Report for ACTION by the Health & Wellbeing Board
Item Number: 8

Contains Confidential or Exempt Information	**NO – Part I**
Title	Healthy Minds
Responsible Officer(s)	Cliff Turner
Contact officer, job title and phone number	Helene Green, Principal of Psychology and Inclusion 01628 79-6910
Member reporting	Councillor Mrs Quick
For Consideration By	Shadow Health and Wellbeing Board (SHWB)
Date to be Considered	18th May 2012
Implementation Date if Not Called In	N / A
Affected Wards	All
Keywords/Index	Mental health/healthy minds, schools

Report Summary

1. This report deals with the performance of the Healthy Minds Hub from April 2011 to March 2012
2. It recommends that the SHWB consider the information contained in the appendix report and keeps a watching brief of the future of the service
3. These recommendations are being made because the service is undergoing a significant amount of change at this time and the SHWB will be able to give clear direction for the service once the SHWB has full statutory powers from April 2013
4. If adopted, the key financial implications for the Council are regarding the sustainability and continuation of the service in tough challenging times
5. An additional point to note is this report provides information that feeds into the areas for development in the Partnership Plan for Children and Young people for 2012-13 and considerations about the future of the Healthy Minds Team.

If recommendations are adopted, how will residents benefit?	
Benefits to residents and reasons why they will benefit	Dates by which residents can expect to notice a difference
1. Residents are already benefiting from the Healthy Minds Service and this report recommends that the SHWB may wish to keep a "watching brief" on service developments as they undergo review and possible change through the year ahead, so that the benefits to residents are maximised	N / A

1. Details of Recommendations

RECOMMENDATION: That the SHWB keep a watching brief on changes that are taking place to the healthy minds service so that the benefits to residents can be maximised through the most effective way of operating this service.

2. Reason for Recommendation(s) and Options Considered
Why do you want to do this stated in a paragraph, and what were the various options you considered

Option	Comments
The SHWB does not keep a watching brief	The Healthy Minds is undergoing a significant change in the way that the service is being delivered. The SHWB may not be aware of the impact of the changes for the residents
The SHWB does keep a watching brief **RECOMMENDED**	The SHWB is aware of the needs and services that are provided by the Healthy Minds and able to support the direction of travel that maximises efficiencies and benefits

3. Key Implications – N / A

4. Financial Details

a) Financial impact on the budget (mandatory)

This impact is due to the changes in the way the service is available and the new financial charging policy that came into effect from April 2011. Please see below in section 17 for financial information in overall service context.

Budget	Income	Income source	Net budget
11/12: £213K	**£32,550**	**Schools/supervision/ training**	**£180K**
12/13: £209K	**£30k(committed)** *Income target=£57K*	**Social care**	**£152K**

b) Financial Background (optional) – Please see section 17

5. Legal Implications - N / A – this service is not a statutory requirement

6. Value For Money – N / A

7. Sustainability Impact Appraisal – N / A

8. Risk Management – N / A

9. Links to Strategic Objectives - *If none, say so. Please keep to one paragraph*.

Our Strategic Objectives are:

Residents First

- Support Children and Young People √
- Encourage Healthy People and Lifestyles √
- Improve the Environment, Economy and Transport
- Work for safer and stronger communities √

Value for Money

- Deliver Economic Services √
- Improve the use of technology
- Increase non-Council Tax Revenue
- Invest in the future √

Delivering Together

- Enhanced Customer Services √
- Deliver Effective Services √
- Strengthen Partnerships √

Equipping Ourselves for the Future

- Equipping Our Workforce √
- Developing Our systems and Structures √
- Changing Our Culture √

10. Equalities, Human Rights and Community Cohesion – N / A

11. Staffing/Workforce and Accommodation implications: None

12. Property and Assets: None

13. Any other implications: None

14. Consultation

A similar report has been to the Childrens Services Overview and Scrutiny Panel16 April 2012. It was unanimously agreed that the content of the report be notes and that a further report on making the service more sustainable be awaited

15. Timetable for Implementation – N/A

16. Appendices - Appendix A is the Annual report for the Healthy Minds Service April 2011 – March 2012.

17. Background Information

17.1 Introduction

The current Healthy Minds service was set up in 2009 following inspection judgements that consistently identified a gap in provision to meet children's moderate mental health needs. It has provided high quality support and intervention, closing the provision gap identified in previous RBWM inspections, and has demonstrated its impact on outcomes for children. The team has provided long and short-term intervention for 187 children since its inception as well as specialist training and consultation for professionals and co-ordination of the Healthy Minds Hub panel. Training provision is not covered in this report as this concerns input for adults only.

The team achieved good progress in NI 51 and, in 2011-12, began to generate income (from schools, supervision of others and training). More recently, it has also bridged the gap in local provision for supporting the mental health of abused and looked after children (achieving potential savings for children at risk of placement breakdown).

17.2 Changes in 2011

- From April 2011, the service began trading with schools. The income generation model adopted is based on a subscription system for schools related to the number of pupils on roll. Purchasing the subscription entitles schools to the use of the consultation line (described by a recent caller as a 'lifeline'), direct intervention with children causing concern (up to a fair access protocol) and free training. 50% of schools purchased a subscription to the service but staffing vacancies and fluctuations (as a result of contractual insecurities) restricted its capacity to engage with schools to a significant extent.

