Highland Council

Primary Mental Health Worker Service

Standards and Quality Report

2016-17

This report provides a summary of the work undertaken by the Highland Council Primary Mental Health Worker (PMHW) Service from July 2016 to June 2017.

It provides information on staffing, job planning and on processes and structures that support the service. It also includes detail from the service improvement plan, data routinely collected by the service and the data from the various evaluations completed throughout the year.

Bernadette Cairns
Head of Additional Support Services
September 2017

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1. SUMMARY

The Highland Council Primary Mental Health Worker (PMHW) Service is part of the Additional Support Needs structure within Highland. It is a service commissioned by NHS Highland to provide Tier 2 of the Child and Adolescent Mental Health Service (CAMHS).

The service works directly with children, young people and their parents/carers where appropriate and also with professionals from a variety of disciplines, to integrate support for children and young people on issues relating to mental health and wellbeing.

In addition to the annual Standards and Quality Report, the service reports on performance in a variety of ways:

- gathering and reporting of statistical data to ensure targets set by the Scottish Government are met;
- feedback and reporting to NHS Highland through assurance reports;
- feedback and reporting to Highland Council through reports to the Highland Council Chief Executive and the People's Committee;
- feedback on progress within the improvement plan through the ASN Improvement Group and the Mental Health Improvement Group to the Highland Community Planning Partnership Leadership Group;
- formal evaluations of direct work completed by children, young people and parents/carers, who are in receipt of the service;
- formal evaluations of training delivered to practitioners to support their capacity building;
- self-evaluation undertaken within the service to compare the delivery of service with local and national expectations, service specifications and professional requirements

Review of Priorities for 2016-17

In the plans for the service last session, there were several projects that were planned:

- A project on Remote and Rural Health (RRHEAL) using video conferencing for consultation and possible direct work was commenced in September 2016, but shortly after, the member of staff leading this project moved from covering a rural Associated School Group, to an urban patch. The initial consultations proved beneficial however and the new member of staff in this patch has been encouraged to continue with this work, so that a larger number of consultations can be evaluated.
- The service manager and the team leader were both members of the Highland Improvement Network last session, taking an active role in supporting the roll out of the Institute of Health Improvement methodology

across Highland Council and mentoring individual members of the network. This year, a further Network has been run, with members of the PMHW Team engaged in this more in-depth training. In addition, the Team Lead has completed the IHI Improvement Coach Programme whilst simultaneously supporting a team of practitioners who are participating in the Improvement Science in Action Practicum.

- The joint Mental Health Project with the Tier 3 service to support Care Experienced Young People was in its early stages last session. This project aims to provide joint Tier 2/3 consultation and training from both services, to residential care staff working in Highland Council residential units. Several members of the service have been supporting the work in their local residential units across Highland and this has proceeded well. This project reports on a 90 day cycle to the Child Health Commissioner and on a quarterly basis to the Mental Health Improvement Group and the ASN Improvement Group. Thus far responses are positive from the members of staff who have participated in the consultations and work is ongoing to identify further training needs and an appropriate mental health assessment tool for children and young people when they first become 'Looked After'.
- The service has a focus on preventative strategies and building capacity in others. With this in mind, there was a real focus on increasing the number of early years' interventions and also a focus on mental health awareness in schools. Both of these strategies have been successful and are reported on later in this report.
- Several members of staff completed training on Video Interactive Guidance this session, increasing the number of trained staff within the team to 7. One member of the team is a qualified Guider, while a further member is expected to achieve this level over the next few months. This has enhanced the level of expertise in this intervention strategy significantly and has enabled the PMHW Service to jointly support VIG within Highland, alongside the Educational Psychology team, as a key intervention strategy to support families at various stages of need.

The service performed to a high level during session 2016-17. Qualitative and quantitative data gathered over the year would indicate that service members work well together as a team (2.3), providing a well-planned service (5.1), in line with government expectations (5.3) and service specifications (5.2). The families who use the service generally rate their experience as positive (section 6), demonstrating improvements in the presentation of the children and young people referred to the service as a result of the interventions received (6.2). The feedback from other professionals demonstrates that they rate the support of the service highly (6.4), with the training provided being shown to make a positive impact on the capacity of others to support the children and young people they work with (5.6).

The service will continue to monitor the effectiveness of the interventions provided, through the use of a clear methodology for improvement and moves into the new session with a range of priorities, highlighted as areas for further improvement through the self-evaluations undertaken in the last 12 months (section 7).

2. INTRODUCTION and SERVICE STRUCTURE

2.1 Mental Health Statistics

Formal data for children's and adolescent mental health in the UK is outdated. The most recent British surveys of child and adolescent mental health carried out by the Office for National Statistics were conducted in 1999 and 2004. In these surveys it was found that 10% of children and young people (aged 5-16 years) had a clinically diagnosable mental health problem (Green et al, 2005).

Although there is a significant amount of media coverage relating to the mental health of children and this has become a greater priority for both local and national bodies, the evidence would suggest that overall, the mental health of children and young people has improved or remained stable over the past decade or so (NHS Health Scotland 2013). As would be expected however, outcomes are better for those children who receive support early and manage to make and retain positive relationships with others and what is evident within the research is that 70% of children and adolescents who experience mental health problems have not had appropriate interventions at a sufficiently early age (Children's Society 2008).

What is clear also is that there has been an increase in referral trends to Child and Adolescent Mental Health Services which has added more pressure on services to provide assessment and treatment interventions. At the end of March 2016 there were 6,836 children and young people in Scotland waiting to start their treatment in CAMHS, of which 79.7% (n=5,449) had been waiting between 0-18 weeks, 14.1% (n=964) had been waiting between 19–35 weeks, 4.5% (n=308) had been waiting between 36-52 weeks and 1.7% (n=115) had been waiting 53+ weeks (NHS Scotland 2016).

The same report shows that Highland figures are slightly better than the national statistics in the same timeframe. (NHS Highland CAMHS reported data includes information from North Highland and Argyll and Bute and includes figures for services at Tier 2, Tier 3 and Tier 4). Of the 278 children and young people on the CAMHS waiting list for NHS Highland at the end of March 2016, 75.17% had been waiting up to 18 weeks, with 3.24% still waiting more than 39 weeks after referral. The longest wait a patient was experiencing at that time was recorded to be 56 weeks.

The report from the Scottish Youth Parliament (2016) on Mental Health in Young People provides a summary of the responses from 1453 young people from across Scotland. This report noted that nearly 74% of young people surveyed were unaware of what mental health support services were available in their areas. For those respondents who considered themselves to have a mental health problem, as many as 70% still did not know what services were available to help them.

The report recommended that information and services be readily available to children and young people, to support them as quickly and as early as possible and that schools and youth groups should provide high quality information about mental health and mental health services.

The Childline Review (2015), an evaluation of their activity in 2013/14, reported that four of the top ten issues concerning children related to mental health problems. The evaluation found a 34% increase in requests for the counselling service they provided during this timeframe. Two thirds of the counselling carried out by the national helpline related too self-harm, suicidal feelings, low self-esteem, unhappiness and 'mental health concerns'. Exam stress and school related issues appeared in the top ten issues for the first time. Young people expressed a fear of failure in relation to exams, academic achievement and not wanting to disappoint their parents. Issues at home, such as divorce, separation and poor relationships, also featured in the growing number of mental health contacts with Childline. Sessions relating to online bullying increased by 87%, with young people feeling they had no means of escaping the digital world.

2.2 Highland Council Primary Mental Health Worker Service

The Health Advisory Service in their report *Together We Stand,* used the following model to describe Child and Adolescent Mental Health Services (CAMHS). This can act as a guide when deciding when and where children with mental health problems should be referred into CAMHS (figure 1).

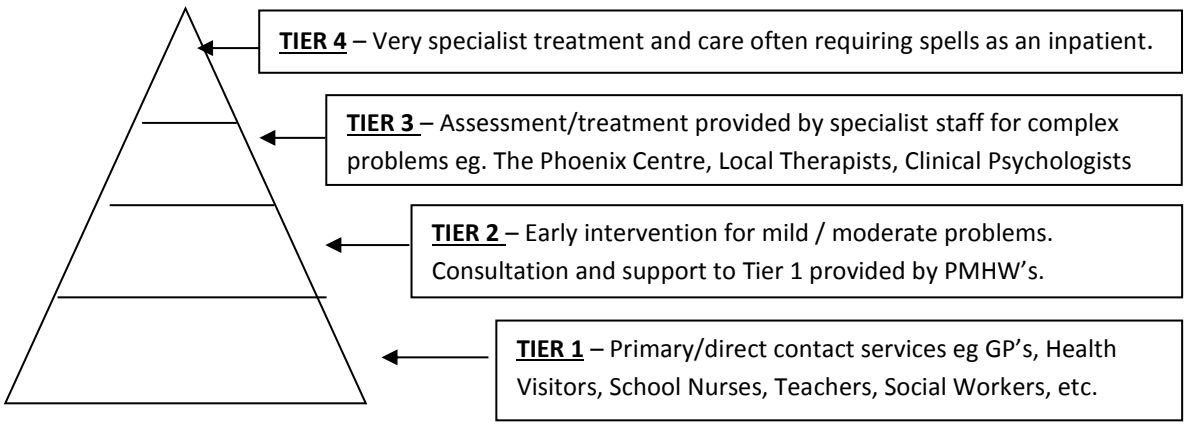


Figure 1

In most parts of the UK, all specialist CAMHS are lead and managed by the local NHS Board, with a strong link established with other health, education and social care colleagues at Tier 1. The Tier system still holds true in Highland and is similar to the Staged Approach that would be common to practitioners in education and wider children's services. However, in Highland the management of the various staff working at the different Tiers is quite different.

In April 2012, the majority of staff from NHS Highland working in Children's Services, were integrated with Children's Services staff from Highland Council, to form the Health and Social Care Team within Highland Council. At that time the management of the Tier 2 Child and Adolescent Mental Health Service (CAMHS) transferred to Highland Council as part of the Commissioned Service from NHS Highland. The PMHW Service became part of the wider additional support needs network of services including Allied Health Professionals (Speech and Language Therapists, Occupational Therapists, Dieticians and Physiotherapists), Educational Psychologists, pre-school home visiting teachers and specialist education support services. This service continues to be managed by the Head of Additional Support Services.

In April 2013 an additional 2 full time PMHWs were appointed as part of Highland Council's preventative spend, to support early intervention and the early years' strategy. In Dec 2014 a Team Leader was appointed to support and lead on professional development and clinical work.

The PMHW role is primarily one that facilitates professionals and workers within universal services to effectively recognise children's mental health, strengths and difficulties. It is reported by educational staff that they face many challenges in regards to maintaining their own wellbeing when managing the mental health issues of children and young people (Schley et al. 2017) and so the PMHW role provides schools in Highland with a system of partnership working which contributes to the improvement of the well-being of both students and the whole school community (Schley et al. 2017). In addition, the role aims to improve integrated collaboration between universal services and specialist CAMHS, to ensure the provision of timely, equitable efficient and safe responsive interventions for children and families which are person centred.

2.3 Building Trust within the PMHW Service

Since moving into the Council structure, the service manager has promoted activities to support the development of relational trust, improving trust in competence, contractual responsibilities and communication across the team (Reina and Reina 1999). Even with the various staff changes during session 2016-17, the team continue to report an improvement in each of these aspects of relational trust, compared with the ratings provided in 2015 (see figures 2, 3 and 4 below). In relation to trust in the competence of colleagues in the team, the average rating on a 10 point

scale has increased from 7 to 7.7, while trust in communication between team members has increased from an average score of 6.8 to 7.4. The median score relating to communication trust has increased from 6 out of 10 to 8 out of 10, although there remains a great variation in these scores, indicating a number of differing views and experiences, which would mirror the length of service of the various members of the team.

