08/2018	N = 15	PSO = 12 Family support teacher = 1 Pupil support Leader = 1 School nurse = 1

Pre and post course evaluations indicate a significant increase in levels of knowledge, skill and confidence following training (see Figure 1). These gains were maintained 6-8 months following training.

Figure 1. Pre and post learning outcome; rated on a scale of 1-10 (10 being the highest level of confidence).



Key;

- Understanding cognitive behavioural approaches to working with children and young people with anxiety presentations.
- Carrying out assessment of anxiety with children and young people
- Carrying out assessment of anxiety with parents, carers and systems
- Delivery of psychoeducation about anxiety.
- Selecting approaches to support children and young people with anxiety presentations to make effective change
- Evaluating the use of cognitive behavioural approaches to support children and young people with anxiety presentations.

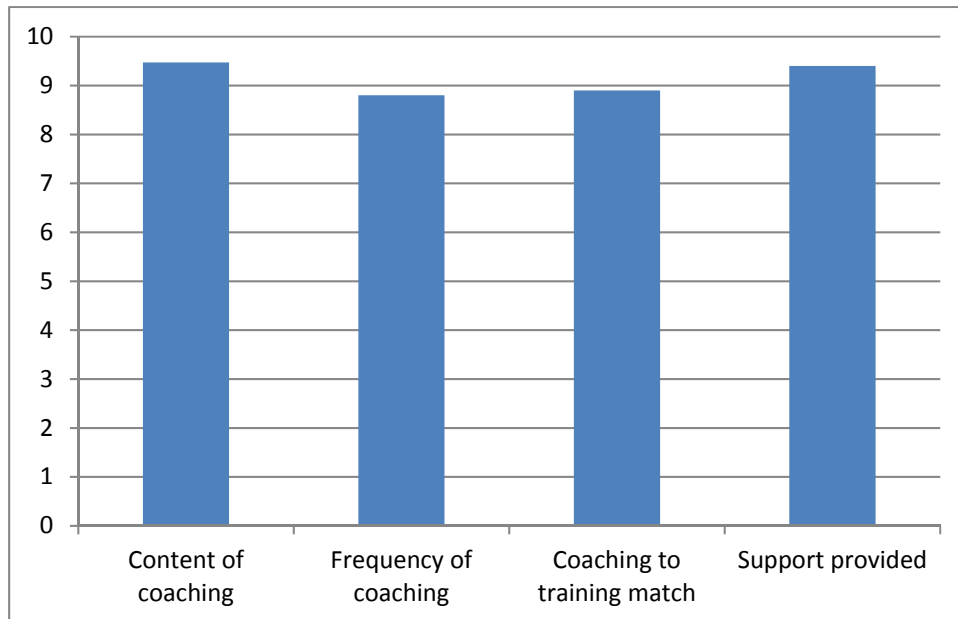
3.2 LIAM Coaching

It is recognised that while training increases knowledge, it does not directly change the practice of staff (Beidas & Kendall, 2010). Therefore as well as providing practitioner training, LIAM practitioners were provided with fortnightly group coaching sessions in order to facilitate learning to practice and the support local implementations of LIAM.

Experiences of coaching were assessed 6-8 months after training completion. Ratings on a 10-point Likert scale from very poor to excellent, indicated that practitioners had a positive experience of coaching. (see Figure 2). In addition, themes emerging from the analysis of qualitative interviews with staff indicated that although staff felt that training contained a lot of information, the on-going support of coaching facilitated learning over time. Coaching was seen as a key facilitator and supported practitioners to overcome the barriers to implementation. Staff reflected that coaching was containing, kept the momentum of the implementation going and allowed practitioners to build confidence. The consistency of coaching sessions and having this protected time was also observed

to be facilitating and provided reassurance. Coaching was also reported to prevent drift, improve consistency and ensure safe delivery of the intervention.

Figure 2. Ratings of coaching on a 10-point likert scale (0 = very poor, 10 = Excellent).