- As it remains critical to safeguard children who are most in need (irrespective of where they attend school) and ensure that they have their needs met, a new intensive intervention service was piloted during the year. The Healthy Minds Community Specialist post was dedicated to Children in Care/at the edge of care and an innovative approach to meeting the needs of Children in Care was implemented and evaluated. At a cost of £330 per family, this intensive therapeutic group work (Fostering Attachments: reported to the Corporate Parenting Forum in November 2011 and accepted for publication by C4EO in March 2012) offers a sound invest-to-save intervention to secure placement stability in adoptive and foster care families (in comparison with an Independent Foster placement of between £36,400 and £46,800 per year, per placement). It is becoming a core component of the service offered by Healthy Minds.

17.3 Overall summary of analysis and outcomes.

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- Schools, social care and specialist CAMHS are now the major referrers to Healthy Minds (referrals from GPs are accepted where children attend a subscribing school).
- The numbers of children with whom the team have been involved have reduced significantly this year: last year, the total number of consultations was 343; this year the number was 192.
- Limited ethnicity data were collated last year as few declared their ethnic origin. This year, therefore, we have prioritised the recording of ethnicity and now have accurate data indicating that the ethnicity profile of young people is broadly in line with the RBWM demographic (80% are white British, 19% are from other backgrounds).
- Consultation remains a highly efficient use of resources for signposting and managing concerns that do not require individual direct intervention by the team itself, as well as the preferred route for initial discussion about referral.
- CAFs are required for access to Healthy Minds interventions but we do not yet receive CAFs from CAMHS or GPs. While we then seek this from schools, delays may come about as a result.
- Emotional disorders continue to constitute the highest proportion of presenting problems addressed by the team and the highest proportion of risk factors in

children receiving Healthy Minds interventions are associated with challenging home circumstances.

- The age profile is wider than the previous year: from 1-17 years of age with the majority between 5 and 10 years of age.
- More detail on referrals from social care and on consultations were kept this year, following the shift in focus to higher-need pupils. The referrals included 9 LAC and consultation about 40 children.
- Where pre-intervention measures are available, these indicate that the level of need is significant (i.e. outside the 'normal' range and, in clinical assessment, either in the general moderate range or with a severe impairment in one particular area of functioning). This confirms that we are working with children at the appropriate level of need
- Post-intervention data analysis for children who have completed treatment shows that children made a significant positive shift. Children reported being significantly closer to achieving their goals. This confirms that Healthy Minds interventions are effective.

17.4 Conclusions

As the outcome measures in the performance report show, and despite the challenges posed by income generation and unstable arrangements for staffing, the team have continued to achieve significant change for children. They are working with those most in need.

The team are able to provide both a specialist and longer-term therapeutic service for children suffering trauma or attachment difficulties as well as shorter-term intervention, and support or training for others working directly with children causing concern. The Fostering Attachments group intervention is being sustained and this will enable us to collate outcome measures.

50% of schools secured access to Healthy Minds in the last financial year, generating approximately £30K in income, with other income from supervision. For income generation, the charging system for schools in 2012-13 remains the same. We are achieving an increased level of buy-in from schools this year but it is clear that we need to invest time specifically in the area of contact with schools if we are to ensure that the model provided meets their needs as well as the needs of our children and young people and their families.

Healthy Minds staffing contracts were extended for a year, until 2013, to enable other options for service delivery to be explored and we are actively developing this at present. Preliminary investigations suggest that there is an untapped market for therapeutic support for this level of need in the Berkshire area as well as within Windsor and Maidenhead. National funding streams will be investigated for work with adoptive families. A more sustainable option is required, and a social enterprise is being considered, to ensure that vulnerable children are safeguarded and to secure equity of access for those most in need.

18. Consultation (Mandatory) – N / A

Name of consultee	Post held and Department	Date sent	Date received	See comments in paragraph:
Internal				
External				

Report History

Decision type:	Urgency item?
Non-key decision	No

Full name of report author	Job title	Full contact no:
Helene Green	Principal of Psychology and Inclusion	01628 796688

Stages in the life of the report (not all will apply)	Date to complete
1. Officer writes report (in consultation with Lead Member)	
2. Report goes for review to head of service or DMT	
3. To specialist departments: eg, legal, finance, HR (in parallel)	
4. To lead member	
5. To SMT or CMT	
6. To the leader	
7. To overview or scrutiny, if a cabinet report	
8. To cabinet	

Healthy Minds Hub Performance Report
April 2011 – March 2012

1. Introduction

1.1. Healthy Minds

The Healthy Minds Team (HM) provides both short and long term (individual/group) therapeutic interventions for children and young people with emotional and mental health needs and specialist psychological therapies for attachment and trauma. Healthy Minds Services also promote and support the positive emotional well-being and mental health of children/young people and their families, building resilience and capacity to prevent family and/or school breakdown, working in partnership with parents/carers, schools, and other professional agencies.