Figure 2

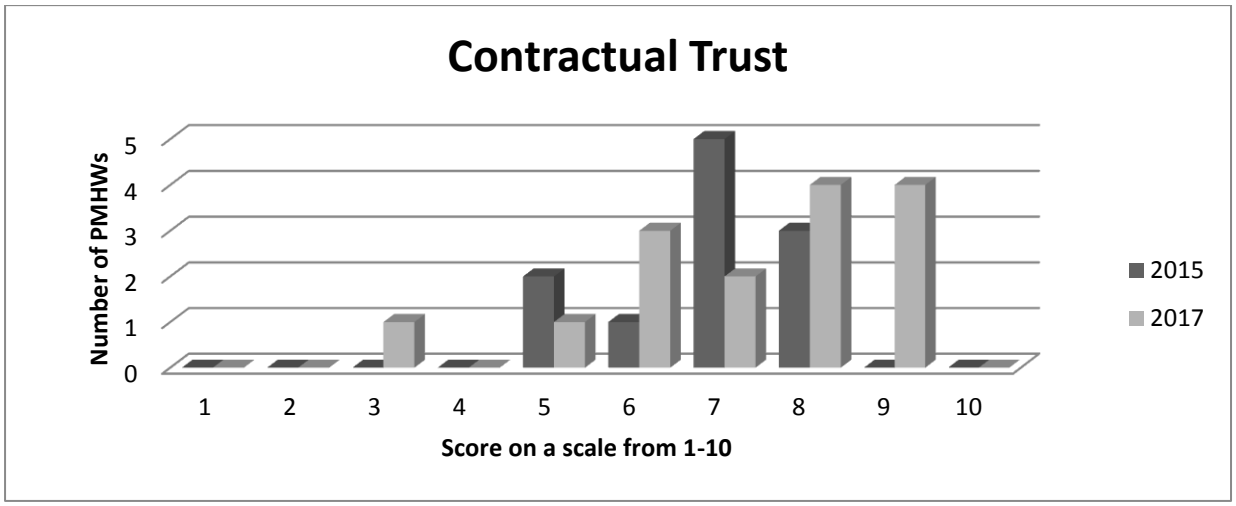


Figure 3

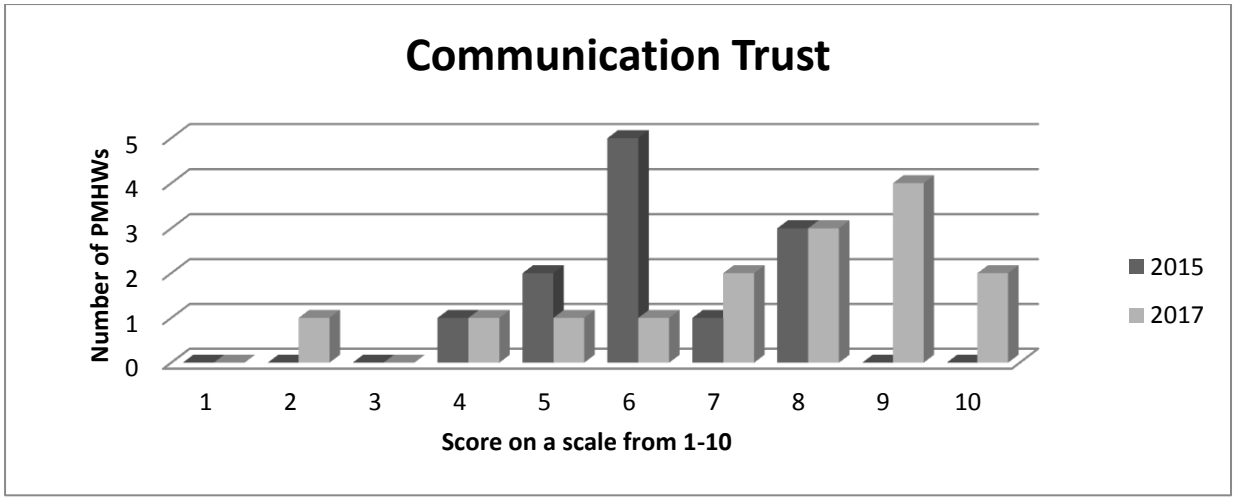


Figure 4

2.4 PMHW within the ASN Structure

The PMHW service is part of the additional support needs structure within the Care and Learning Service of Highland Council. Primary Mental Health Workers are based in various locations and are affiliated to areas teams. However, they receive their professional leadership and management centrally. They work closely with Allied Health Professionals, The Positive Relationships Team, Educational Psychologists and Pre-School Teachers, who are also part of the ASN structure in their Areas. They also work very closely with school staff and members of the local Family Teams i.e. Children's Service Workers, Health Visitors, School Nurses and Social Workers.

2.5 PMHW within the CAMHS Structure

Although Highland Council is commissioned by the NHS board to deliver the Tier 2 service, there is a clear link with the Tier 3 service, which has remained within NHS Highland. This link is maintained through processes such as joint triage twice a week, shared training and joint team days twice a year. The managers and team leads of both services meet regularly to ensure communication and planning across the services and the Child Health Commissioner coordinates the work of the whole CAMH Service through the Mental Health Improvement Group. Joint work continues across all aspects of CAMHS and helps strengthen relationships at practitioner level eg. joint involvement around infant mental health, shared supervision for Eye Movement Desensitisation Reprocessing (EMDR), a mental health LAC project, joint Tier 2/3 consultation etc.

2.6 CAMHS Triage

In July 2015, a Rapid Process Improvement Workshop (RPIW), focusing on the Tier 3 service, was undertaken by NHS Highland. Several changes were recommended for the Tier 3 service as a result of this process, including a recommendation that the link between the Tier 2 and Tier 3 services should be strengthened. This recommendation was to ensure that there would be greater clarity for parents and practitioners in relation to the referrals that would be appropriate for the various

CAMH services, so the waiting times for patients could be reduced. Immediately following the RPIW, new arrangements for triage were established and the PMHW Team Lead has attended triage twice weekly since then to discuss cases and agree those that are appropriate for the Tier 2 service.

There is now greater clarity as to where referrals should be directed as soon as they are received. This has resulted in referrals that are more appropriate to be contained or managed at Tier 1 or Tier 2, being passed on immediately and allocated without delay, ensuring that only Tier 3 cases are placed on the waiting list at the Phoenix Centre (Tier 3 Service). This process has helped the PMHW Service contribute to the principle within the Highland Practice Model of getting the right help to the right child at the right time.

3. STAFFING

3.1 Establishment

The PMHW Service has an establishment of 11.2 full time members of staff. (9.2 FTE commissioned by NHS Highland and a further 2 FTE supported by Highland Council to focus on early years interventions). In addition, a further 0.5 FTE was added to the establishment in May 2016, for two years, to support a project focusing on the mental health of care experienced children and young people. This is a project that is jointly delivered with the Tier 3 CAMH Service and supports social care staff within the Family Teams and residential units within Highland Council.

In April 2017, the Highland Council ASN Team successfully made a bid to the MOD Education Endowment Fund for the support of a PMHW for 1 day a week (0.2FTE), to specifically support MOD families. With the planned deployment of forces from Highland this year, this input has been focused on those schools where we know there are high concentrations of serving service personnel. Work on building emotional resilience, staff supervision and direct support for families will follow through to June 2018, with the activity and engagement with schools being tracked through the PMHW Improvement Plan

During session 2016/17 there were several changes of staff within the PMHW service. Vacancies arose as a result of 2 resignations from the service, both from people who were appointed fairly recently. A further member joined the team over the same period of time and additionally, one member of the team reduced their hours. Over the summer period, a member of the team also indicated their intention to retire at the end of August and another member of the team was offered a job in another service, which means that at September 2017, there are 3FTE vacancies being advertised.

These significant changes in the staffing of the team have necessitated some changes in associated school group patches covered by members of the service. A current list of team members and areas of responsibility can be found as appendix 1. It will take some time for staff to embed into new patches and these changes have understandably resulted in some discontinuity of service. The service has however managed these changes well and has maintained 100% compliance with the NHS HEAT target.

A review of exit interviews conducted over the past three years would indicate that for some people the work within the community and the varied activities required from post holders is not an easy mix to manage. The post requires a high level of therapeutic skill and an ability to work autonomously. It also requires practitioners to have a good understanding of systemic work, both in relation to children and their families, but also in relation to organisations, with a good understanding of schools, council and NHS systems.

Some other Council services have had success with 'growing your own' staff – appointing to trainee posts and building skill and competence over time, to a point where staff become fully qualified. There is no formal qualification to become a PMHW and staff can apply from a variety of disciplines and so it has been agreed to pilot a 'trainee' programme during the coming session and appoint a post at Band 5, with a detailed preceptorship programme, to support the post holder to develop the relevant skills and competencies over an 18 month period, before moving into a PMHW post. This will hopefully give a trainee the confidence and skill to grow into the post and will aid with staff recruitment and retention.

3.2 Professional Links and Student Support

The PMHW Service has close links with The University of The Highlands and Islands. Various members of the Service provide input to the Mental Health Nursing programme and Health Visitor programme, including the Service Manager and the Team Lead. The team provides mentors and practice tutors for both nursing and social work students and has provided placements within CAMHS for students wanting to develop their skills of working in the community.

The service has also provided supervised placements for a small number of students completing the counselling course with the University of the Highlands and Islands. These placements have been coordinated by an experienced member of the team and have supported a limited counselling service for pupils in the senior phase within two secondary schools in the South Area.

4. OPERATING FRAMEWORKS

We work to support the emotional well-being and resilience of children, young people and their families in local communities. We aim to do this at the earliest possible stage of a child or young person's life to prevent mental health difficulties and improve their emotional well-being. We aim to achieve this by providing consultation and training to the professionals they work with and through direct therapeutic intervention with young people and their families.

PMHW Service Mission Statement

PMHWs are allocated on a patch basis to associated school groups across Highland. Team members are based in various locations, generally where there is a significant population, and work as part of the wider support team in each locality within the parameters of the Highland Practice Model.

In 2012, the PMHW Best Practice Guidance was agreed by both NHS Highland and Highland Council, as a framework for the service to work within. Five years on, this document is being refreshed and revised in light of new developments and changes across Scotland and it is likely that the document found at the link below will be replaced with the updated guidance at some stage through session 2017-18.

http://www.highland.gov.uk/downloads/file/13058/nhs_highland_and_highland_council_primary_mental_health_worker_%E2%80%93_child_and_adolescent_mental_health_best_practice_guidance_december_2013

The overall aim of the PMHW service is to support children and young people to achieve their optimum mental health through the delivery of 5 core functions:

1. To support and strengthen Tier 1 CAMH provision through building capacity and capability across children's services.
2. To promote the mental health of children, young people and families.
3. To support the identification of mental health problems early in the life of the child and/or the stage of the problem.
4. To facilitate decision making to support appropriate access to a relevant mental health provision according to the level and nature of need.
5. Where appropriate, to provide a direct therapeutic service to children, young people and their families to address their mental health needs.

A PMHW's time is required to be equally divided between direct therapeutic work, consultation and training. All PMHWs draw from theoretical and practise based evidence in respect of the models they use for consultation, training, direct work and assessment of children and adolescents.

PMHWs are specialist CAMHS workers who are qualified and registered with a professional body and have a duty to work to that body's code of practise and ethical guidelines. To meet the requirements of professional registration, PMHWs are expected to have regular continuing professional development to maintain and update their knowledge and skills base in relation to specialist CAMHS. They are supported to do this through professional review and development discussions which guide their ongoing development of knowledge and skills.

In Highland, PMHWs currently come from a nursing, social work or art therapy background. They provide consultation and training regarding child and adolescent mental health to universal services. They also accept cases directly where focused, targeted, therapeutic intervention at an early stage is likely to have a long term benefit to the mental welfare of the young person and their family.

Although PMHWs come from different professional backgrounds, they all have the core competencies as identified by the Scottish Government in the document: 'Child and Adolescent Mental Health Services Primary Mental Health Work, Guidance note for NHS Boards/Community Health (and Social Care) Partnerships and other Partners' (Scottish Executive, 2007). Individual PMHWs also have specialist skills and knowledge dependant on their prior skills and experience and their ongoing professional development.

5. SERVICE DELIVERY

5.1 Service Improvement Plan

Service delivery and improvement is planned and supported by the Service Improvement Plan (appendix 2). This is a 'live' plan that is updated quarterly to take account of improvement activity undertaken by members of the service, with actions and measures reported to the Highland Council ASN Managers meeting, the Highland Community Planning ASN Improvement Group and the Mental Health Improvement Group.

5.2 Job Planning

During 2015/16 the service undertook an extensive exercise looking at how individual members of the team spent their time and what activities were undertaken proportionately within the service. This allowed comparison with the activities of the service as agreed through the Practice Guidance. Having done this over a 5 week period, at three different times during the year, it was felt to have been a fair representation. As a means of monitoring the activity of the Service, it was agreed to undertake a similar exercise, but just for one week each year. In 2016-17, this exercise was undertaken in November 2016.

Appendix 3 shows the graph of the activities undertaken by the team in the chosen week and compares this to the data from the more extensive exercise undertaken last year. As can be seen from the comparative data from last session, the overall proportions of time are fairly similar. There remains an issue about the amount of time spent on administrative tasks, which partly reflects the time spent on report and letter writing and is also indicative of the fact that there is no admin support within the team. The level of direct clinical work is slightly increased this year, at the expense of consultation, but the proportionate differences are well within what would be expected in relation to normal fluctuations. These results would confirm that the PMHWs within the service are working to the expectations and within the parameters of the Practice Guidance.

