

Working Together to deliver a whole systems approach to improve young peoples emotional wellbeing

Michael Morris , Paul Graham, Suzanne Mills, Kevin Mullarkey

Rationale

In July 2019, the Children and Young People’s Mental Health Task Force published a set of recommendations for how children and young people’s services should support mental health, that included a whole systems approach, underpinned by Getting it Right For every Child (GIRFEC). South Lanarkshire participated in the national RCS programme which engaged around 17,000 children, young people and parents including 781 pupils from St John Ogilvie HS in completing a wellbeing survey. The results showed a proportion of young people at St John Ogilvie HS had a raised total difficulties score (indicating some problems), which increased with school year group from 26% of young people in S1 to 36% in S4. A higher proportion of girls had a raised score on the total difficulties scale (37%) compared with boys, in particular emotional symptoms (23%).

Theory of change: Providing a bespoke package of early support as a first level staged intervention in a school setting to S3/4 girls over an academic year would lead to improved emotional wellbeing.

The project global aim is to improve the emotional wellbeing of S3 girls as defined by Healthy Habits, Relationships, Confidence and Engagement and reduce their SDQ scores by 10% by March 2020.

Method

We liaised with wider planning and improvement partners to drive a model of change in working with girls with self-identified anxiety and created a project team of Education, Health, Leisure and Culture. We utilised Quality Improvement tools such as the Cause and Effect tool, Forcefield Analysis, Prioritisation tool and Driver Diagram to further understand any underlying issues affecting emotional wellbeing and anxiety within a cohort of S3 girls. Firstly we held a focus group and established consultation sessions with the group of girls to further scope the issue using a specially developed set of questions. Strengths and Difficulties questionnaires (self-reported) were used to establish baseline outcome data and a data collection tool informed by GIRFEC wellbeing indicators and using 4 domains identified by the group (Engagement, Healthy Habits, Confidence and Relationships). Data was collected weekly and once analysed informed our PDSA cycles including individual pastoral care drop in times and a bespoke wellbeing programme in order to achieve our project aim.

Key Learning Points and Achievements

A collaborative consultation as a starting point for engagement allowed us to understand more about the key issues involved e.g. social pressures were highlighted by the young people. Our intervention had to fit within a small resource e.g. the pupil support drop in times changed to fit in with other staff commitments. The teacher involved had training in Active Listening as part of the NES LIAM training, which increased skill and confidence. We learned to plot group, or individual factors influencing wellbeing (e.g. exam stress). Through use of a tracking tool and one key supportive relationship we can map the effects of this as well as any impact of our intervention. Particular successes within the wellbeing programme were the ‘Walk and talk’ sessions and the motivational speaker with lived experience of anxiety. An adapted GIRFEC tool allowed communication and tracking of YPs behavioural indicators of wellbeing.