1.2. The report presented here summarises HM activities from April 2011 to March 2012. Performance data for three key areas of HM Service was collected regarding:

- HM support sought by Schools, Social Care, and other agencies through the Healthy Minds consultation telephone line.
- Type and severity of support sought and the nature of support arrangements agreed by the Healthy Minds Hub Panel.
- Outcome of post intervention measures showing the effectiveness of HM interventions.

1.3. In April 2011, Healthy Minds became a charged service to schools. This change has had a significant impact on cases referred to the Hub. Since April, 2011, the HM Hub has only been able to accept referrals from GPs, Specialist CAMHS, Schools and other agencies if the referrals meet certain core criteria or of the child or young person being referred to the Hub attends a school that has purchased a subscription to the HM Service (Core+). GP referrals are accepted where children attend a subscribing school.

For cases where a child or young person with emotional and behavioural difficulties requires support but does not attend a school that has purchased a subscription to the HM Service, the Local Authority commissions a **'Core Service'** that allows HM to accept request for involvement as long as one or more of the three **Core** criteria listed below are met:

- The Child/Young Person presents with a significant deterioration of emotional and behavioural needs and has 'a statement of special educational needs for Emotional, Behavioural and Social Difficulties' (EBSD).
- The Child/Young Person is Looked After or Adopted (includes fostered and kinship care).
- The Child/Young Person is 'not accessing education' (e.g. Pattern of persistent school refusal or significant deterioration in emotional and behavioural needs that has led to an exclusion).

1.4. The impact of this change can be summarised as:

- There were 343 referrals to the Healthy Minds Hub between April to December 2010. Following the introduction of a charged service to schools, the referrals dropped to 192. This is equivalent to 44% reduction in the number of overall referrals.

- Overall decrease in the number of calls to the consultation line as calls can only be accepted for core and core+ involvement.
- Overall decrease in the number of referrals for Healthy Minds Hub involvement.
- Schools, Social Care and Specialist CAMHS are now the 3 predominant users of the consultation line. Schools in particular value the consultation service offered.
- School requests for Healthy Minds involvement has increased from 26% to 32%.
- Social Care requests have increased from 18% to 21%.
- Specialist CAMHS requests have increased from 10% to 21%

2. Analysis of the Healthy Minds Provision

2.1 Consultations

The Healthy Minds Hub Consultation line has run every Thursday afternoon since March 2009. From April 2011, any calls from professionals and Schools seeking support or wishing to talk through concerns they might have about the emotional well-being of a child or young person would only be accepted if such consultations fall within the Healthy Minds **core** or **core+** criteria.

The telephone consultation line is a key component of the Healthy Minds provision which:

- Identifies the precipitating factor/s behind every referral and clarifies the presenting difficulties and needs of the child or young person.
- Offers advice on what professionals already supporting the child or young person might do additionally or differently
- Clarifies with the referrer which other services might be able to provide appropriate support for the child or young person if they have not yet been involved
- Agrees when it is appropriate to undertake the CAF (Common Assessment Framework) and seek multi agency involvement via the Healthy Minds Hub Panel.

2.1.1. The consultation line is the preferred point of access to the Healthy Minds Hub Panel. Where a referral for the Healthy Minds Hub Panel is received via letter or email, the 'duty' member of the Healthy Minds team will contact the referrer and/ or parent to ensure that all essential information is gathered and that all essential information is captured through a CAF.

2.1.2. Between April 2011 and March 2012 Healthy Minds conducted a total of **192 consultations**. Of all the agencies/services who accessed the Healthy Minds Consultation line, Schools, Social Care and Specialist CAMHS made the largest number of referrals.

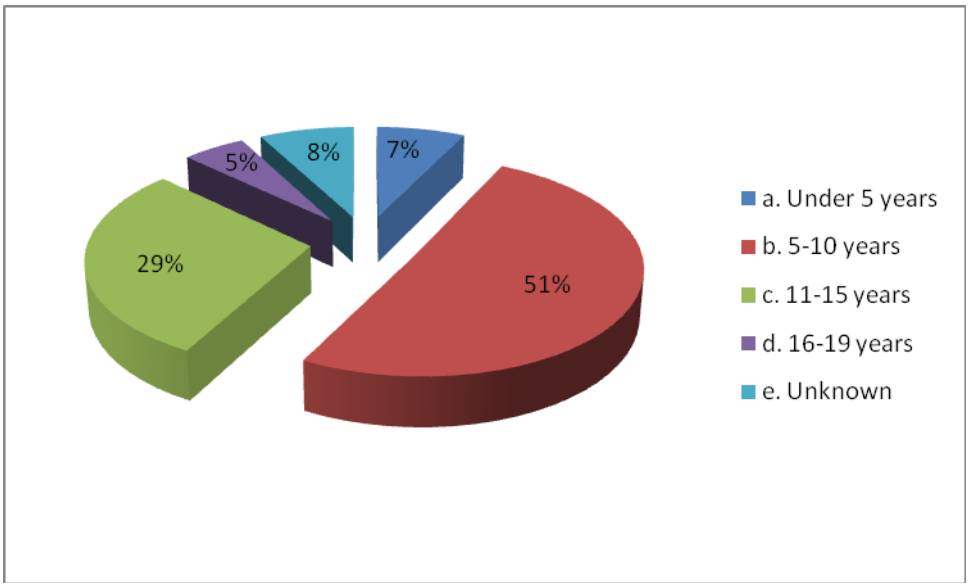
- Schools 33%
- Social Care 21%
- Specialist CAMHS 21%

A table showing detailed breakdown of the consultations, together with a graph showing the number of consultations conducted per month between April 2011 and March 2012 are included in Appendix i and Appendix ii respectively (P.8).