5.3 Requests for Service and Waiting Times

Requests for service to the PMHW team follow the Highland Practice Model. Because the PMHW Service is a targeted service, intervention is often requested via a child's plan. The team strongly recommend an initial consultation prior to requesting intervention as this can clarify the issues and whether direct intervention is appropriate or not.

The PMHW service maintains a database of the requests that are received for direct intervention and consultation, recording the children and young people they are clinically engaged with. From this database, team members provide information on service delivery, which is reported to the Scottish Government via NHS Highland on a monthly basis. This data relates to the waiting time for each request for direct intervention (see figure 5) and the detail also enables information to be collated on the source of these requests (see figure 6) and the most common reasons for intervention being sought (see figure 7).

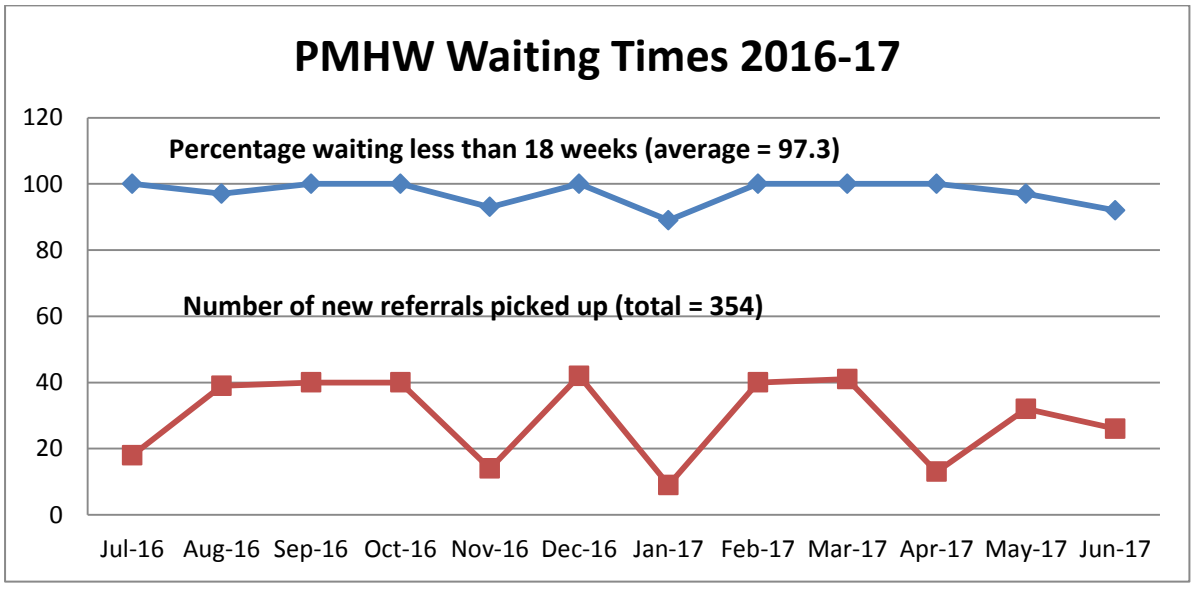


Figure 5

In session 2016-17, direct therapeutic intervention was provided to 354 children and young people. Most of these requests came from General Practitioners, with Schools being the next highest in relation to requests for service. Although the numbers are small, increasingly the service is seeing that young people themselves (5), or their parents (5), are making direct requests for intervention, as they become more aware of the work of the service and what team members can offer.

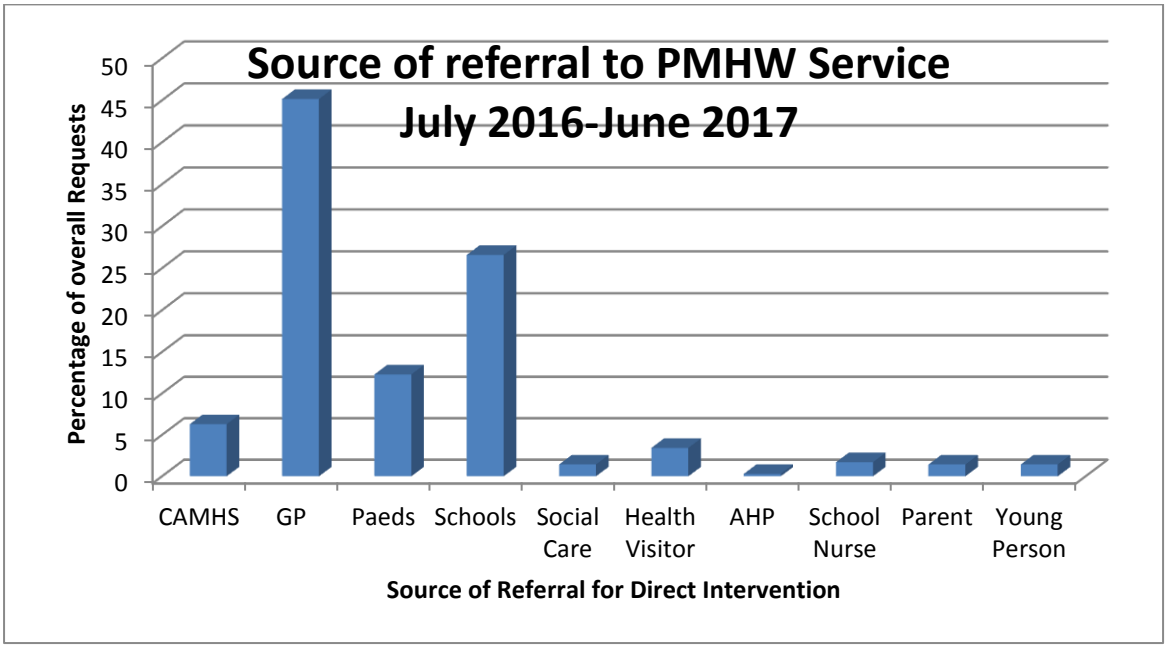


Figure 6

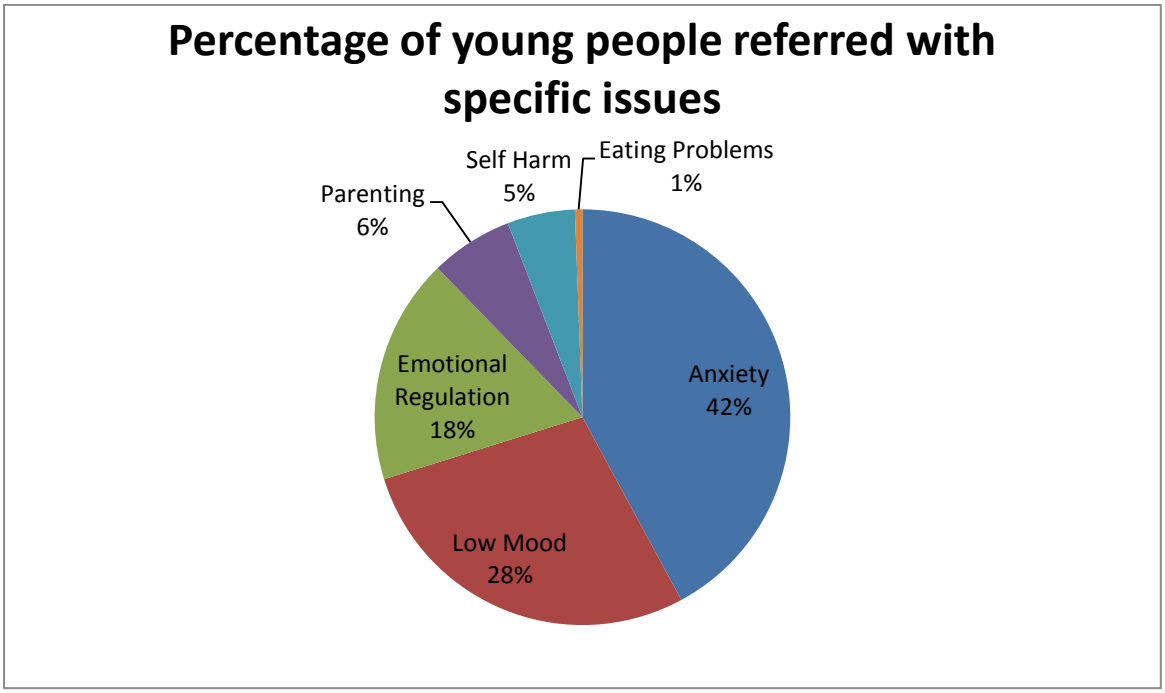


Figure 7

Having data on the type of issue and the source of referral, allows the team to consider where to target their support, through consultation and training.

A significant amount of training and consultation has therefore been offered to schools and General Practitioners to support them in increasing their own knowledge and skill around mental health and clarifying the role of the PMHW Service. This is in line with the Scottish Government's Mental Health Strategy (Scottish Government 2012), which recommends services support school staff to be more knowledgeable and confident in understanding and managing mental health issues in children and young people.

5.4 HEAT Target

The PMHW Service is an early intervention service. The team members therefore aim to see children and young people quickly where possible. The Scottish Government target that the Service is asked to adhere to is that 90% of referrals for direct intervention are seen within 18 weeks of referral. Generally interventions are provided well within the target set, with on average 97.3% of children and young people waiting less than 18 weeks for a service (see figure 8). There was a breech in this target in January 2017 which is explained by the lower capacity in the service caused by 2 members of staff being off long term sick at this time and one member of staff having just demitted their post.

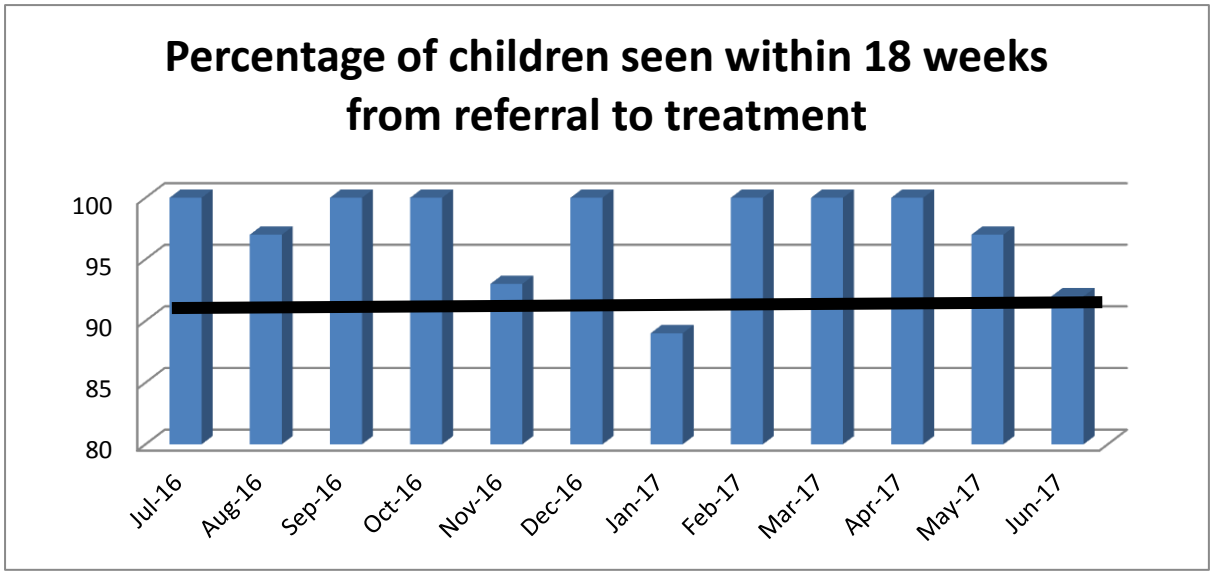


Figure 8

More positively however, 70% of children and young people were seen within 6 weeks of a service being requested during the session (see figure 9). This compares very favourably with national figures for CAMHS of 84.2% of patients being seen within 18 weeks and 50% starting their treatment within eight weeks (NHS Scotland 2016).

