



Supporting Children and Young People With Mental Wellbeing



The importance of conversations

When working with children and young people we often underestimate the power of listening. Recent research in Glasgow (Project 99) which asked young people about the supports they would most like to be provided for Mental Health, very much supported this fact.

Children and young people often ask a trusted adult if they can speak to them confidentially but it should be stressed early in the conversation that if the adult feels the child/young person is at risk then they will need to pass the information on to ensure the individual's safety. However, it is vital that the child/young person retains some control over the situation, is fully aware of who needs to be informed and why, is consulted on their views, is allowed wherever possible to set the pace and make choices. To do otherwise could result in a worsening of the situation.

To make conversations more productive there are a number of things we should consider? (See East Ayrshire Council's Counselling Helpcard)

Environment

We all know that getting a quiet room where you will not be disturbed in establishments is very difficult but every effort must be made to try and provide this if conversations are to have a successful outcome. It may be beneficial and less threatening to take the pupils out for a walk or complete art work as they talk about their issues.

How you set out the room you will meet the child/young person in is important. Less threatening seating positions (not face to face or behind a desk) and respecting personal space should always be considered.

Structured Conversations (see counselling helpcard)

It is good practice to set a time limit for the session at the start so that you create a beginning and an ending (summary and action plan) to the conversation. Reminding the child or young person that you are nearing the end of the conversation often encourages them to get to the real cruxes of their issues and ensures you do not run out of time for a plan of action.

Techniques such as reflecting back/summarising and showing empathy are additional tools which can be helpful. Staff should also note that silence is okay and they should refrain from jumping in too quickly before giving the child/ young person time to reflect and answer. It can be helpful to use a sliding scale to ask the child/young person how they are feeling on a scale 1 to 10. They follow up with questions such as have you ever felt lower or when you were a higher number what was different etc.

Many mental health staff use three questions to structure their session:-

- i. What brought you here to me / how can I help?
- ii. What would be the most helpful things to happen?
- iii. What next – (Where appropriate - Wellbeing Recover Plan – Appendix I)

This ensures that the child / young person has realistic expectations and outcomes from the session. It is worth noting that you do not need to get through all the questions in one session the most important point is that the child and young person leaves feeling that they have been listened to, their feelings have been validated, they have been empowered to tackle their issues.

Further advice is available via MindEd free counselling e-learning module.



Levels of Support - within Staged intervention

In order to carry out a prevention and early detection mental wellbeing role establishments need to invest in creating positive relationships and a supportive ethos for all their children/ young people whilst also delivering appropriate HWB/PSE inputs. The most effective programmes are those that target pre-school and early primary years. Ideally the best approach is one that spirals through the years using a developmental approach in which learning is re-visited at key points.

It should be noted that when provided with a nurturing environment and an appropriate HWB/PSE curriculum the majority of children/young people will develop the skills and knowledge they require for life long mental wellbeing.



Staged Intervention	Support / Services Available
Family and universal services (Whole schools approaches, school ethos)	Multi component approach which creates a positive environment encompassing whole school approaches to mental health and wellbeing
Additional support within universal services (HWB/ PSE programmes)	School curriculum resources, online resources, guided self-help, schools, extracurricular, peer and family support, 1:1 conversations or group work
Specialist help from a multiagency team	GP, School Nursing, Educational Psychology, Social Work, Barnardos, Young Carers Services, guided self-help, targeted supports / groups
Enhanced multiagency to overcome adversity and risk	CAMHS, Community Mental Health Team, Social Work

Family and Universal Supports

Educational establishments are advised to establish a whole school, multi-component approach to mental wellbeing which creates positive climates and environments, and includes families and communities. Such environments provide caring people for support and guidance, and help develop vital bonds between children and young people and adults and increased opportunities and recognition for their participation in positive social activities.

A solid basis of universal work for all is an important cornerstone of mental health work in educational establishments that needs to be retained. Universal HWB/PSE approaches not only help promote the positive mental health of all, they also help those with mental health difficulties by providing a culture in which discussing mental health and wellbeing is the norm, where extra help can be provided in a non-stigmatising way. Establishments should consult the East Ayrshire 3-18 Mental Wellbeing Frameworks for age specific recommended resources for each of the CfE experience and outcomes.

Additional Support within Universal Services

However, on its own universal work is not sufficient, and there is also a demonstrated need to balance universal interventions with a range of work for at risk students, with whom additional interventions are likely to have their most dramatic impacts. When children and young people have greater mental health needs the team round the child may feel that more intensive, extensive and explicit skills development is required. Well designed and implemented interventions, provided they interface effectively with the universal work on offer, can help alleviate the early onset of emotional and behavioural symptoms and help those with established mental health difficulties (Weare). A critical mass of colleagues with mental health and wellbeing skills can support those with greater needs.

Specialist help from a multiagency team

Further interventions over and above what is available universally may be required from a multi-agency team. These are likely to be required over a period of time. Those which happen once only have never been shown to work, and although some short interventions have been shown to be effective in some contexts and for mild problems, generally interventions need time to produce benefits; at least nine months to a year.