2.1.3. Consultations Classified according to Age and Gender

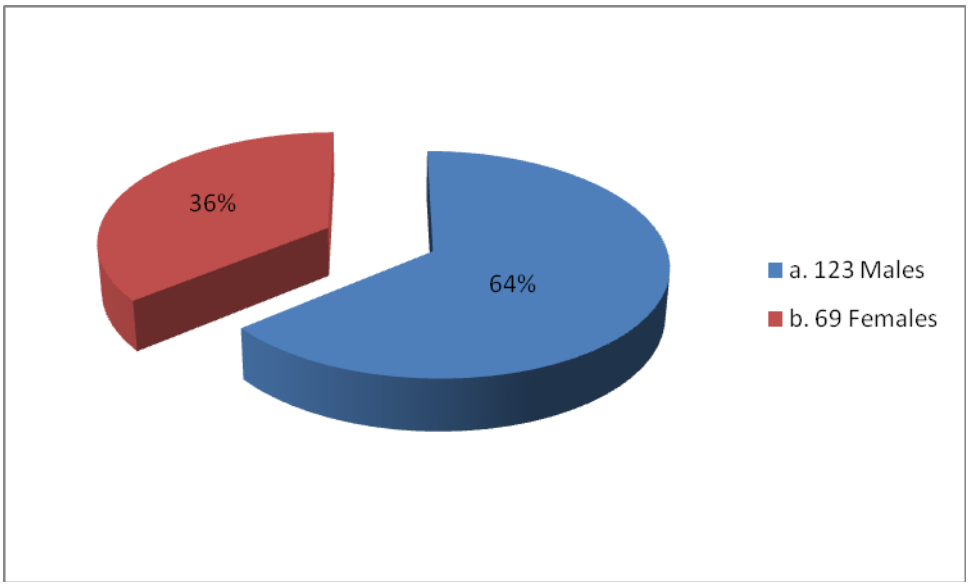
The average age for the 192 referrals from April 2011 – March 2012, was 9 years. The age range was from 1 year to 17 years. 39% of the referrals were agreed for consideration by the Healthy Minds Hub Panel. In 16% of the cases, advice from the Healthy Minds Hub to initial referrers regarding their own contact with the child or young person concerned proved sufficient. 13% of the total referrals were signposted to other appropriate services, compared to 44% in the preceding 12 month period. A detailed table and pie chart showing the outcome of HM consultations between April 2011- March 2012 is included in Appendix iv and v respectively (P.9).

Figure 1: Consultations according to age



Of the 192 consultations 123 were male and 69 were female.

Figure 2: Consultations according to Gender from April 2011 – March 2012



2.1.4. Social Care Consultations

The Healthy Minds Service conducted a total of 40 consultations with Social Care staff between April 2011 - March 2012. Of the 40 consultations the key outcomes were as follows: 6 cases were resolved on initial consultation, 5 cases were signposted and 19 cases were referred for direct Healthy Minds therapeutic intervention. Of the 19 cases that Healthy Minds worked with 9 cases were with Looked After Children. A detailed table showing the outcome of social care consultations and Hub Panel outcome for Social Care referrals is included in Appendix vi (P.10).

The range of difficulties reported for all Social Care consultations is represented in table 1 below.

Table 1: Social care consultations categorised according to presenting problems

Presenting problems	Number	Percentage
Emotional disorder/problems	29	73%
Conduct disorder/problems	6	15%
Other presenting problems	5	13%
Total	40	100%

Of the 40 Social Care consultations 73% involved children with emotional disorders and 15% involved children with conduct disorders.

2.2. Healthy Minds Hub Panel

Healthy Minds co-ordinates the HM Hub Panel, which is a multi-agency meeting held every three weeks with attendance from a diverse range of tier 2 and 3 services (Specialist Child and Adolescent Mental Health Services, Social Care, voluntary sector and Key Services from Children's Services within RBWM).

All Healthy Minds Hub referrals require a fully completed CAF which is also logged with the RBWM CAF Administrator. All Healthy Mind Hub Panel delegates contribute to case discussions around the care and emotional needs of the children and young people brought to the panel. The commitment of the Healthy Minds Hub Partners to improve the mental health and emotional well-being of children/ young people referred to the Hub is evident in their willingness to offer support for the cases. Please see table 2 below.

2.2.1. HM Hub Panel considered the needs of 69 children and young people from April 2011 to March 2012. Some of these children (10 of the 69) of the children and young people considered at the Hub Panel received support from more than one agency as demonstrated by table 2 below.