3.3 LIAM delivery

Currently, 53 CYP have consented to take part in LIAM. 35 of these are either currently receiving the intervention or are due to commence this in the next school academic year. We therefore have outcome data for the remaining 25 CYP, 23 of these have completed LIAM and 2 withdrew/did not complete the intervention. School nurses have delivered interventions to 40% of CYP completing LIAM to date, with the remaining 60% of LIAM completer data being collected from education staff (PSOs, educational psychology, teachers).

The routine collection of outcome data is built into LIAM delivery. This includes measures of overall wellbeing, anxiety and low mood (YP-Core and Revised Child Anxiety and Depression Scale; RCADS) and progress towards self-identified goals (Goal Based Outcomes). Analysis of pre and post intervention measures indicates significant improvements on all of these measures (see figures below). In addition, a parent completed questionnaire (Strengths and Difficulties Questionnaire) showed a trend towards significant improvement. However as this measure was completed by the parents and carers of primary age children, data from only 11 CYP has been collected to date.

Figures 3-5; Significant pre and post reductions shown on the YP-Core and RCADS and significant progress towards individual goals (as Measured by Goal Based Outcomes).

Figure 3.

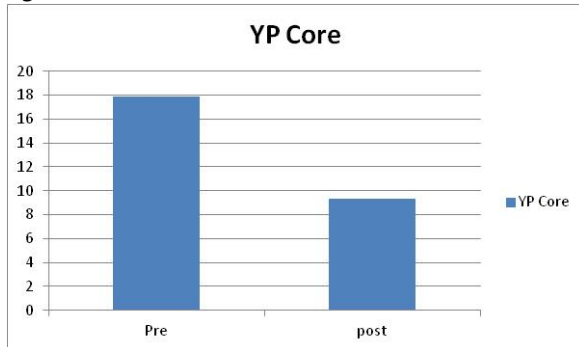


Figure 4.

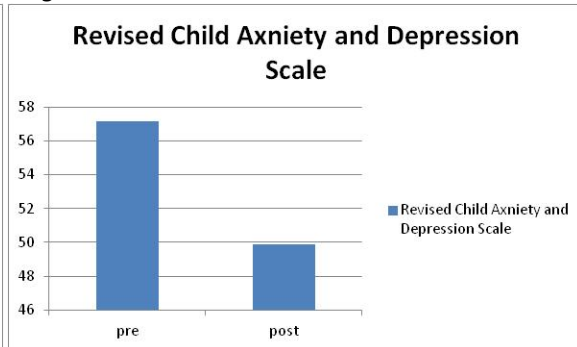
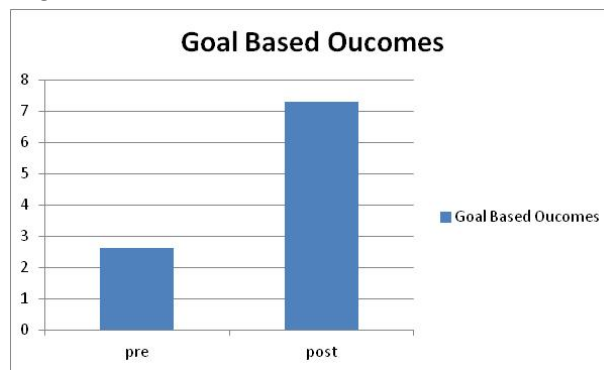


Figure 5.



Preliminary analysis of routine outcome measures (ROMs) was conducted in June 2018 for the first 21 CYP to complete LIAM. Following tests of normality indicating a normal distribution, a paired-samples t-test was conducted to compare initial data on ROMs pre and post LIAM. There was a significant difference in the scores for pre and post intervention across all ROMs (see Table 3). CYP reported a significant reduction from pre to post scores on RCADS Total t scores as well as t scores on the low mood and anxiety subscales with moderate effect sizes (Cohen's $d=0.53$ to 0.69 respectively). A significant reduction post intervention compared to pre was observed on the YP-Core with a large effect size (Cohen's $d=1.21$). CYP rated themselves as moving significantly closer to meeting their goals post intervention in comparison to pre (GBOs; Cohen's $d=-1.79$).