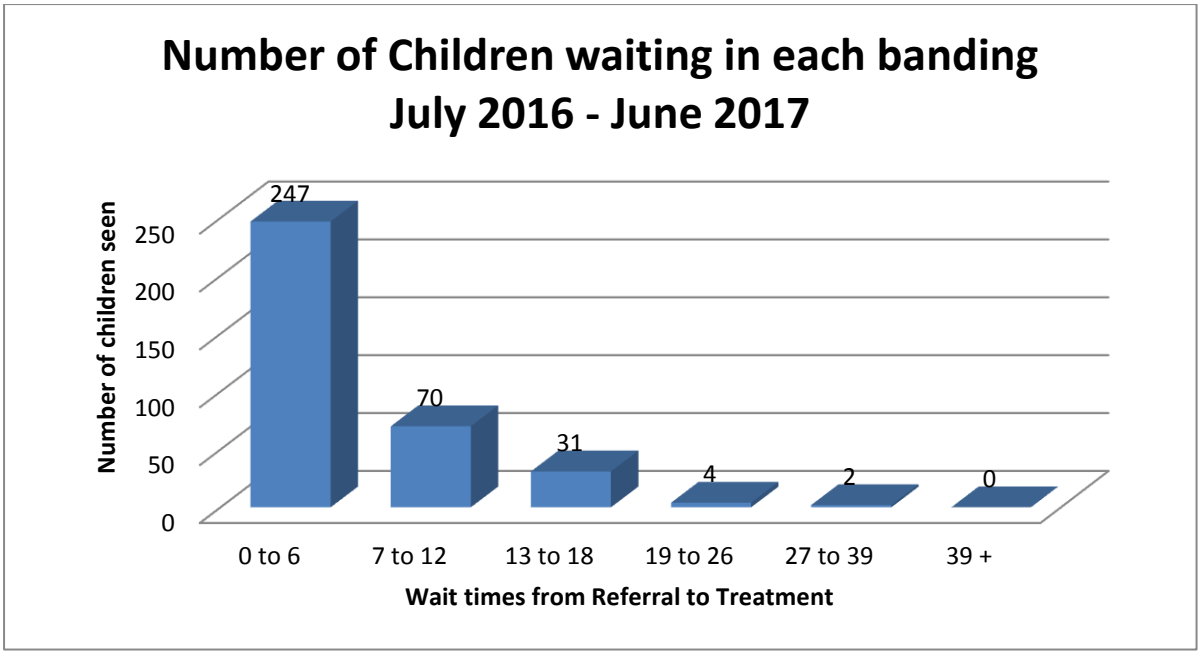


Figure 9

Although the data for intervention from the service is positive, there is always room for improvement and the team are asked to monitor their caseloads carefully to ensure quick and easy access to the service. Inevitably, there will be times when children and young people wait longer than would be hoped. To monitor this more formally, each time the wait is longer than the 18 week target, the team member provides information to the service manager, so that lessons from individual cases can be learned and processes adjusted to improve service delivery. The Team Leader also monitors the flow of cases within each team member's caseload on a regular basis.

5.5 Early Intervention through Consultation

Providing early intervention through direct consultation has been demonstrated to be an effective intervention in itself (Gillies et al 2015; Al-khatib and Norris 2015) and is one of the main aspects of the work of a PMHW.

The Highland PMHW Service has adopted a time-limited, client-centred and solution focused approach to dealing with common, non-complex referrals through consultation. Consultations provide the professional/parent with advice and support for them to be able to successfully support the child or young person themselves as this has been found to be an effective approach, with one research study showing that the young people who were the subject of consultation continuing to improve, even 6 months after the initial consultation (McGarry et al 2008).

Where consultation is not an appropriate level of support to be provided as the sole intervention strategy, based on the level of complexity and need, it can still support the gathering of more detailed information to be able to identify which service the

child or young person would be most appropriately referred to. Further consultation can also be delivered to support the parent/professional on an ongoing basis while awaiting an intervention from another service.

Data is gathered monthly on consultations and is provided to track the number and source of requests (see figure 10), which in turn can provide feedback to the service and also to inform the support given to the professionals and parents receiving this service.

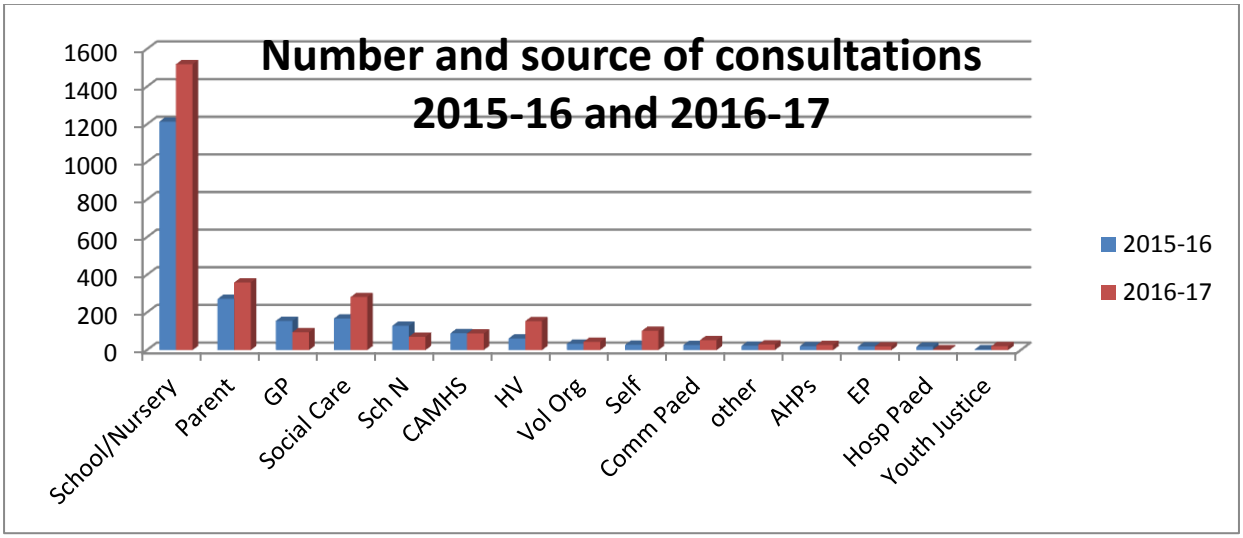


Figure 10

Most consultations are provided to school staff, with 1519 being provided during session 2016-17, an increase of just over 300 consultations from the previous year. Overall the number of consultations has increased from 1967 in 2014-15 to 2394 in 2015-16 and 2868 in 2016-17, with a significant increase specifically in the number of consultations offered to parents and to young people themselves.

In order to ensure that the consultations offered by the PMHW Service are in line with those offered by the Tier 3 Service, some work on definitions was undertaken between both services, to define three different levels, from a one off advisory discussion, through to leading a multi-agency meeting (appendix 4). Data is now recorded against these three levels of consultation, although this process was only agreed in April 2017 and so a full year's data is not yet available. The data thus far shows a fairly even split across the three levels of consultation (see figure 11).

	Level 1	Level 2	Level 3	TOTAL
Apr-17	**67**	**70**	**67**	**204**
May-17	**121**	**90**	**103**	**314**
Jun-17	97	113	128	338
Jul-17	50	31	22	103

Figure 11

Several members of the team have attended an 8 day supervision course, which has enabled them to provide more robust consultation and supervision of the practice of other staff working in Children's Services. This has been particularly helpful in supporting Head Teachers and Health Visitors, especially where they have been working in very challenging and emotionally taxing situations. The feedback from staff receiving this supervision has been extremely positive and the newer members of the team will be supported to attend a further course planned for the coming session, to enhance their skills in this area of work.

5.6 Early Years Interventions

It is acknowledged that for children to have the best possible start in life, both they and their parents need to have positive relationships and good mental health (Holmes and Farnfield 2014). For most, this is supported through family links and relationships and through universal pathways where some lower level support is required. The PMHW service previously had no consistent role within this age group, but over the past two years has developed a role in providing training and consultation to staff working in the early years. They also now provide more targeted support for parents and children through the use of Video Interaction Guidance (VIG), parental consultation and training and consultation to professionals. Three members of the team are also members of the NHS Highland Perinatal and Infant Mental Health Group and offer input into the strategic developments of this group. Additionally, two members of the team are involved in the strategic group in Highland considering the roll out of the Before Words programme, which has been very positively evaluated as a means of improving attuned relationships between parents and their younger children.

Maintaining a focus on the direct interventions for children in the early years has allowed the service manager to track the work in this area (see figure 12). With 257 interventions in session 2016-17 to support families and staff working in the preschool age range, this is providing an area of growth in service delivery for the team.

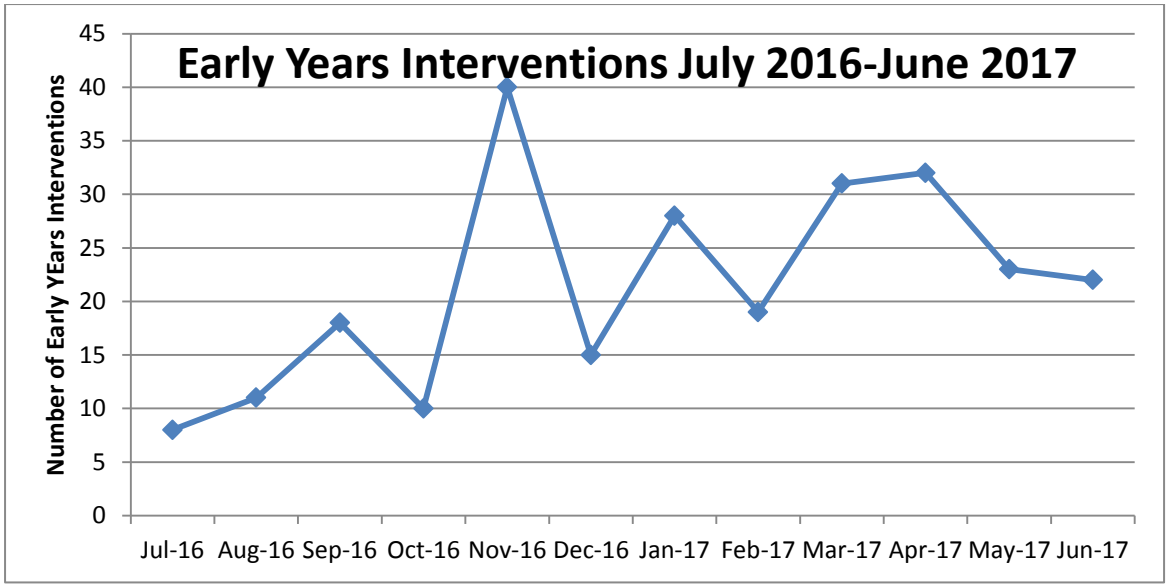


Figure 12 (ave = 21.4 per month)

An innovative approach to supporting Health Visitors has been piloted in Inverness, with data from two Heath Visiting Teams. In this pilot programme, 23 consultations were analysed from each team, along with the Health Visitors themselves, to establish key themes and training requirements. (see figures 13 and 14 below).