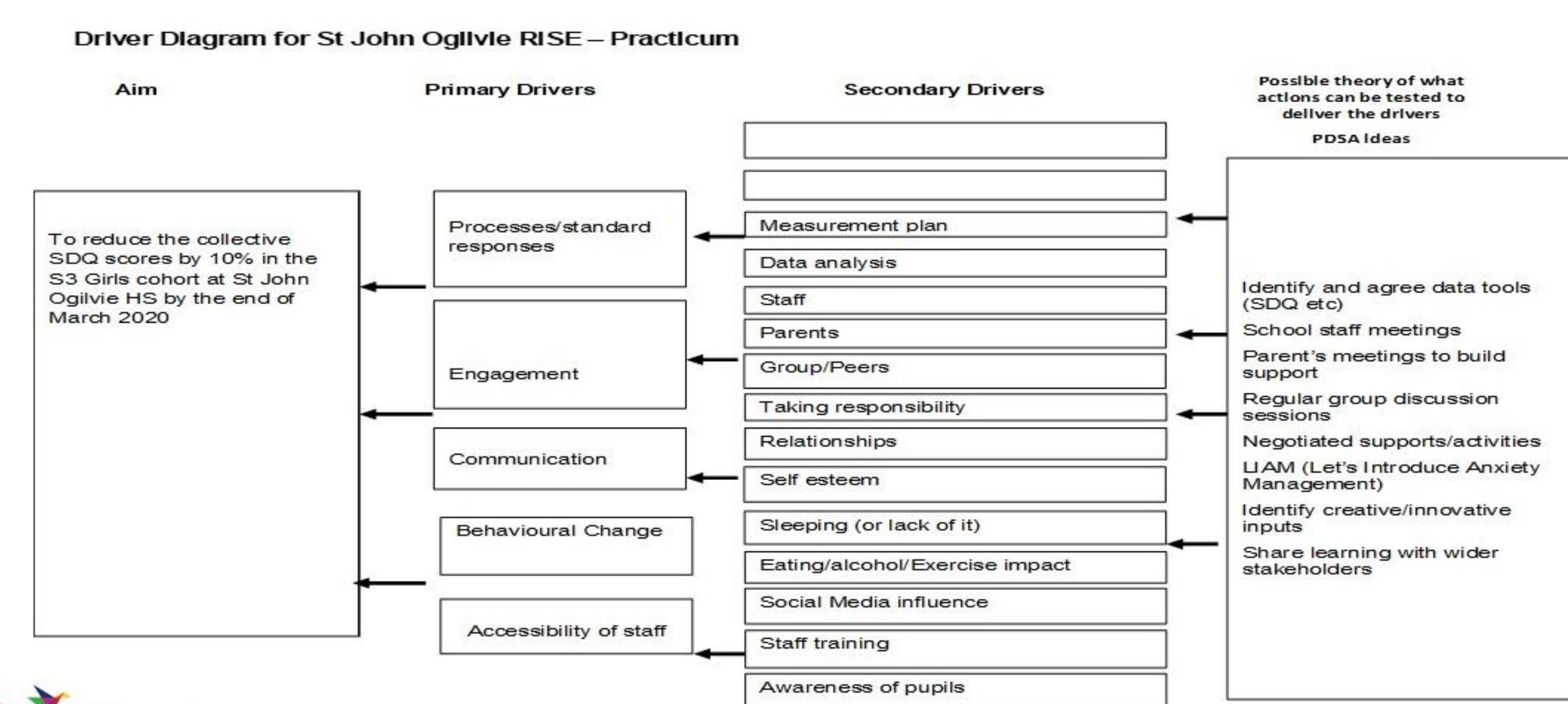
These successes showed that there doesn’t need to be a large financial investment to make a difference to wellbeing. Future consultation is planned with teachers around their knowledge, skills and confidence with pupils’ emotional wellbeing, and a PSHE programme shaped on CBT informed principles potentially developed jointly by Health and Education to increase understanding in both staff and pupils.

Process Change

Change activity offered included informal drop-in support by a Pupil Support Teacher (monitored use of most popular times) and inputs by inspirational individual with lived experience of overcoming anxiety. **Additional support** - Meeting pupils for focus groups to define issues, improve relationships, agree engagement, communication, build trust, identify barriers and devise group and individual solutions. Provided support to participate and record positive experiences using journals during the Summer break. Established Summer goals and activities and negotiated tools to track and monitor any change (SDQ scores, Outcome Star, Attendance).

Provided a negotiated 10 week programme of support from a Pupil Support Teacher, Active Schools Coordinator and a Clinical Psychologist that included Walk and Talk sessions, Mindfulness, Yoga, Gym sessions, Building self confidence and healthy eating sessions. The PDSA cycles evidenced that the drop in sessions, walk and talk sessions and the inspirational speaker had the greatest impact on the group. Evaluation of the impact of phase one programme informed phase two programme content.