Table 2: Services Offering Support following Healthy Minds Panel

Services supporting cases from HM Hub panel	Number	Percentage
Behaviour Support Service	6	8%
Berkshire Child Anxiety Clinic	1	1%
Counselling Services	7	9%
Family Friends	1	1%
Hub practitioners	49	62%
Parenting Service	2	3%
Social care	8	10%
spec CAMHS	5	6%
Total	79	100%

2.2.2. Referral to Healthy Minds Hub Panel – Predominant Presenting Difficulties

All of the referrals undertaken by the Hub are classified in relation to the nature of the predominant presenting difficulty. The vast majority of the referrals concerned children/ young people with either emotional difficulties (71%) or conduct disorder (22%). A detailed table showing all the presenting difficulties recorded between April 2011- March 2012 is included in Appendix iii (P. 9). This is a similar picture to the Social Care cases.

Table 3: Incidence of key risk factors associated with referrals to the Hub Panel

Overall number of children to Hub Panel = 69		
Risk Factor/ Challenging Circumstances	**No. of children**	**% of total Hub Panel referral**
Children with learning difficulties/disabilities	12	17%
Children with issues around School attendance	7	10%
Children with issues around bullying	8	12%
Children with family difficulties	66	97%

In order to ensure that the appropriate safeguarding procedures and assessments are followed, the children and young people considered at the HM Hub Panel are categorised according to pertinent risk factors. Table 3 presented above shows the predominant risk factors. The most common risk factor across 66 of the 69 cases were family difficulties. The total number of risk factors reported in the above table exceeds the total number of referrals to the Hub between April 2011-March 2012 because in some cases, multiple risk factors applied to the individual children and young people.

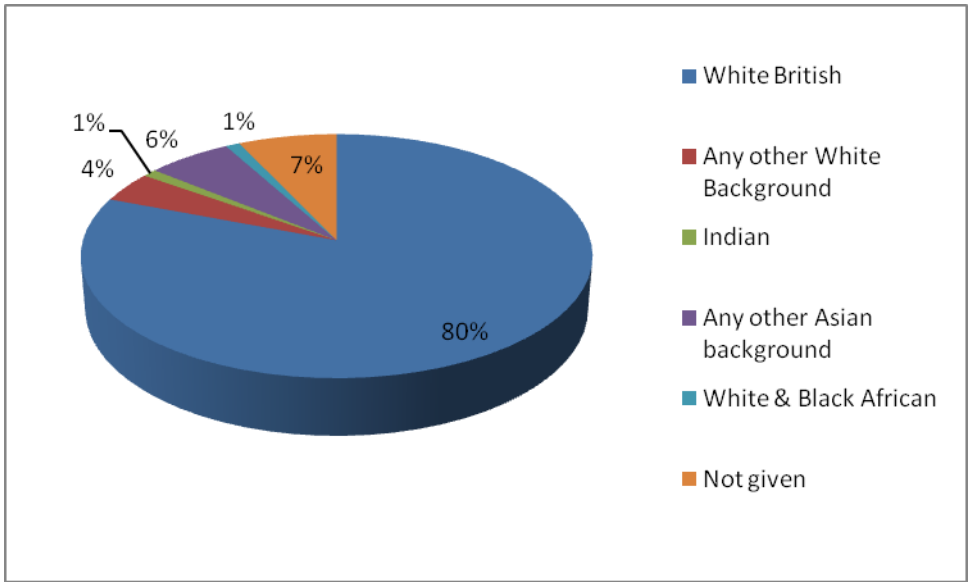
2.2.3. Table 4: Breakdown of services providing support for children/ young people with identified risk factors

	Healthy Minds practitioners	Social care	Other services
Learning disabilities/difficulties	9	3	0
School attendance difficulties	6	1	0
Bullying issues	6	2	0
Family difficulties	**53**	**8**	**11**

The services that provided most support for children and young people identified with key risk factors were Healthy Minds and Social Care, Healthy Minds working with the majority of the cases.

2.2.4. Ethnicity of Children/ young people discussed at Healthy Minds Hub Panel

Figure 3: Pie chart showing the ethnicity of children/ young people



The above Pie chart reflects the ethnicity of the children referred to the panel and broadly reflects the breakdown of ethnicity within the Royal Borough of Windsor and Maidenhead.

3 Impact

3.1 Severity of emotional, behavioural and mental health need

In accordance with the CAMHS Outcome Research Consortium, completion of the Strengths and Difficulties Questionnaire (SDQ), Child Global Assessment Scale (CGAS) and Goal Based Outcomes (GBOs) are requested as a baseline measure for all children and young people offered an intervention with the Healthy Minds Team. *See Appendix vii (P.10-11) for further details of the outcome measures used.*

3.2 Pre-Intervention Measures

The **Strength and Difficulties Questionnaire (SDQ)** was completed pre-intervention with 65 parents, 29 teachers and 10 young people.

The Pre - intervention SDQ data collected is reported in Appendix viii. Tables viiia – viiif (P.12-13). This shows that the emotional and behavioural difficulties of children and young people commencing interventions with the Healthy Minds team is outside what is considered the normal range, with the children and young people being at a higher risk of having a clinically significant level of mental health disorder.

