CASE STUDY | EDUCATION

Bridging the Gap Project – Cognitive Behavioural Therapy, Treatment & Early Intervention Counselling

the talking rooms
Counselling, CBT & Psychotherapy

The Problem

The Senior Leadership team at four secondary schools in Glasgow identified an issue in tackling wellbeing and mental health issues being faced by their pupils. Serving a total of 3,610 pupil population, ranging from 12 years old up to 18 years old.

Research has identified that 1 in 10 adolescents experience mental health issues during their teenage years. These issues have an impact on their educational attainment which also affects their ability to recover and go on to lead fulfilling lives. Cuts to local services had resulted in an 18 month waiting list for NHS appointments with CAMHS (Children, Adolescent Mental Health Service). Evidence suggests that early intervention in adolescence can have a lasting positive impact on quality of life. The long waiting lists for assessment and treatment often meant that small mental health concerns became much bigger and more challenging issues over time.

The schools had identified a demise in the mental health and wellbeing of their pupils owing to the lack of real time assistance and treatment for clinical mental health issues and those affecting their overall wellbeing. Stress can in itself cause issues with the adolescent brain's ability to learn and process information. The schools considered that providing access to a therapist on site would be a crucial step in changing the outcomes for these young people.

Our Solution

Initially, the Talking Rooms worked closely with each school to identify the specific difficulties they were facing. This collaborative approach allowed us to identify what support the school, staff and young people needed to improve the situation in each setting.

We believe that people should have access to suitable treatment as well as tools and strategies to help them manage their own mental health. No-one should have to reach rock bottom before they receive help.

The Talking Rooms developed a completely flexible and bespoke model which offered schools the opportunity to access clinical assessments and treatment for young people's needs as they arose, without long waiting lists. These also include assessments carried out at the beginning of treatment, during therapy and at the end of treatment to track progress.

Treatment plans were created for each individual based on their needs. These could include counselling, solution focused therapy, cognitive behavioural therapy or self-help. All of the treatment protocols were developed following evidence based treatment plans for the challenge or disorder identified during assessments. The treatment itself was provided flexibly, using online or telephone sessions as well as treatment in person within the school environment.

Referrals and attendance at appointments were identified as a potential challenge so we provided an online self-referral scheme to encourage young people to refer themselves if they didn't have a sufficiently close relationship with a teacher to enable referrals by that route. We also sent out text and email appointments and reminders to ensure attendance outcome objectives were met.

Within the wider school community we delivered year group based psychoeducational work based on resilience and other identified mental health challenges, for example anxiety and depression. We also created an online library of resources to provide staff, pupils and parents with access to the latest evidence based tools and resources.

The Result

Within the first three months the **service achieved a 70% attendance rate**, which subsequently grew to **87% attendance**. We found that working in partnership with the school and pupils was the key to the successful implantation of the service.

We used the wellbeing measure as a clinical tool to assess progress at the beginning, middle and end of each course of treatment with a young person. This measure allows us to assess clinical improvement and each young person's overall wellbeing. On average, one to one treatment brought about a reduction in each young person's core score from 20.7 to an average score of 8.9, which is within the non-clinical threshold. Within group programmes where we implemented a six week resilience course, group average scores reduced from 29 to 12.

Conclusion

The service provided offered early intervention utilising a combination of flexible services. This ensured that the right people were able to access the right support at the right time, drastically improving mental health and wellbeing