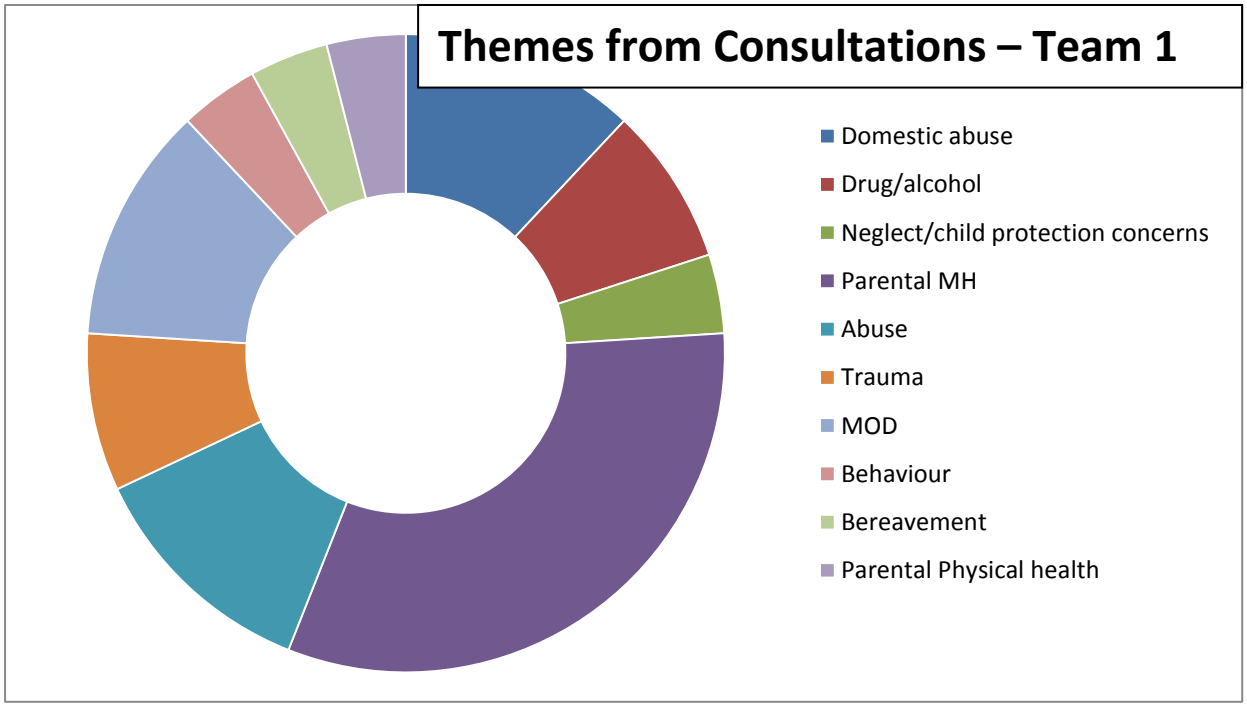


Figure 13

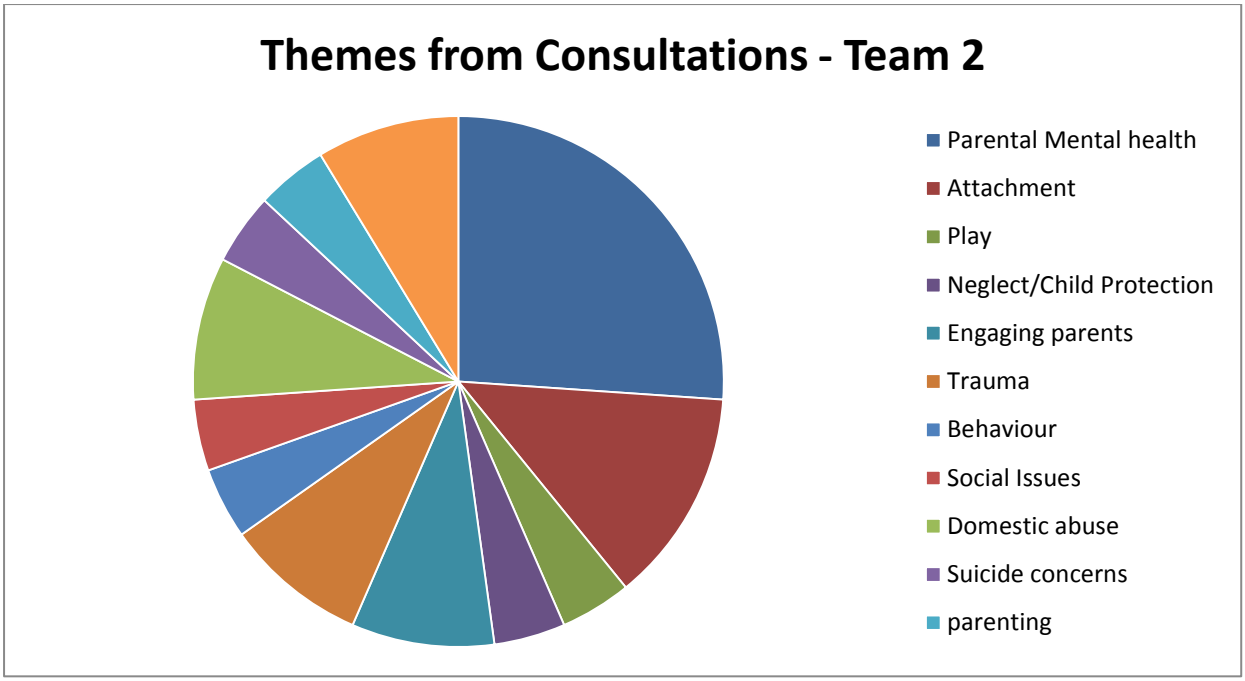


Figure 14

A range of helping and help seeking questions were noted from the consultations:

- Do I need to refer onwards?
- Am I doing enough?
- What (more) can we do to help?
- What interventions can I offer?
- Any resources you can recommend?
- Where do I need to refer to?
- How do we work alongside the family?
- What should I be asking?
- How can I assess mood?
- Have I done enough for this family?
- Am I taking the right focus?
- Would an intervention help?

A number of further interventions were agreed to support these practitioners eg:

- Solution Focused Meeting
- Further professional consultation
- Relationship Scotland
- Guided Self-help worker – access via GP
- Video Interaction Guidance
- Transition meeting with nursery
- To find out more information from other professionals involved
- Theraplay assessment
- Advised to contact GP
- Social Work referral – child concern form

- Discussed Seasons for Growth adults group possibility
- Crocus – discussion re role and how could support in bereavement issues

This process has proved to be very beneficial to the Health Visitors and early years' practitioners and so it has been agreed to formalise the process as a pathway and a range of future actions have been agreed:

- To provide HV's with some self-help materials re anxiety to give to parents
- To offer group supervision – to arrange further details with Practice Lead.
- To identify training – identified in particular how to engage with and work effectively with Mum's with a borderline personality disorder diagnosis, how to have/start difficult conversations/asking about mood and anxiety. A survey monkey to be distributed to capture other needs.
- An awareness of addressing Dad's needs where appropriate and possible.
- Continued regular consultation.

5.7 Training

PMHWs have as a key aspect of their work, building capacity in others. One way of achieving this aim is to provide consultation (see above), especially within a remote and rural community, where often it will be nurses, children services workers, teachers etc who provide the initial support to children, young people and their parents (Wilson and Usher 2014).

However, a further way of achieving this is through the provision of training. During session 2016-17, 1656 people from various backgrounds received training from the PMHW Service.

5.7i Training for Professionals

The PMHW service regularly provides training to others and since April 2016 the training provided has been collated centrally (appendix 5), to help identify what is being requested and to support the development of a more strategic training plan.

In addition to bespoke training requested by professional groups, PMHWs also contribute to strategic training developments across Highland. The themes from consultation often give an indication of the training needs required and so sharing these themes across the service allow a coherent approach to this area of work across Highland.

<u>Scottish Mental Health First Aid Training for Young People</u>

The Service is the key training provider within Highland Council of the Scottish Government supported Scottish Mental Health First Aid Training for young people (SMHFA-YP). All of the PMHWs in post prior to January 2016 were trained to deliver this course and began a programme of rolling this out to school staff and other professionals working with young people across Highland shortly after training. However, with staff changes, the number of team members fully qualified as trainers has reduced and so the roll out has been slower than intended. Never-the-less, in

2016-17, 11 schools and a variety of youth and voluntary groups have received this training or similar awareness raising training sessions, for example ‘Children in Distress’ and this will continue to be provided to ensure it is offered to all staff.

Independent of the training day itself for SMHFA-YP, staff who attend are asked to provide feedback and reflections on line after the session. They have all been positive so far, indicating the benefit of providing an entry level mental health awareness course for practitioners to build capacity in frontline services.

This course has given me a much more in depth understanding of mental health problems that young people can experience in a range of more and less common mental health problems. The ALGEE plan really reinforces my own confidence in my practice and I have found it helpful as a reference point when talking with young people in and out of my workplace. It was good to practice the active listening skills and roleplay in the second part of this course and to revisit these are very beneficial to continuously developing practice.

The course gave me more confidence in being able to approach and directly ask a young person if they are having suicidal thoughts and also helped to break down the stigma associated with mental health problems, suicide and suicidal thoughts. It provided me with time and space to reflect on previous experience working with young people who had expressed suicidal thoughts and gave me much more of an awareness of possible signs of mental health crises and non-crises problems which I feel much more prepared to support appropriately. There is a great wealth of resources for support and information which the course gave me the time to research and enhance my knowledge of support and information available to young people locally and nationally.

As a consequence of undertaking the course Mental Health First Aid I have developed more confidence in dealing with young people with mental health problems. My knowledge of the type of issues young people may present with and the resources I can access and advise them to access have been extended greatly. This will allow the young person to help themselves and extend their independence which in the long run will be much more useful if they face any difficulties in the future, mental health or otherwise. As a guidance teacher in school I feel ALGEE provides an excellent framework to support young people. It has helped me develop more confidence in my approach to each individual situation, giving me a nice clear structure to follow.

Having recently been through the 'Mental Health First Aid' course, I feel far better equipped to support young people with a wide range of mental health difficulties that they may face during their time in school. There is no doubt that the number of young people reaching out for help is on the rise; coupled with the hugely influential presence of social media and an ever increasing workload and expectations on young people in school, means this issue is not going to go away. Therefore, as a guidance teacher it is vital that I feel comfortable dealing with mental health issues and know the correct procedures for supporting young people experiencing particularly challenging times. The Mental Health First Aid course has unquestionably helped with this.

The difference that going through the training programme made to my practice here is that in the past I would have recommended immediately a referral, but the training has given me a better knowledge of what self-help materials were available and, more importantly, the confidence to try them before moving on to the next level of help. This has a number of benefits, but most importantly it leaves the pupil and her parents feeling that they are in control of the situation and may well be able to find their own solutions without external help, but safe in the knowledge of what other help is available and how it can be accessed if it is required.

