Information leaflet
An SMHT leaflet has been developed outlining the aims and objectives of the service, treatments available and the risks and benefits of using the service. The leaflet is given to parents/carers of children and young people who attend or will be attending one of the four schools.

Training and consultation
A large part of mental health nurses’ role in the SMHT is to offer training and consultation to school staff.

Some is formal, for example: training and presentations in team meetings; providing a mental health perspective during case discussion and pupil updates; and joint work with educational psychologists in staff support groups. Some is more informal and could include talking in the staff room about a particular pupil causing concern or mental health issues in general.

Recently the SMHT and other members of the child and family consultation service provided a training day to staff at all the schools on child and adolescent mental health. Overall, it was viewed positively. However, some lessons were learnt and future training will vary in content, structure and group size.

There is also an opportunity for CAMHS and school staff to run joint training, particularly on behaviour management and its theory and evidence base.

OUTCOME MEASURES
The SMHT has been included in the national pilot for the Children’s Outcome and Research Consortium (see www.corc.uk.net). This uses several tools for measuring the outcomes of children and their families who use the service.

These are the Strengths and Difficulties Questionnaires (SDQ), one for young people (depending on their age) and one for parents/carers to complete at: the time of case opening; a six month follow-up; and then at case closure. The Children’s Global Assessment Scale (CGAS) is also completed at case opening and at case closure.

Both young people and parents/carers are also asked to complete the experience of service feedback questionnaire at the time of case closure.

The SMHT also asks teachers to fill in an SDQ at the time of referral and then as a follow-up six months later.

Results from these measures show positive outcomes for the majority of children and young people who have used the service. More detailed analysis has yet to be conducted.

Over half the children and young people on the SMHT caseload were previously known to the child and family consultation service and had failed to engage with it. This clearly shows that being in the school environment has made CAMHS more accessible for some young people and their families.

PLANS
This model of interagency working between health and education has proved to be extremely effective and has led to projects involving mental health nurses working in Hackney mainstream schools being funded.

In schools, mental health professionals are ideally placed to coordinate and liaise with services around the child. A challenge will be to widen the network of these agencies to include those working with parents.

CONCLUSION
The SMHT was set up in line with government recommendations to make mental health services more accessible and to meet the needs of children and families who were not engaging with services.

One key observation is that over half the SMHT caseload is made up of young people and families who had previously been referred to the child and family consultation service but not engaged with it.

The team’s continued success has depended on the steering group’s regular meetings and strong links with the CAMHS team. The support of both an experienced child and adolescent consultant psychiatrist and general manager, together with a solid nursing structure, has been invaluable in terms of developing and seeing through this innovative practice.

REFERENCES


Pettitt, B. (2003) Effective Joint Working between Child and Adolescent Mental Health Services (CAMHS) and Schools. London: The Mental Health Foundation. tinyurl.com/effective-joint


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