Enhanced multiagency to overcome adversity and risk

A small number of children/young people with significant mental health symptoms may need to be referred for specialist services such as their GP, CAMHS etc. The Named Person or Lead Professional would complete a request for assistance form to refer them to specialist NHS services as shown in the table above. (See Appendix 2 and 3) It should be noted that whilst being involved with this service the child/young person will still require family & universal, additional supports with universal services from their school in order to support them through this process.

For specific case studies please see Appendix 3.

Weare, K What works in promoting social and emotional well-being and responding to mental health problems in schools? National Children's Bureau, London, 2015

Things to consider when assessing risk

It is vitally important that all staff working with children and young people consider risk within the context of a broad, holistic appraisal of the child/young person. This should include physical, psychological, sociological and spiritual dimensions and take account of the interplay between all these factors. Children/ young people may present as being at risk due to a number of vulnerabilities such as self-harm, suicidality, risk of violence, neglect or abuse from or towards others. Cumulative effects of adversity are likely to place the young person at greater risk of developing future health and social difficulties, poorer school attainment and outcomes overall.

Risk assessment is linked to the practice of risk management, whereby a mutually agreed plan (see appendix 1), aimed at reducing identified risks, is negotiated with the child/ young person and where appropriate their parent/carer. It is impossible to eliminate risk completely however as risk is not static. It should therefore be reconsidered with each changing circumstance and presentation. Accordingly risk management plans must be constantly evaluated and amended in conjunction with the young person and or/family.

Immediate and serious mental health risk should be considered if the young person is displaying one or more of the following;

- marked and acute deterioration in presentation
- significant risk to self or others due to suspected mental health difficulty (e.g. actively suicidal)
- significant and rapid weight loss secondary to severe food restriction/refusal to eat/self-induced vomiting
- suspected psychosis (hearing and seeing things other people don't)

In these instances, after checking with your line manager, it may be helpful to discuss with CAMHS colleagues as soon as possible. (Tel. number – 01563 578540)

Should you be concerned about risk to the child/ young person's general welfare it terms of child protection you must follow your establishment guidelines and report the incident to your line manager who may find it helpful to discuss the case with social work colleagues – (Tel. number - 01563 554200 / Cumnock 01290 427840).

There may be risk to the longer term emotional wellbeing, attainment and outcomes for children and young people who have suffered adversity. Those not at immediate risk of mental health problems or child protection concerns may benefit from staff considering how best to build resilience and support the young person within the context of their current environment.

During a conversation with a child/ young person it may be helpful to consider how long they have been experiencing the issue and the questions below to help you to gauge both the degree of risk and impact the issue is having on them:

Family functioning

- Is the domestic situation stable? Who is in the family? How do family members get along? Expectations for behaviour/house rules and boundaries
- Is there a role for parental involvement?

Life events

- Are there life events which could be contributing to the young person's presentation?
- Parental separation
- Bereavement
- Abuse
- Exposure to domestic abuse
- Ill health in the family
- Child Protection concerns
- Services currently involved with the family

Functioning in the school environment

- Behaviour, attainment, attendance.
- Bullying

Functioning in peer relationships

- Any hobbies or clubs
- Friendships/lack of
- Relationships where relevant

General Mental Health

- Is there anything worrying the young person?
- Any troubling thoughts?
- Sleep
- Appetite
- Mood
- Stress levels
- Use of drugs and/or alcohol
- Deliberate self-harm-current and history
- Is the young person suicidal? (Please see the Ayrshire multiagency guidance for people working with children and young people at risk of self-harm or suicide document)
- Is anyone hurting or harming you?

For specific case studies please see Appendix 3.



My Wellbeing Recovery Plan

If the child/ young person is experiencing mental health concerns they can be supported to create a plan of action which will support them to deal with the issues they are facing. (see Appendix 1) Where a situation has accelerated Penumbra's action plan (Appendix 4) can be used not only to ensure that the child/young person has appropriate supports but also to review their effectiveness in a future conversation.

Self-harm and Suicide Advice

For children and young people worried about self-harm and suicide please consult the Ayrshire multiagency guidance, Child Protection procedures, Penumbra's responding to self-harm in a secondary school setting flow chart (Appendix 4) and EAC Self-harm Do's and Don'ts Staff Support resource. Although the multiagency guidance has been written for staff to support young people experiencing self-harm and suicide issues the principles outlined are integral to supporting children and young people irrespective of the topic being discussed.

Requesting Assistance from Agencies

If you, the child/ young person, the parent/carer and the team around the child feel that assistance is required then the paperwork in Appendix 2 should be used by the Named Person and advice on how to complete the form is available via this hyperlink.

It is important that prior to referring the case that you seek the young person's consent and where appropriate seek parent/carer consent. Also explain what the realistic outcome of this referral will be and get parents to engage in this process e.g. are they willing to attend assessment appointments etc.