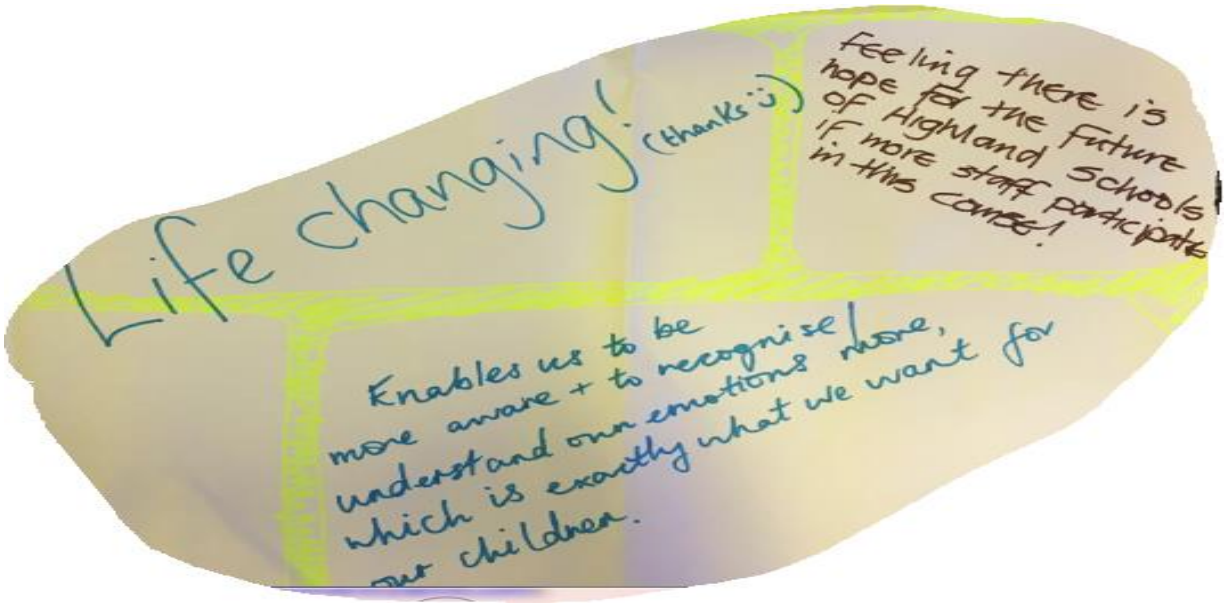
Emotional Literacy

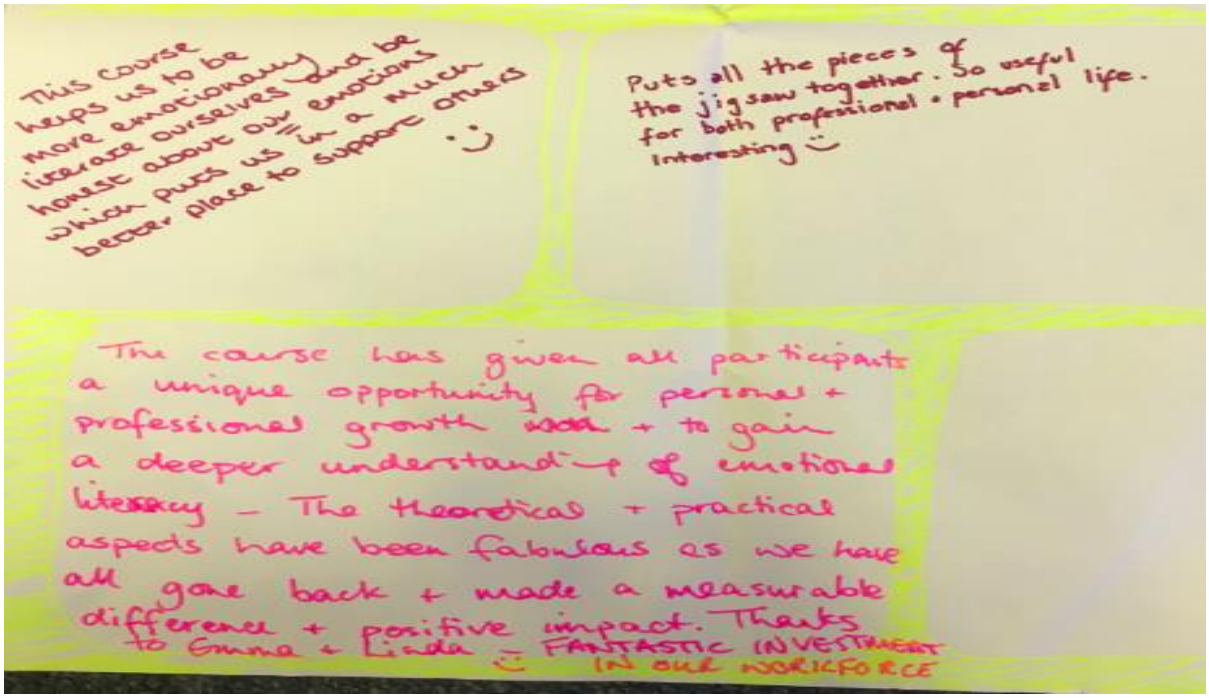
Schools in Highland are expected to have a strong commitment to ensuring equity for all learners. Head Teachers are encouraged to create a vision and set of values that underpin the work of the school that would include children's rights, equality and diversity and improving outcomes for learners who face additional challenges through deprivation, having additional support needs or having experienced a range of adversity in their lives to date. Many School Improvement Plans have highlighted the need for improving staff skill and knowledge around emotional literacy, providing nurturing environments, supporting trauma informed classrooms for children having adverse childhood experiences etc.

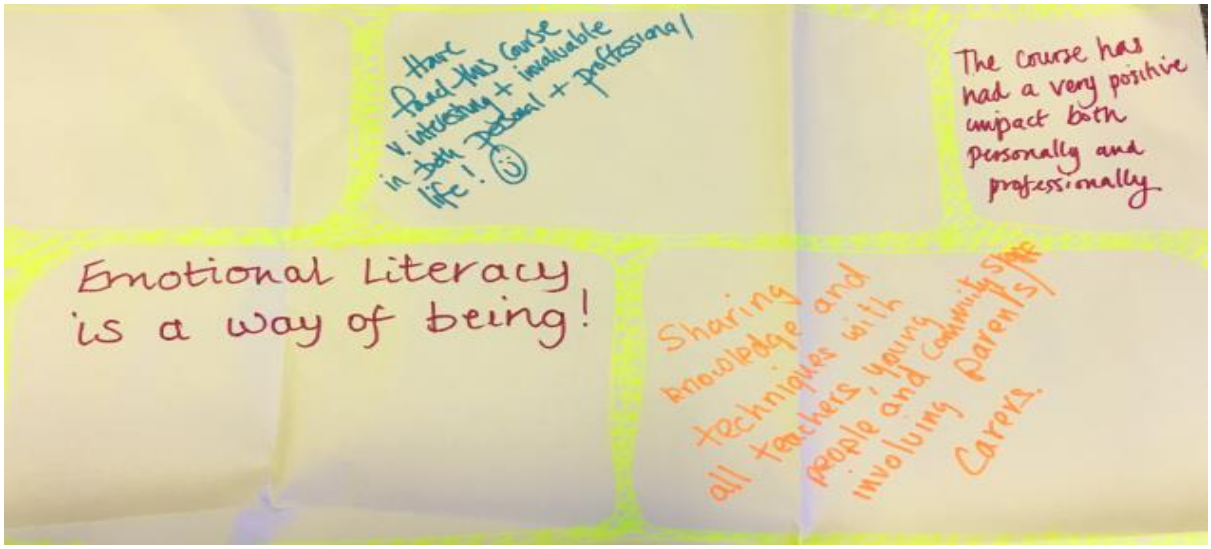
PMHWs are well placed to support this work in schools and also in wider children's services and so a strong recommendation in the current induction for new members of staff is to complete the 8 day taught course in Emotional Literacy, delivered jointly by the Development Officer for Promoting Positive Relationships and a member of the PMHW Service, along with input from one of the Educational Psychologists within the Highland Council team. This course is well established in Highland and has supported professional development for staff at all levels.

100% of the participants on the three courses delivered during session 2016-17 provided positive feedback on the course and were able to give examples of how the course had significantly changed their practice. Each participant (usually 16 per course) provides a reflective piece at the start and end of the course, indicating the

changes they have made to their practice as a result of the increased knowledge and skill provided by the course. These reflective pieces are confidential and can not be shared here, but some of the final check-out comments give a flavour of the growth of the participants on the most recent course (see below):







5.7ii Training with Children and Young People

Bespoke training packages are also delivered to children and young people, many contributing to the Personal and Social Education curriculum in secondary schools eg Anxiety Management, Mental Health and Wellbeing, Exam Stress, Mindfulness, building relationships etc. Over the school session 2016-17, 13 different courses/workshops were provided to groups of pupils in schools. Feedback from the pupils was positive in each case, with pupils commenting on how much they enjoyed the interactions with the professionals delivering the interventions and also commenting on their enhanced knowledge as a result of the input.

During session 2016-17 there was also engagement with youth groups, young carers groups and the Highland Youth Parliament and Youth Convener, to support their discussions around Mental Health and issues specifically affecting young people themselves. As a result, it has been agreed that the young people from the Misty Isle Youth Forum on Skye will coordinate the review of Highland Council's Bullying Prevention Policy. They have reported high levels of quality input from their local PMHW over a number of years and see bullying as a source of mental ill-health for a number of their peers.

6. SERVICE USER EVALUATION

Self-Evaluation is core to the work of the PMHW Service and the service is always looking for ways to evaluate the work it does. In 2015-16 a detailed evaluation was undertaken through questionnaires to parents and pupils, with feedback provided that helped shape the work of the service during the current session. This process identified that **78%** of young people and **95%** of parents felt that the time/work with the PMHW 'mostly' or 'completely' helped improve their situation.

6.1 Feedback from Parents and Young People

It was agreed that during session 2016-17 the Paediatric Care Measure would be used to gather data from parents and young people themselves on an ongoing basis and the service would focus on embedding this within practice. This evaluation tool is widely used within the NHS and is currently being used by allied health professionals within the Council and so does provide some consistency as a measure across Children's Services. With several changes of staff, this tool hasn't yet been completely embedded ie it was not completed by all parents/young people accessing the service. Although around 15 responses were received and this has allowed some feedback on service delivery, this response rate was too small to do any detailed meaningful analysis for this session.

In the coming year the service will continue to have a focus on regular evaluation with stakeholders, to triangulate the data currently captured through other processes. With 2018 being the 'Year of the Child' an increase in engagement with children and young people in relation to mental health and wellbeing is also anticipate.

6.2 YP Core as an Outcome Measure for PMHW Service

The Child Outcomes Research Consortium (CORC) support mental health services to carry out routine outcome monitoring. They recommend a number of measures and in 2014 the PMHW team chose to use the YP-Core to collect data for all referrals from the 11-17 year age group. The YP-Core was chosen as it was felt that it had the most comprehensive set of information to collect an evidence base for the team. It was also chosen after some discussion with the Tier 3 CAMH Service and hearing that it was a measure that they used at the time.

The YP-CORE provides a measure of progress made, as indicated by client rating and therefore can be used as an evaluation of effectiveness of the interventions used. It is however most helpful as a way to feedback the direction of travel and progress with the young person and as a focus for discussion about further intervention and next steps. It does of course also provide feedback to team members to reflect on service delivery.

The YP-Core consists of an assessment questionnaire recommended to be used at assessment and end of treatment. Improvement in the presenting difficulty is measured as a lower score at the end of treatment than was evident as the start of the assessment process.

The total scores indicate the level of concern regarding mental health and wellbeing as follows:

Healthy	0-3
Low Level	4-10
Mild	11-15
Moderate	16-20

Moderate/Severe	21-25
Severe	25+

The completed assessment questionnaires for those young people assessed from July 2016 to June 2017 show an average score of **21** at assessment (range 8-34 and median 24). The end of treatment questionnaires provided an average score of **7** (range 1-21 and median 5.5). On average, young people made a **13.4** point improvement as measured by the YP Core. These responses indicate improvements in presenting difficulties and the positive impact from PMHW interventions.

The most commonly assessed presenting needs relate to anxiety, low mood and behavioural/relational difficulties, which is consistent with data reported last session and in line with national reports. The service continues to focus much of the training and support offered to staff around these issues as they are the ones they will come across most frequently.

6.3 User Feedback

Individual team members often receive feedback directly from service users and the Service Manager and Team Lead also receive complaints and compliments about the service from time to time. In session 2016/17, the service received no formal complaints requiring to be logged and dealt with through the council's complaints procedure.

Members of the team are encouraged to pass on any positive feedback they receive as it supports service improvement and provides regular evidence of service user satisfaction to the service manager and team lead.

6.4 Evaluation of Consultation

There was a decision taken within the service to focus attention on the effectiveness of consultation and so during the month of May members of the team were asked to evaluate all consultations completed with service users through the use of a standard questionnaire. Although there is significant evidence through academic papers that point to the success of consultation in containing and supporting children and young people within their local contexts, no evidence had been gathered to date on the effectiveness of the approach to consultation taken by PMHWs in Highland.

This evaluation provided very positive results, with **100%** of respondents saying that they were 'happy with the outcome' of the consultation they took part in.

61% of consultations were planned as being one offs, while **18%** were part of a planned series of consultations. **46%** were 1-1 and face to face consultations, while **7%** were consultations conducted with groups – often professionals with parents and sometimes also including young people themselves.

74% of the consultations conducted related to an individual child or young person, while **12%** related to a group of children (usually pupils in schools). In addition, **1%** of consultations were requested to discuss organisational issues.

58% of the consultations evaluated in May 2017 were requested to *'Help to think what to do next'*, with **53%** helping the professionals '*think through worries'*. **64%** of consultations were used to '*help with assessment or interventions'* and overall **30%** of stakeholders reported that their consultation '*helped increase confidence in managing the situation'.*

Some consultations enabled the PMHW to gather further information which indicated the need for referral to Tier 3 or Tier 4 CAMHS (**9%**) or an alternative service (**8%**). **27%** led to follow-up consultations with the PMHW, while **50%** supported the stakeholder to manage the situation or child/young person, with no requirement for further referral or redirection. People participating in the consultations unanimously agreed that this process reduced their concerns either 'a bit' (**35%)** or 'a lot' (**65%**).

Unlike other specialist services, because the PMHW is an early intervention service, consultation is offered regularly and usually without delay. As a result **100%** of those accessing a consultation in May 2017 reported through the evaluation process that it was either 'easy' (**7%)** or 'very easy' (**93%)** to arrange a consultation with a PMHW.

When asked more generally to provide comments on the consultations provided by the PMHW Service, the following comments were provided:

'Invaluable service which works excellently in our area.'
'Very helpful option for us. Helps me with my thoughts and actions.'
'Felt listened too and help to move on.'
'It feels really good to talk. A weight has been lifted.'
'Feel I've learned something about me.'

7. PLANNING FOR 2017/18

7.1 Early Years Development Group

The PMHW service has had a focus on early intervention through the early years for some time now. Two members of the team have completed training in Video Interaction Guidance (VIG), with one now being trained to the level of 'Guider' and the second almost having completed this level of training. A further four members of the service will embark on this training in September 2017. VIG is an evidence based intervention which has shown to have very positive outcomes in building better relationships between children and their parents/carers and so is particularly suited to working in the early years.

With more staff now trained to use Video Interaction Guidance as an intervention, there is more scope to use this within the early years and to support the building of more attuned relationships between parents and their children. The pilot study between the PMHW service and Health Visitors has provided the basis for further more systematic work and some of the VIG time available from practitioners will be used to support further work in this area and to evaluate the effectiveness of this intervention.

