

BACKGROUND

Many children and young people across Scotland, who have mild / moderate mental health difficulties, have been unable to access evidence-based psychological interventions because they do not meet the severity criteria for tier 3 CAMHS.

The TIPS-EIC workstream has used SG workforce development funding to deliver increased access to high-quality, evidence-based early psychological interventions for school-aged children and young people (CYP) by upskilling staff in children's services across Scotland to deliver these.

AIM / ANTICIPATED BENEFIT

- Select, train and coach members of the Scottish child workforce to deliver evidence-based / informed early psychological interventions to CYP
- Embed these interventions in a high quality and sustainable manner
- Facilitate the development of care pathways so that CYP receive the right level of care, in a timely manner
- Ultimately, relieve pressure on tier 3 CAMHS

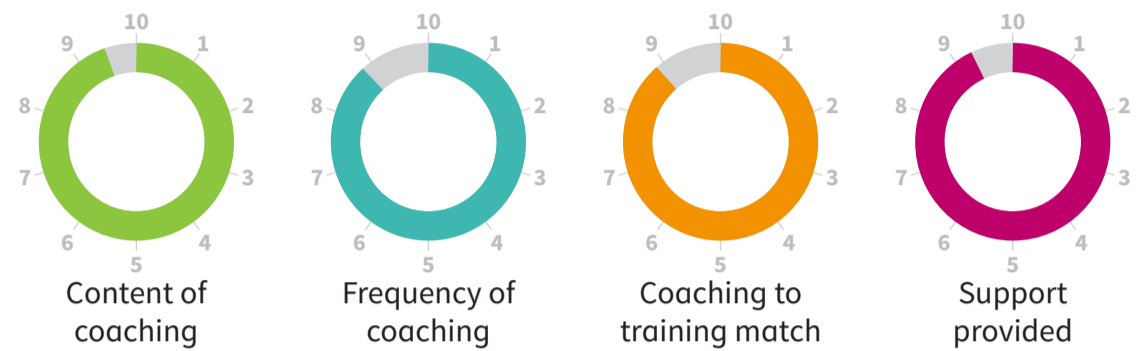
IMPLEMENTATION & APPROACH

- Implementation Science principles were applied and evidence-based approaches, with proven efficacy, were captured in fully operationalised training and implementation manuals
- Clinical Psychologists across 11 Health Board areas delivered local training and coaching and engaged with local care pathways to ensure the right CYP are seen for early intervention
- Routine outcome Measures (ROMS) help to manage governance and risk as well as demonstrate impact and outcomes and provide information to drive continuous improvements in quality
- Initial engagement with CAMHS leaders facilitated recruitment and local support for Clinical Psychology trainers and coaches who developed relationships across agencies in their areas to target and deliver training and coaching to those with capacity to deliver the interventions to children and young people, e.g., pastoral care teachers, school nurses, 3rd sector workers
- This project was funded from 2016 until 2020

OUTCOME [Outcomes and evidence of impact of improvement]

- We have delivered training and coaching to 1,218 staff, e.g., Let's Introduce Anxiety Management (LIAM), Trauma Skilled workshops and Psychological Skills Modules

Ratings from LIAM delivery staff about coaching on a 10-point scale (0 = very poor, 10 = Excellent).

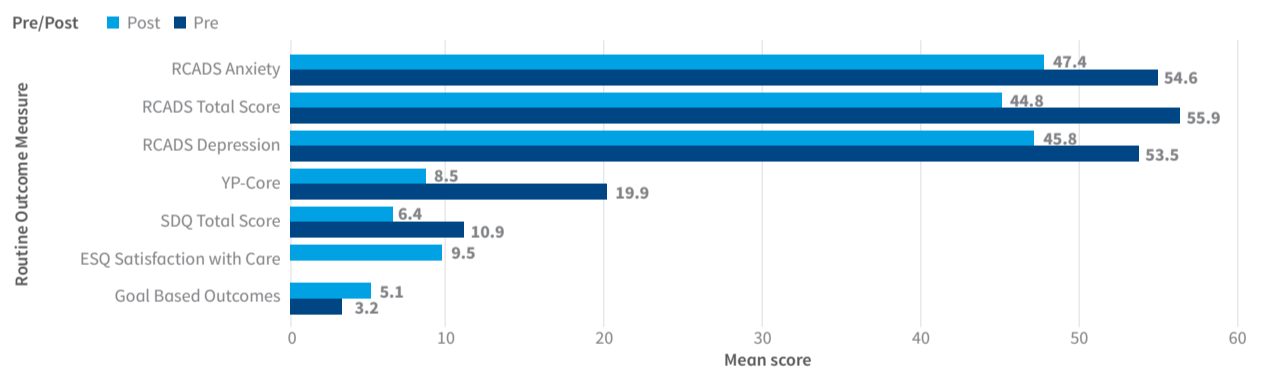


- Clinical outcome data for a sample of 163 CYP who received the LIAM intervention across 7 Health Board areas (Ayrshire and Arran, Borders, Forth Valley, GG&C, Lanarkshire and Lothian) show significant reductions ($p < 0.002 - 0.0001$) in distress on clinical outcome measures, with moderate to high effect sizes, and high satisfaction with the quality of care
- The average age of Children and Young People participating in LIAM was 12 years (range = 8-17 years) with 67.5% female

Routine Outcome Measures (ROMS)

The routine collection of outcome data is built into LIAM delivery. This includes measures of overall wellbeing, anxiety and low mood (YP-Core and Revised Child Anxiety and Depression Scale; RCADS) and progress towards self-identified goals (Goal Based Outcomes). Analysis of pre and post intervention measures indicates significant improvements across all the ROMS ($P < 0.002 - 0.0001$). The scores on the Experience of Service Questionnaire indicated that young people scored their Satisfaction with Care at 16.8 (SD=2) out of a possible 18.

Routine Outcome Measures Mean score by Pre/Post



Quotes from Children and Young People who received LIAM

I was taken seriously and listened to. I wasn't scared to tell them how I was feeling and I knew that the help they were providing was benefitting me

I felt like I could talk to [LIAM practitioner] about things it felt difficult to talk about

They made me feel comfortable in my own skin and I think they took everything seriously

I trusted her

KEY LESSONS LEARNED

- Implementation Science models allowed us to plan and organise this complex project and we continue to use data to review and improve our practice, e.g., to better target those CYP who could benefit from early psychological interventions
- As predicted by Implementation Science, on the job support in the form of coaching seems important for the translation of new skills into practice
- Routine outcome measures demonstrated the effectiveness of interventions
- Capacity is limited within the child workforce; it can be hard to ring-fence time for coaching and early intervention delivery; agreements need to be made in advance with senior leaders

KEY REFERENCES

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

National Implementation Research Network: <https://nirn.fpg.unc.edu/national-implementation-research-network>

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

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