Healthy Minds Practitioners used the **Child Global Assessment Scale** (CGAS) to rate the C/YP level of functioning. This data shows that children who were referred for Healthy Minds involvement (pre-treatment) **presented with a moderate degree of interference in their**

functioning in most social areas or a severe impairment or functioning in one area such as anxiety, obsessive rituals, social and emotional difficulties.

The **Goal Based Outcome Scale** is used as an additional measure as appropriate. The respondent is asked to list up to 3 goals which indicate what they wish to gain from their contact with Healthy Minds. Each goal is rated on a ten point scale where 0 is the furthest away from reaching the goal and 10 is goal completed. It was completed by 33 young people over the age of 11 years and given to the parents of children under the age of 11 years.

3.3 Post-intervention measures

- Of the 187 children who received/are receiving input from the Healthy Minds Team practitioners following panel (from March 2009), 172 were given interventions where the outcomes can be measured. **Analysis of the pre and post data for those children who completed treatment indicates that all children and young people showed positive changes which were statistically significant.**

- The pre and post **SDQ** scores which are included in Appendix ix (P.14) show that following HM intervention, the children and young people made a significant positive shift from the abnormal and borderline range for total difficulties to the normal range.

- The pre and post **CGAS** scores which is included in Appendix x (P.14) show a significant positive change, such that children who were presenting with a moderate degree of interference in functioning in most social areas or severe impairment or functioning in one area now present with minimal impairment of functioning in any area.

- The pre and post GBO scores included in Appendix xi (P.14) show that following the intervention children/ young people are significantly closer to reaching their goals.

In summary, the changes in the SDQ, CGAS and GBO and feedback collated from the service users highlight the significant contributions of Healthy Minds to improving and sustaining the emotional well- being and mental health of children in RBWM.

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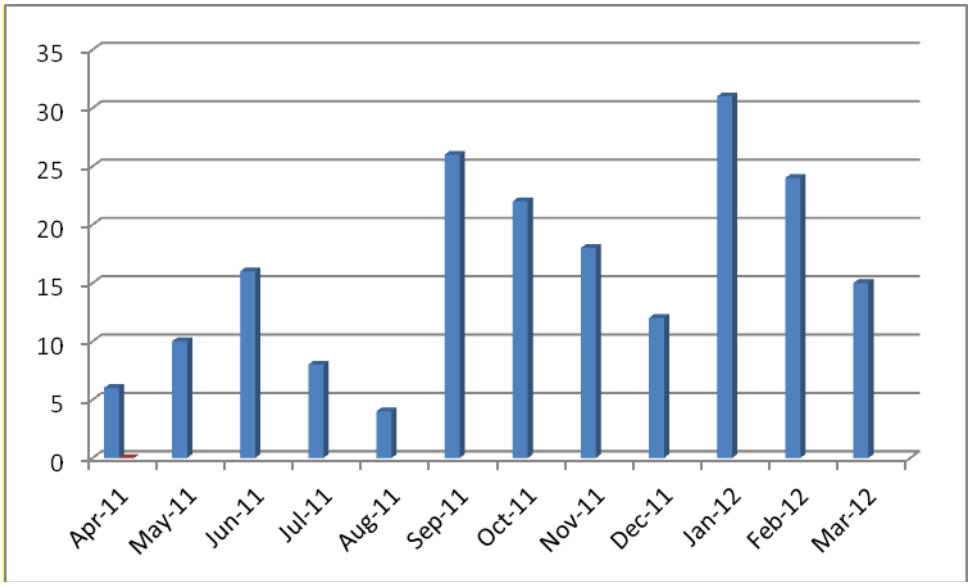
Appendix - i

Sources of requests for involvement through consultation in April 2011 – March 2012

Agency	Number	percentage of request
Behaviour Support Service	4	2%
Child Development Centre	2	1%
Connexions Core	2	1%
Connexions Intensive	1	1%
Education Welfare Service	2	1%
Educational Psychology Service	2	1%
Family Friends	2	1%
GP	22	11%
GP via Specialist CAMHS	2	1%
Health Visiting and School Nursing	1	1%
Parenting Services	7	4%
School	64	33%
Social care	40	21%
Specialist CAMHS	27	14%
T2-substance misuse	1	1%
CAMHS CPE	13	7%
Total	192	100%

Appendix - ii

Graph showing number of consultations conducted per month in April 2011 – March 2012



Appendix - iii

Consultations categorised according to predominant presenting problem in April 2011 – March 2012

Presenting Problem	Number	Percentage
Autistic spectrum disorders	2	1%
Conduct disorder/problems	42	22%
Emotional disorder/problems	136	71%
Other presenting problems	12	6%
Total	192	100%