7.2 Training and Development Group

The Twitter account used by the service has supported the promotion of key Mental Health messages and has made a link to a number of schools and professionals who also use Twitter as a means of passing on information. This has raised the profile of the work of the team, with Tweets about training that has been undertaken and useful links to information about the mental health of children and young people.

The team are continuing the roll out of the Scottish Mental Health First Aid for Young People programme, as recommended by the Scottish Government. There is a strategic plan to support the delivery of this programme across Highland, with planned courses being promoted through the Highland Council CPD calendar.

The Practice Guidance used by members of the team will be reviewed during the year, to support a refreshed model of engagement with stakeholders. It is helpful to have several robust consultations having been undertaken with service users over the past few years, to inform best practice and add to the discussion around the guidance both within the service and with other stakeholders. It will be important to gather the views of children and young people particularly on what they feel to be supportive and to enable their voices to be heard within the process of planning and review.

There will very soon be two fully qualified and experienced VIG Guiders within the team and also two members of the team who are skilled to a high level in delivering training and interventions relating to Mindfulness. These interventions are requested frequently from service users and it would therefore be helpful to be able to create a strategic plan and pathway around the training and support that can be provided in both of these areas and to embed practice within the team through the use of this expertise.

The Education Endowment Fund has provided support for a PMHW to work specifically on issues relating to MOD families. This work will dovetail into the support currently provided by the Positive Relationships Team within Highland Council and will contribute to the planning around Armed Forces Families in Highland. Because the resource is so limited, it has been agreed to focus on those schools in Inverness where there are high levels of service British Army personnel.

However, it is expected that the evaluation of this work will inform practice across Highland, even after the funding ends.

7.3 Workforce Planning and Development

With new members of staff expected to join the service in the near future, work will continue on building trust and positive relationships and a sense of belonging within the team.

With the difficulty in recruitment to some posts, work has already begun on framing out the role of a Band 5 PMHW, which could support someone to gain the relevant experience and knowledge to work at Band 6. It is expected that this will be progressed through the coming year and will have a positive impact on recruitment and retention.

Ensuring the continued professional development for each team member is an essential component of the development planning within the service. Having a planned approach to both individual and group training and development ensures the continued provision of a high quality service. Individual PMHWs already have planned training agreed to develop their individual therapeutic skills in areas such as Video Interaction Guidance, EMDR, Attachment and Attunement, Theraplay, Mindfulness with Children, CBT, IPT and Leading Change. The annual Professional Review and Development Interview allows new priorities to be discussed and planned and provides an overview of the whole service and the skills available to the team

Self-evaluation has become a central feature of the management and leadership of the service and is now well embedded within the team. It will remain a core feature of the work undertaken by the service, informing and shaping future planning.

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Appendix 1

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Appendix 2

Primary Mental Health Worker Service

MISSION STATEMENT

We work to support the emotional well-being and resilience of children, young people and their families in local communities. We aim to do this at the earliest possible stage of a child or young person's life to prevent mental health difficulties and improve their emotional well-being. We aim to achieve this by providing consultation and training to the professionals they work with and through direct therapeutic intervention with young people and their families.

For Highlands Children 4 outcomes (with highlighted priorities for the PMHW Service)

1. Children are protected from abuse, neglect or harm at home, at school and in the community.
2. Children are well-equipped with the knowledge and skills they need to keep themselves safe.
3. Young people and families live in increasingly safer communities where anti-social and harmful behaviour is reducing.
4. Children and young people experience healthy growth and development.
5. Children and young people make well-informed choices about healthy and safe lifestyles.
6. Children and young people are equipped with the skills, confidence and self-esteem to progress successfully in their learning and development.
7. Children and young people are supported to achieve their potential in all areas of development.
8. Children and young people thrive as a result of nurturing relationships and stable environments.
9. Families receive support, advice and guidance which is well-matched to their needs and available in ways which helps them to prepare for the various developmental stages.
10. Children and young people are physically active.
11. Children and young people know their rights and are confident in exercising these. They are able to express their views and be involved meaningfully in decisions which affect them.
12. Families are valued as important contributors and work as equal partners to ensure positive outcomes for their children and young people.
13. Children, young people and their families are supported well to develop the strengths and resilience needed to overcome any inequalities they experience.
14. Improvement in service provision is determined by the participation of children, young people and families and by understanding their views, wishes, and expectations.

Key:
On time
Significantly delayed
Not yet started
A little behind time
completed

Primary Mental Health Worker Service
Improvement Plan

DATE of Plan: June 2017

FHC4 Outcome
(7) Children and young people are supported to achieve their potential in all areas of development.

Improvement priority:
1. Develop more evidence based practice through the use of research and evaluation and contribute to the evidence base locally for tools, interventions and practices where this may be limited.

Actions	Measures / evaluation	Timescale	Lead	BRAG
PMHWs will be empowered to develop a culture of research across the PMHW team and wider Integrated Services. They will develop research projects and a relevant range of evaluation tools.	Results and findings from research will be disseminated to other staff within children's services and consideration given to publishing some of this work for wider dissemination	Ongoing	Training and Development Group	GREEN
Evaluate the effectiveness of all interventions from an objective and subjective standpoint and use the evidence from evaluations to design a service for the future	Annual reviews of the consultation process will show consultation being used to build capacity in others, with a 90% satisfaction rate.	Ongoing	Training and Development Group	GREEN
	The YP CORE will demonstrate that interventions from the PMHW service impacts positively on the outcomes of at least 90% of C/YP.	Ongoing	Training and Development Group	AMBER
Training for children's services staff will enhance the understanding of colleagues supporting children and young people.	Delivery of SMHFAT-YP as baseline training for school staff will build resilience and positive relationships in schools. 20 training sessions will be completed within the first year.	By June 2017	Training and Development Group	AMBER
	Group to develop 3 modules that can be delivered in twilights – coordinating with the EL course, PPR Team, EP team etc. Ensure consistent messages.	By September 2017	Training and Development Group	AMBER
	Training evaluations will be completed for all training provided, with forms collated centrally indicating the positive influence of training on supporting the confidence of ch services staff.	Report completed for SQR by August 2017	HoS	AMBER

Training calendar will be included within the CPD calendar (Education)	Courses on SMHFAT-YP will be offered to Probationer Teachers and EY Staff.	By October 2017	Training and Development Group	GREEN
Emotional Literacy training course will be reviewed and updated along with EPs and PPR Team.	Updated course will be delivered in conjunction with colleagues as part of the early intervention/preventative strand of the MH Strategy.	By December 2017	Training and Development Group	BLUE

Progress since last plan:

- Team Lead is continuing to coach the IHI Improvement Team in Highland through their project, having completed the Improvement Coach Course in May 17.
- The IHI Improvement Team in Highland included two members of the Service supporting improvement work in two different primary schools- one in Mid and one in South. This work is being monitored and tracked by SG and through the ASN Imp Group.
- Member of the team has participated in the VIG research being undertaken jointly with the Educational Psychology Service.
- End of year Evaluation demonstrated a satisfaction rate for Consultations that is higher than the agreed level of 90%.
- Only 16 sessions of SMHFA-YP have been completed by June 2017, 4 short of the expected number of 20.
- EL Course reviewed and updated. Sessions continue to be delivered 3x 8 day courses per year.

FHC4 Outcome

(14) Improvement in service provision is determined by the participation of children, young people and families and by understanding their views, wishes, and expectations.

Improvement Priority:

2. Ensure high quality engagement with and inclusion of children and young people across service and policy development

Actions	Measures / evaluation	Timescale	Lead	BRAG
Children and young people will be empowered and directly involved in their personal planning. They will be involved in consultations and engagement with the service, to help develop and shape policy and practice. Develop a process for evaluating the effectiveness of intervention and support from the PMHW service.	YP Core will be used to indicate the progress made pre and post intervention for older young people.	Evaluation for year completed by July 2017	PMHW Team Team Lead	**AMBER**
	Paediatric Care Measure will be used for all ch/YP on discharge and will demonstrate progress made during intervention for 90% of cases.	Evaluation for year completed by July 2017	PMHW Team	**AMBER**
	Consultation evaluation will be completed on all Consultations undertaken in May and will demonstrate the effectiveness of the process.	May 2017	PMHW Team	**BLUE**

Progress since last plan:

- While YP Core scores show a high level of improvement from the input of the service, not all members use this measure consistently in their work.
- Review of consultations undertaken in May-June 2017 demonstrated a high level of satisfaction from users of the service.

FHC4 Outcome

(13) Children, young people and their families are supported well to develop the strengths and resilience needed to

overcome any inequalities they experience.

Improvement Priority:

3. **Enable PMHWs to support colleagues and families during their child's early years and to provide input into the early years agenda**

Actions	Measures / evaluation	Timescale	Lead	BRAG
Sharing of PMHW skills relevant to early years across the team and increase the confidence of staff in this area of work.	Team members will feel they have the necessary skill and knowledge to provide effective consultation and interventions in early years work. This will be evidenced by an increase in the numbers of referrals /consultations from the Early Years.	By December 2017	Early Years Group	**GREEN**
	Evaluation of training being established by PMHWs working with the EY EP will demonstrate the knowledge and understanding of other professionals has increased as a result of the training.	By October 2017	Early Years Group	**GREEN**
	Team members' delivery of training at meetings and on development days to the rest of the team.	On-going	Early Years Group	**GREEN**
Support Development of PMHW infant mental health service to Tier 1 and 2 Provide Clinical Infant Mental Health input to Tiers 1 and 2 through targeted Interventions such as VIG, EMDR, mindfulness, parenting, attachment based relational therapy, behavioural interventions etc	Evidenced through requests for direct work/consultation. Case files showing ongoing and completed work.	On-going	All team Team Lead	**GREEN**
	Other agencies are aware of interventions that promote infant mental health that are provided by PMHW service. Through the creation and sharing of a 'menu of services' and clear pathways.	By December 2017	Members of Infant Mental Health working group	**GREEN**
Develop pathways in relation to identifying need and onward referral to Tier 2 and 3 as per the Infant Mental Health guidelines.	CAMHS Pathway will be agreed for the various interventions helpful in early years appropriate to the PMHW service and wider CAMHS.	By February 2018	IMH WG Tier 2 and 3 Services	**GREEN**
	Develop a leaflet to share with nurseries about what can be provided. Pilot in Lochaber. Training pack will be developed by PMHW and EYEP which can also be used.	By Dec 2017	Early Years Group	**AMBER**

Progress since last plan:

- EY consultations are increasing from 65 (Jan-Jun 2016) - 102 (June-Dec 2016) - 155 (Jan-Jun 2017).
- Presentation on VIG and early years at the June Dev Days to the Team.

FHC4 Outcome
(13) Children, young people and their families are supported well to develop the strengths and resilience needed to overcome any inequalities they experience.

Improvement Priority:
4. PMHW's will have an improved understanding of their role/skills

Actions	Measures / evaluation	Timescale	Lead	BRAG
Agree a range of policy and guidance documents for the service that are kept under review	Policy and practice documents will be up to date and current. Annual audit of policies will ensure this.	On-going	Team Leader	GREEN
Team members will have an improved knowledge and understanding of the PMHW role and be confident in undertaking this role	Ensure appropriate supervision is in place to support the delivery of therapeutic interventions	By June 2016	Team Leader	GREEN

Progress since last plan:

- Practice Guidelines in draft. To be shared with the team by the end of September.
- Suicide and Self-harm guidelines in draft. To be shared with the team at next team meeting.
- Induction pack completed.
- Guidance docs on the role and use of consultation agreed and rolled out, using the levels for consultations as agreed with T3 CAMHS.
- Step-up process agreed by team and T3 CAMHS.
- All staff with specific supervision requirements have these met ie CBT, ITP, Counselling etc.

FHC4 Outcome
(13) Children, young people and their families are supported well to develop the strengths and resilience needed to overcome any inequalities they experience.

Improvement Priority:
5. LAC and LAAC will receive a targeted CAMHS service with input from Tier 2 and Tier 3 services.