Process Change: Driver Diagram



Results and Conclusions

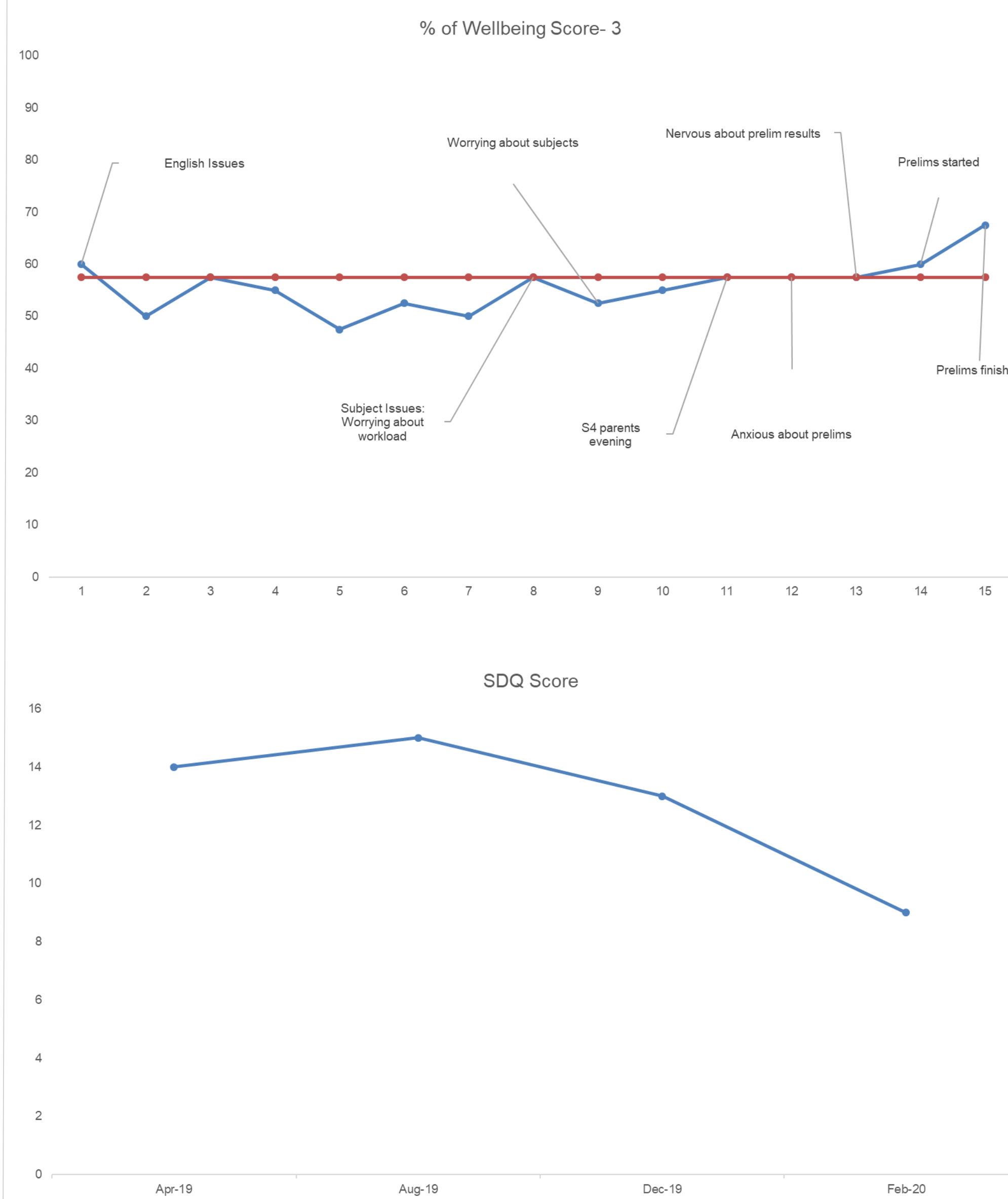


Chart one

Initially no real improvement as we worked on the programme. Data entries 9-15 see a slow increase in overall wellbeing. Entries 14/15 show the highest scores to date. Data shows it took 6-8 weeks before impact can be measured. The success of Phase 1 is evident. Confidence improving resulting in upward “change” after prelims.

Chart two

4 SDQ data points collected, each 4 months apart. Significant decrease on overall score is evident from Borderline range to Normal.

This is comparable with run chart and findings.

Lowest SDQ score to date in Feb 2020.

Drop – in time negotiated with Pupil Support Office provided reassurance and individual problem solving to pupils when required.

New experiences: Meeting with motivational speaker with lived experience improved engagement, understanding and helped normalise anxiety issues and provide hope. Friday group sessions increased confidence in communication with staff and helped emphasis and containment with the aim of creating bespoke individual goals that can be monitored over time. Trust improved across the group and with staff.

Scale / Spread

Establish a clear mandate for development both in School via the School Management Team and strategically via Education Resources Education Management Team and wider Children’s Services Partnership.

Consider targeting S1 students coming to St John Ogilvie and getting a whole year group overview of their wellbeing through Wellbeing Wheels and SDQ’s as part of their transition.

Inform S1 PSE curriculum, specifically the S1 Health Unit, and develop CBT strategies and ways of managing low levels of anxiety.

Professional development opportunities with teaching staff in relation to supporting with students with low levels of anxiety. Link in with external agencies e.g. CAMHS to provide support for teaching staff.

Discuss the project with Head-Teacher and Senior Management Team and how the learning can inform the Improvement Plan 2020/21 and inform our Mental Health Strategy.

Improvement activity explicit in the new Children’s Services Plan 2020/23 and supported by the high-level Continuous Improvement Group.

Methodology

Use the multi-agency RCS Change Theme Group to drive further improvement activity built into local settings. Agree four new schools with a range of partners willing to contribute towards the improvement activity.

Key things to consider are: Workforce development needs, in-situ environment, assessment tools and developing a bespoke change package for each establishment.