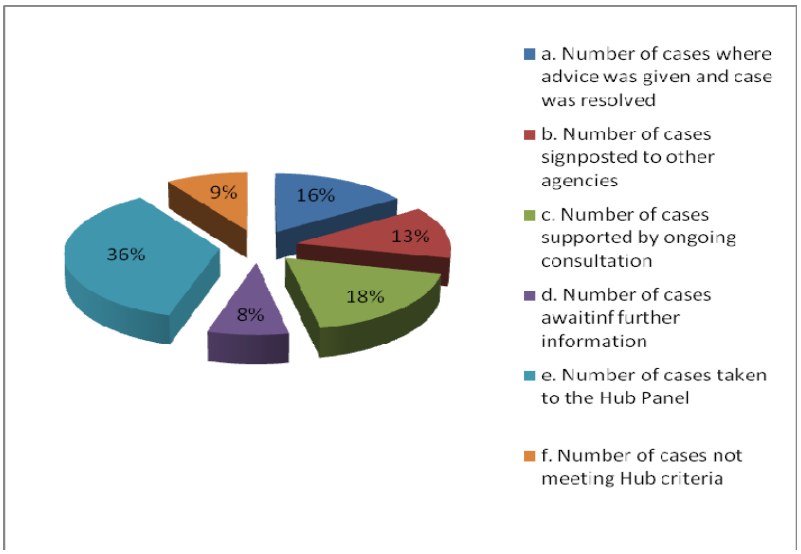
Appendix - iv

Outcome of consultations in April 2011 – March 2012

Outcome of consultations	Number	Percentage
Number advice given /resolved	30	16%
Number signposted	25	13%
Number supported by ongoing consultation	29	15%
Number awaiting forms/further information	15	8%
Number to hub panel	75	39%
Number declined	18	9%
Total	192	100%

Appendix - v

Pie chart showing the outcome of Healthy Minds Hub consultations in April 2011 – March 2012



Appendix - vi

Outcome of social care consultations with Healthy Minds Hub in April 2011 – March 2012

Results of social care consultation	Number	Percentage
Number advice given /resolved	6	15%
Number signposted	5	13%
Number supported by ongoing consultation	6	15%
Number awaiting forms/further information	0	0%
Does not meet Criteria for Hub	4	10%
Number to hub panel	19	48%
Total	40	100%

Appendix - vii

SDQ

The SDQ is a measure of the child's emotional and behaviour difficulties and the impact this has on different areas of the child's life. It is valid for completion by parents of children aged 3-16, with a self-report version for children aged 11-16.

According to where the difficulty is most significant, either teacher or parent versions of the SDQ are sought. Where a child is over 11 years, the self report version is also sought.

Normative data for a British sample of 5-15 year olds is presented alongside the Healthy Mind data. The normative data shows the scores attained on the SDQ for children who are not seen as in need of a mental health service. This allows us to compare the scores from children known to healthy minds' services with the scores expected in the wider population.

SDQ scores for each of the subscales can be classified as normal, borderline or abnormal. "Abnormal" refers to children who if assessed in relation to diagnostic classification systems would be at high risk of having a clinically significant mental health disorder. Approximately 10% of a community sample is expected to fall within the "abnormal" range, with a further 10% falling in the borderline range.

CGAS

The Children's Global Assessment Scale is a practitioner-rated global measure of functioning for children aged 0-23 years.

The CGAS is completed by the relevant clinician. Information on what given scores signify is presented below:

100 – 91 Superior functioning in all areas (at home, at school, and with peers); involved in a wide range of activities and has many interests (e.g., hobbies or participates in extra-curricular activities or belongs to an organised group, such as scouts, etc.); likeable, confident; 'everyday' worries never get out of hand; doing well in school; no symptoms.

90 – 81 Good functioning in all areas, secure in family, school and with peers; there may be transient difficulties and 'everyday' worries that occasionally get out of hand (e.g. mild anxiety associated with an important exam, occasional 'blow-ups' with siblings, parents or peers).

80 - 71 No more than slight impairment in functioning at home, at school, or with peers; some disturbance of behaviour or emotional distress may be present in response to life stresses (e.g. parental separations, deaths, birth of a sibling) but these are brief and interference with functioning is transient; such children are only minimally disturbing to others and are not considered deviant by those who know them.

70 - 61 Some difficulty in single area but generally functioning pretty well (e.g. sporadic or isolated antisocial acts, such as occasionally playing hooky or petty theft: consistent minor difficulties with school work; mood changes of brief duration; fears and anxieties which do not lead to gross avoidance behaviour, self doubts); has some meaningful interpersonal relationships; most people who do not know the child well would not consider him/her deviant but those who do not him/her well might express concern.

60 - 51 Variable functioning with sporadic difficulties or symptoms in several but not all social areas; disturbance would be apparent to those who encounter the child in a dysfunctional setting or time but not to those who see the child in other settings.

50 - 41 Moderate degree of interference in functioning in most social areas or severe impairment or functioning in one area, such as might result from, for example, suicidal preoccupations and ruminations, school refusal and other forms of anxiety, obsessive rituals, major conversion symptoms, frequent anxiety attacks, poor or inappropriate social skills, frequent episodes of aggressive or other anti-social behaviour with some preservation of meaningful social relations.

40 – 31 Major impairment in functioning in several areas and unable to function in one of these areas, is, disturbed at home, at school, with peers, or in society at large, e.g. persistent aggression without clear instigation; markedly withdrawn and isolated behaviour due to either mood or thought disturbance, suicidal attempts with clear lethal intent; such children are likely to require special schooling and/or hospitalisation or withdrawal from school (but this is not a sufficient criterion for inclusion in this category).