Actions	Measures / evaluation	Timescale	Lead	BRAG
Establish LAC working group within PMHW Service, in order to develop skills and interest within the Team	Working group developed, meet and review regularly and feedback at team meetings	Ongoing	LAC Group	BLUE
Tier2/3 CAMHS professionals to collaboratively devise action plan	Action plan to be reviewed regularly by the lead profs	Ongoing	Team Lead & Lead Psychologist	GREEN
Develop a joint pathway between Phoenix Centre and LAC services	Service Users will begin to use the pathway	By Aug 2017		GREEN
Establish outcome measure tools and data collation processes, to develop practice and to evaluate the	Outcome measure will be agreed and reviewed; alongside the data collation	Ongoing	All	GREEN

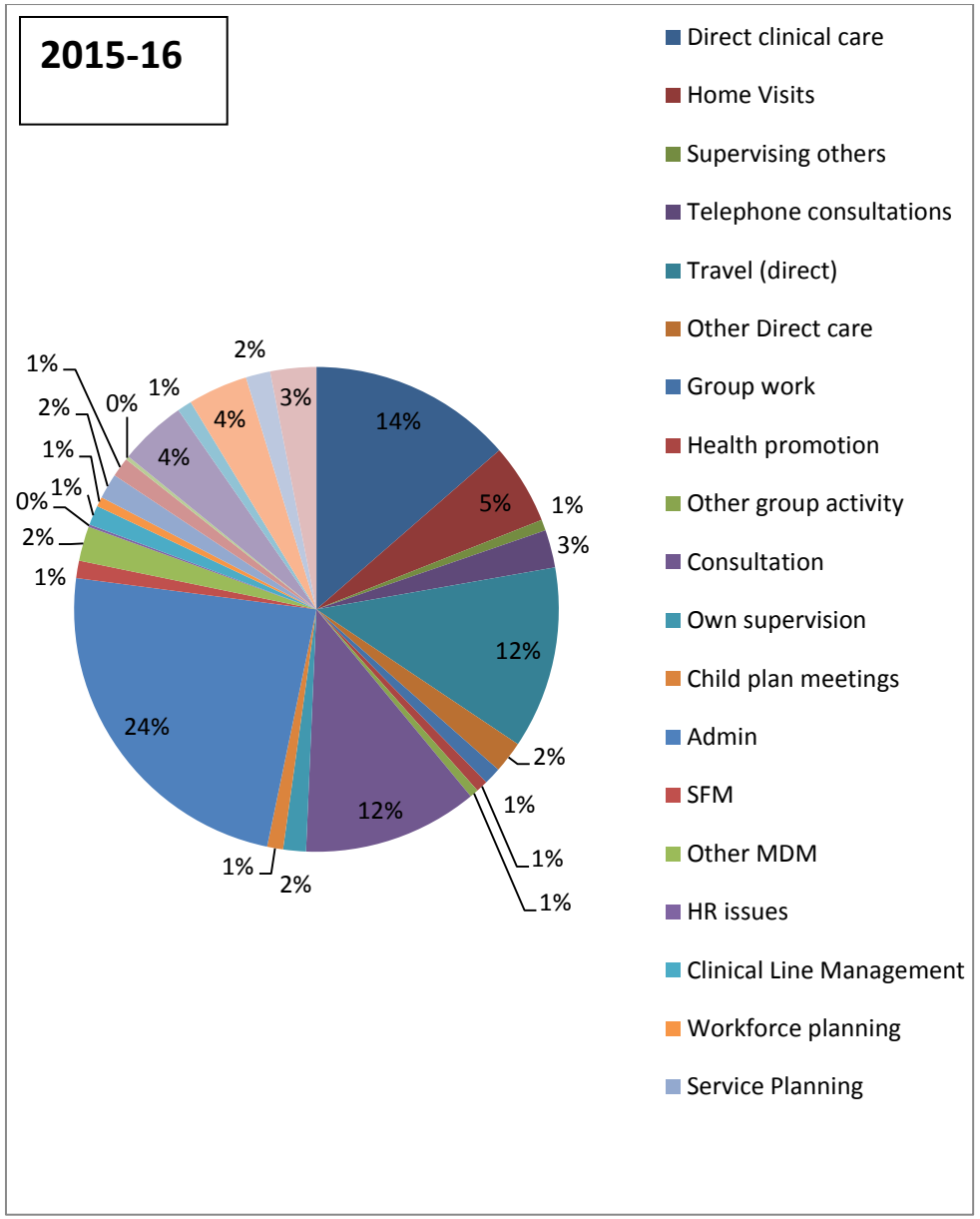
project				
Set regular consultation dates according to needs and hold quarterly review meetings in order to establish training needs	Regular consultations and review meetings will be in place and a suite of training will be agreed	Ongoing	All	**GREEN**
Establish individual training need for each residential unit – bespoke training will continue.	SMHFA YP to all staff within residential units and F&A	By May 2018	All	**GREEN**

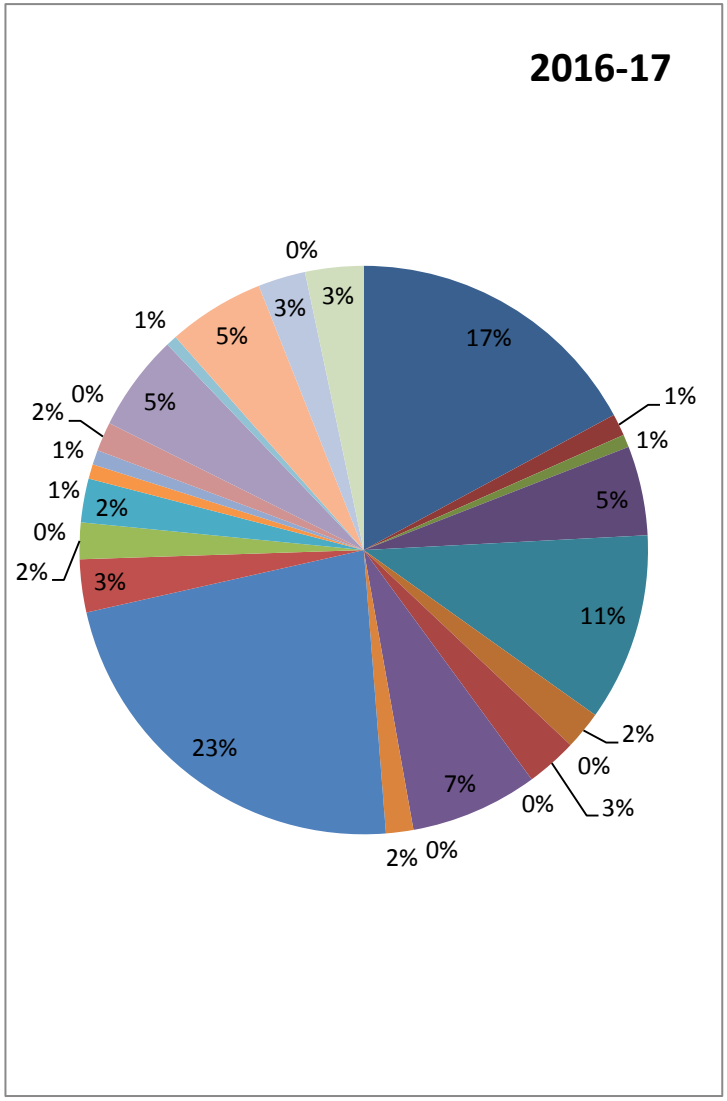
Progress since last plan:

- Consultations being evaluated positively by users of the project.
- Project being monitored and reviewed through the MH Imp Group.
- Number of consultations and direct inputs for Care Exp YP has increased since the start of the project.

Appendix 3

PMHW Service - Work Plan comparison 2015-16 and 2016-17





Levels of PMHW Consultation

Appendix 4

Level 3 – Professionals /Parental Case Consultation

Solution Focused meeting/Brief Intervention -
Aim: To provide a brief intervention to a family. To facilitate formulation/collaborative working across network and identify appropriate treatment plans which may or may not include further input from PMHW.

Activity is recorded on Consultation return and where the decision is to accept the request for assistance from the SFM, recorded on database; consent will be asked from parents/carers at the time; this is direct clinical activity

Level 2 – Joint Professionals case consultation/referral

Aim: Increase collaborative working and access to all levels of service in CAMHS, reduce un-necessary waits; create clarity about which professionals are best placed to meet the child's needs and deliver further input; to advise, provide support and reassurance; this will reduce the need for escalation or help identify the need for early referral. This consultation will be delivered in the locality or by phone.

These consultations are helpful when there is lack of clarity about which professionals are best matched to provide further input or when support from different parts of the CAMHS need to be considered.

Consent from parents should be requested by the Consultee who will notify the parents/ carers of the consultation. These contacts are NOT reported on the database, unless the consultation results in the child being placed on the waiting list for direct work.

Level 1 - Pre-Referral contact / non-urgent phone calls

Aim: To advise, provide support and reassurance. The contact may lead to a request for assistance.

(example: advice for guidance teacher on how to manage problems with a child in school, call from a parent to ask for advice and consider referral to the service). These contacts are NOT reported on the database; the child doesn't need to be known to the service, These contacts are indirect-clinical activity.

PMHW Service Training Log July 2016-June 2017

Appendix 5

Subject	Group	Number
Anxious Attachments	PMHWs	5
Mental Health Promotion	Culloden Academy Transition Group - pupils	16
SMHFA:YP	Multi-agency	11
Role of the PMHW	West Area C+L Team	6
MBSR	Culloden ASG	30
EL course Day 8	Multi-agency - Skye	8
EL course Day 8	Multi-agency - Dingwall	14
Infant MH (Co-delivered with T3 colleagues)	South Family Team	60
EL course Day 1	Multi-Agency Dingwall	14
SMHFA-YP	Charleston, Nairn, Youth Action	10
Attachment/Positive Relationships	Cauldeen PS	25
CALA Conference Workshop – Impact of parental MH on attachment and positive relationships	Multi-agency	60
Children in Distress CAT session	Balloch PS	27
Children in Distress Whole Day session	Nairn ASG	74
MBSR	Culloden ASG	43
Understanding Depression/Low Mood + Self Harm	School Nurses	4
Self Harm	Lochaber Guidance Team	2
Using Consultation	HVs + EY Workers	8
SMHFA-YP	Thurso High, Youth Devt and Youth Justice	10
EL course Day 2	Multi-Agency Dingwall	14
MBSR	Culloden ASG	10
EL course Day 3	Multi-Agency Dingwall	14
Safe Talk	Adult/Children's Services	26
MBSR	Nairn ASG	24
PMHW Role	PT Support for Learners	24
Understanding and Managing Exam Stress	Portree S4 pupils	20
Understanding and Managing Exam Stress	Plockton S4 pupils	56

Why Relationships Matter – Some Key ideas	Adoption Forum	16
SMHFA-YP	MA- Plockton/Portree ASG	12
EL course Day 4	Multi-Agency Dingwall	15
STORM	Stirling University Trainee Nurses	9
MBSR	Nairn ASG	17
Wellbeing During Exams	TRA Pupils	80
Self Harm Training	3rd Sector Orgs	25
EL Course Day 5	Multi-Agency Dingwall	14
Mindfulness	Nairn ASG	3
Relationships and Why they Matter – Key Ideas	YAT	10
MH and Wellbeing ideas	Plockton HS	50
Exam Stress	Millburn Pupils	24
Attachment and Brain Development	Dingwall Primary Staff	20
Understanding Relationships	Glenelg Primary	5
SMHFA:YP	School Hostel Staff	12
Mental Health and Wellbeing 1	1st Years Plockton HS	50
SMHFA-YP	Gairloch HS	12
MH and Wellbeing	Alness Ac S3 Safe and Healthy Group	25
Exam Stress	Millburn Ac	24
ASIST Suicide Prevention	C+L Mixed service	12
EL Course Day 6	Multi-Agency Dingwall	14
SMHFA-YP	IRA	14
MH and Wellbeing 2	1st Years Plockton HS	50
MH and Wellbeing 3	1st Years Plockton HS	50
Mindfulness	Lochaber HTs	20
ASIST Suicide Prevention	C+L Mixed service	15
EL Course Day 7	Multi-Agency Dingwall	14
SMHFA-YP	School Staff	15
PMHW Role	AHPs	50
Early Intervention and Prevention	e-CAP Group – Scandinavian colleagues	30
Exam Stress	Alness Ac S4	100

Wellbeing 1	Refugee Families Alness	14
Why Relationships Matter	LHS Guidance Ts	6
Wellbeing 2	Refugee Families Alness	14
EL Course Day 8	Multi-Agency Dingwall	13
SMHFA-YP	Multi-Agency	16
EY Training Group Pilot	Hilton Nursery	15
Managing Anxiety in pupils prior to vaccination	School Nurses Lochaber	6
CAMHS Training	2nd yr Nursing Students	15
CAMHS Training	2nd yr Nursing Students	30
Wellbeing 3	Refugee Families Alness	14
EL Course Day 1	Multi-Agency Dingwall	14
SMHFA-YP	Multi-Agency	16
The Teenage Brain	Golspie YC	6
ASIST	Multi-Agency	25
VIG ITC Briefing	CAMHS T3 Team	10
Social Skills Group	Drakies PS Pupils	20