Post-hoc power calculations for a one-tailed hypothesis were completed based on the calculated effect size. These indicated that there was sufficient power to detect changes on GBOs (98.6%) but that analysis of initial ROMs was limited for the YP-Core (68.9%) and underpowered for the RCADS Total Score (43.6%), RCADS Anxiety subscale (33.8%) and Low Mood subscale (30.7%) and SDQ total score (23.3%).

At the end of the intervention, CYP were asked to complete the Experience of Service Questionnaire (ESQ) with feedback gained indicating that LIAM had high levels of satisfaction and acceptability for CYP. For example, questions relating to feeling listened too, taken seriously and being provided with help were rated as being 'certainly true' by 94-100% of CYP. The average score on items relating to satisfaction with care was calculated to be 17.29 out of a possible 18. All results are shown in table 2. It is worth noting that, given the currently low number of CYP included in these analyses, the results provide above, whilst positive, are of a preliminary nature.

Table 3. Routine Outcome Measures Pre/post.

Measure	Time	N	Mean	SD	df	t value	p value	Cohen's d
Strengths and difficulties questionnaire (parent version)	Pre	11	14.45	5.01	10	2.082	0.064	0.63
	Post	11	11.00	6.71				
Goal Based Outcomes	Pre	21	2.62	2.29	20	-8.18	0.000*	-1.79
	Post	21	7.29	1.68				
YP-Core	Pre	14	17.86	6.31	13	4.53	0.001*	1.21
	Post	14	9.36	7.26				
RCADS: Low Mood	Pre	21	53.38	13.65	20	3.17	0.005*	0.53
	Post	21	46.48	11.27				
RCADS: Anxiety	Pre	21	56.90	14.25	20	2.60	0.017*	0.57
	Post	21	50.95	13.51				
RCADS: Anxiety & Low Mood	Pre	21	57.14	12.98	20	3.17	0.005*	0.69
	Post	21	49.86	13.69				
ESQ: Satisfaction with Care	Post	17	17.29	1.04	N/A			

RCADS; Revised Child Anxiety and Depression Scale, ESQ; Experience of service questionnaire, *significant finding at the p<.05 level.

4. Future directions

NES has continued the funding for the clinical psychology post which will enable the clinical psychologist to continue to support the delivery of LIAM across Lothian by providing ongoing support and coaching to those already trained in this approach. In addition we are continuing to identify ways of increasing the reach of LIAM, for example, by offering training to 3rd sector organisations and via the continued recruitment of Pupil Support Officers, so that more CYP can access this intervention.

This implementation of LIAM has been evaluated as part of a Trainee Clinical Psychologist Doctoral Thesis. This has involved conducting qualitative interviews with key stake holders in order to understand the barriers and facilitators of the implementation to date. The insights from these interviews will help to guide the continued development of LIAM and other early intervention approaches within Lothian. While this initial implementation of LIAM has been successful in many areas, we are looking at ways to identify and overcome any barriers to implementation that have so far been identified. This includes looking at ways to increase the scope and reach of LIAM and improving processes to identify children and young people who may benefit from this intervention.

We are currently working in collaboration with NES and other Health Boards to develop LIAM into a group format and are planning the delivery Lothian CAMHS developed, 'Anxiety Workshops for Parents' in collaboration with LIAM practitioners outwith CAMHS.

It is worth noting that this project has only been possible due to strong support and collaboration between multi-agency partners. We look forward to continuing to build on and develop these partnerships for the continued delivery of evidence based early intervention approaches for CYP.

5. Key References

The Matrix (2015) A Guide to Delivering Evidence-Based Psychological Therapies in Scotland

Werner-Seidler A, Perry Y , Calear AL , Newby JM , Christensen H (2017); School-based depression and anxiety prevention programs for young people: A systematic review and meta-analysis. Clin Psychol Rev. 2017 Feb;51:30-47.

Beidas ,R.S., Kendall P.C (2010). Training therapists in evidence-based practice: A critical review of studies from a systems-contextual perspective. Clinical Psychology: Science and Practice, 17, 1-30.