30 – 21 Unable to function in almost all areas e.g. stays at home, in ward, or in bed all day without taking part in social activities or severe impairment in reality testing or serious impairment in communication (e.g. sometimes incoherent or inappropriate).

20 - 11 Needs considerable supervision to prevent hurting others and self (e.g. frequently violent, repeated suicide attempts) or to maintain personal hygiene or gross impairment in all forms of communication, e.g. severe abnormalities in verbal and gestural communication, marked social aloofness, stupor, etc.

10 - 1 Needs constant supervision (24 hour care) due to severely aggressive or self-destructive behaviour or gross impairment in reality testing, communication, cognition, affect or personal hygiene.

Appendix – viii (*tables: a – f)* Pre Healthy Minds Intervention- SDQ Scores

Table viiia: Teacher completed SDQs

	Healthy minds data		Normative data	
	Mean Score	Standard deviation	Mean Score	Standard deviation
Total difficulties	16.8	5.4	6.6	6.0
Emotional symptoms	4.5	2.8	1.4	1.9
Conduct	3.0	1.8	0.9	1.6
Inattention/hyperactivity	5.9	3.7	2.9	2.8
Peer problems	4.0	2.3	1.4	1.8
Pro-social	6.6	3.4	7.2	2.4
Impact	3.25	1.7	0.4	1.0
	Sample size = 29		**Sample size = 8208**	

Table viiib: Teacher SDQ - classifications

	Normal	Borderline	Abnormal/High Risk
Total difficulties	0-13	14-16	17-40
Emotional symptoms	0-3	4	5-10
Conduct	0-2	3	4-10
Inattention/hyperactivity	0-5	6	7-10
Peer problems	0-2	3	4-10
Pro-social	6-10	5	0-4
Impact	0	1	2+

Table viiic: Parent completed SDQs

	Healthy minds data		Normative data	
	Mean Score	Standard deviation	Mean Score	Standard Deviation
Total difficulties	20. 5	7.80	8.4	5.8
Emotional symptoms	6.3	2.16	1.9	2.0
Conduct	4.31	3.3	1.6	1.7
Inattention/hyperactivity	6.22	2.84	3.5	2.6
Peer problems	4.15	2.3	1.5	1.7
Pro-social	6.31	2.96	8.6	1.6
Impact	3.86	2.61	0.4	1.1
	Sample size = 65		**Sample size = 10298**	

Table viiid: **Parent SDQ - classifications**

	Normal	Borderline	Abnormal
Total difficulties	0-11	12-15	16-40
Emotional symptoms	0-4	5	6-10
Conduct	0-2	3	4-10
Inattention/hyperactivity	0-5	6	7-10
Peer problems	0-3	4	5-10
Pro-social	6-10	5	0-4
Impact	0	1	2+

Table viiie: **Self completed SDQs**

	Healthy minds data		Normative data	
	Mean score	**Standard deviation**	**Mean Score**	**Standard deviation**
Total difficulties	19.5	5.76	10.3	5.2
Emotional symptoms	6.37	1.59	2.8	2.1
Conduct	4.37	1.76	2.2	1.7
Inattention/hyperactivity	5.37	2.66	3.8	2.2
Peer problems	3.37	2.26	1.5	1.4
Pro-social	7.87	2.03	8.0	1.7
Impact	1.33	1.21	0.2	0.8
	Sample size = 10		**Sample size=4228 (aged 11+)**	

Table viiif: **Self SDQ - classifications**

	Normal	Borderline	Abnormal
Total difficulties	0-15	16-19	20-40
Emotional symptoms	0-5	6	7-10
Conduct	0-3	4	5-10
Inattention/hyperactivity	0-5	6	7-10
Peer problems	0-3	4-5	6-10
Pro-social	6-10	5	0-4
Impact	0	1	2+

Appendix - ix: **Post Healthy Minds Intervention- SDQ Scores**

Changes in SDQ scores

SDQ Total Difficulties	Mean pre score	Mean post score	Probability	Significant
Parent (N= 22)	20.5	16.0	<0.001	Yes
Teacher (N= 8)	16.87	12.5	0.009	No
Self (N= 8)	19.5	14.6	0.001	Yes

This data shows a change in pre and post SDQ scores such that children who were presenting within the abnormal and borderline range for total difficulties now fall in the normal range.

Appendix - x: **Post Healthy Minds Intervention -CGAS**

Changes in CGAS scores

	Mean pre score	Mean post score	Probability	Significant
CGAS (N=36)	52.62	72.63	<0.001	Yes

This data shows a significant change in pre and post CGAS such that children who were presenting with a moderate degree of interference in functioning in most social areas or severe impairment or functioning in one area are now presenting with no more than slight impairment of functioning in any area.

Appendix - xi: **Post Healthy Minds Intervention - GBO**

Changes in GBO scores

Changes in GBO scores

GBO	Mean pre score	Mean post score	Probability	Significant
GBO 1 (N= 18)	2.16	7.66	<0.001	Yes
GBO 2 (N= 11)	2.54	7.18	<0.001	Yes
GBO 3 (N=8)	2.75	5.75	0.001	Yes

This data shows a significant change in pre and post GBO such that post treatment children are much closer to reaching their goals.