Information Sharing and confidentiality

Whilst we are all aware of the major benefits of sharing information with staff it is also important that we stress to them about the need for discretion and that we seek the views of the child/ young person as to what information should be shared and with which personnel. Passing on information needs to result in an outcome e.g. if the child/ young person is suffering from anxiety and you pass this information to staff what do you expect them to do with that information? (Alter their approach to better support that individual).

Staff Wellbeing

It is important for staff members to remember to monitor and care for their own mental wellbeing on an on-going

basis. Supporting a child or young person can be upsetting as well as rewarding. It is important for the staff member involved to be aware of their own mental health and to acknowledge any distress they may feel. Staff may find their own ways to help themselves – for example - relaxation techniques, peer support/conversations, on line support or through national organisations.

Line managers also need to be aware that staff members can access appropriate support whenever they need it, but particularly when dealing with these kinds of incidents. Managers could make use of supervision or other opportunities to check staff feel supported and they have a role to play to assist staff to seek support – for example, Steps for Stress resource, East Ayrshire Council Staff Counselling Service.

Staff Training and Development (CLPL)

Appendix 5 and the graphic below outlines the training which is recommended for adults who work with the children and young people in East Ayrshire.



As a minimum standard for staff who work with children and young people in the authority, staff should complete the free e-learning modules listed below so that they have the knowledge required to carry out their prevention and early detection role.

- MindEd– Core Curriculum - Mental Wellbeing Training
- Lanarkshire Lifelines – Self-harm Training

As stated earlier further free counselling training is available via MindEd counselling e-learning module. Children Bereavement UK (add hyperlink) have a free app which helps staff to tackle bereavement and loss issues.

For information regarding training opportunities:

- Teachers – East Ayrshire's HWB GLOW site
- Other professionals - Multi Agency Children's Services Learning and Development Calendar

Appendix 1 - Wellbeing Recovery Plan



People I can contact:

Organisations below provide support over the phone in times of crisis	Tel No:
Childline	0800 1111 Also provide online support: www.childline.org.uk
The Samaritans	08457 90 90 90 Email: jo@samaritans.org www.samaritans.org .
Breathing Space	0800 83 85 87 www.breathingspacescotland.org.uk

Family/Friends (who can support you)	
Name	Phone number

Things you can do to help

What has helped you in the past?

Who could you speak to?

What could you try?

Risks to avoid:

Useful Websites:

- Young Scot: www.youngscot.org/info/453-how-can-i-help-someone-who-is-self-harming
- Look OK Feel Crap: www.lookokfeelcrap.org/feeling-crap/self-harm
- The Site.org: www.thesite.org/healthandwellbeing/mentalhealth/selfharm

Appendix 2 - Request for Assistance Form

It is best practice for the Named Person or Lead Professional to discuss with the receiving service.



Request for Assistance Form




Service(s) Requested:							
Named Person or Lead Professional Requesting Assistance							
Name		Role					
Location		Contact Number					
Email		Designation					
Child/Young Person							
Name of Child		Address/Postcode					
Date of Birth		Age					
Phone Number		School/Early Years Provider					
Home Language(s)		Preferred language of communication					
Parent/Carers							
Name of Parent/Carer		Phone Number					
Address/Postcode		Email Address					
Reason for Request							
Safe	Healthy	Achieving	Nutured	Active	Respected	Responsible	Included
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain your reason for request by outlining the situation (what has been tried previously and current situation), background (factors which may be contributing to situation above), assessment (summary of needs and general recommendation) and Desired Outcome (outline which indicator(s)).							
Desired Outcome (Please state supports proposed and timescales)							
Information Sharing							
Has informed consent been received to request assistance and share relevant information?							
from Parent?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
from Child (within their capacity)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Date Completed				Date response anticipated			

Appendix 3 - Case Studies




The case studies below highlight young people with varying degrees of emotional wellbeing issues and/or mental health difficulties and may help you to think about what level of support is appropriate for young people you are working with. It is important to remember that any support being considered should be in conjunction with the young person and where appropriate their parent/carer.

Appropriately coloured flags have been added to indicate why these cases have been classified at these particular levels.


Additional Support with Universal Services


Kylie is 14 years of age. One of her friends informs you that she is self-harming. Her friend tells you that she has been cutting herself apparently because her boyfriend dumped her. She is cutting herself  superficially on her arm with a blade from a pencil sharpener. Kylie's parents are not aware of herself-harm.


Specialist help from a multiagency team

Jason is a 13 year old boy whose attendance at school has been poor over the past 6 months.  His parents tell you that he feels worried and anxious  about coming into school as he was being bullied. His teacher has met with him on a regular basis and worked through self-help resources. The bullying issues have been resolved however Jason is now not coming into school at all. He is complaining of having stomach aches and headaches in the mornings.  Jason enjoys seeing his friends outside of school and plays football on a regular basis. You have met with Jason's parents who are struggling with how best to support him with his feelings, however they were agreeable to trying to encourage attendance through a part time timetable. This has not been effective.

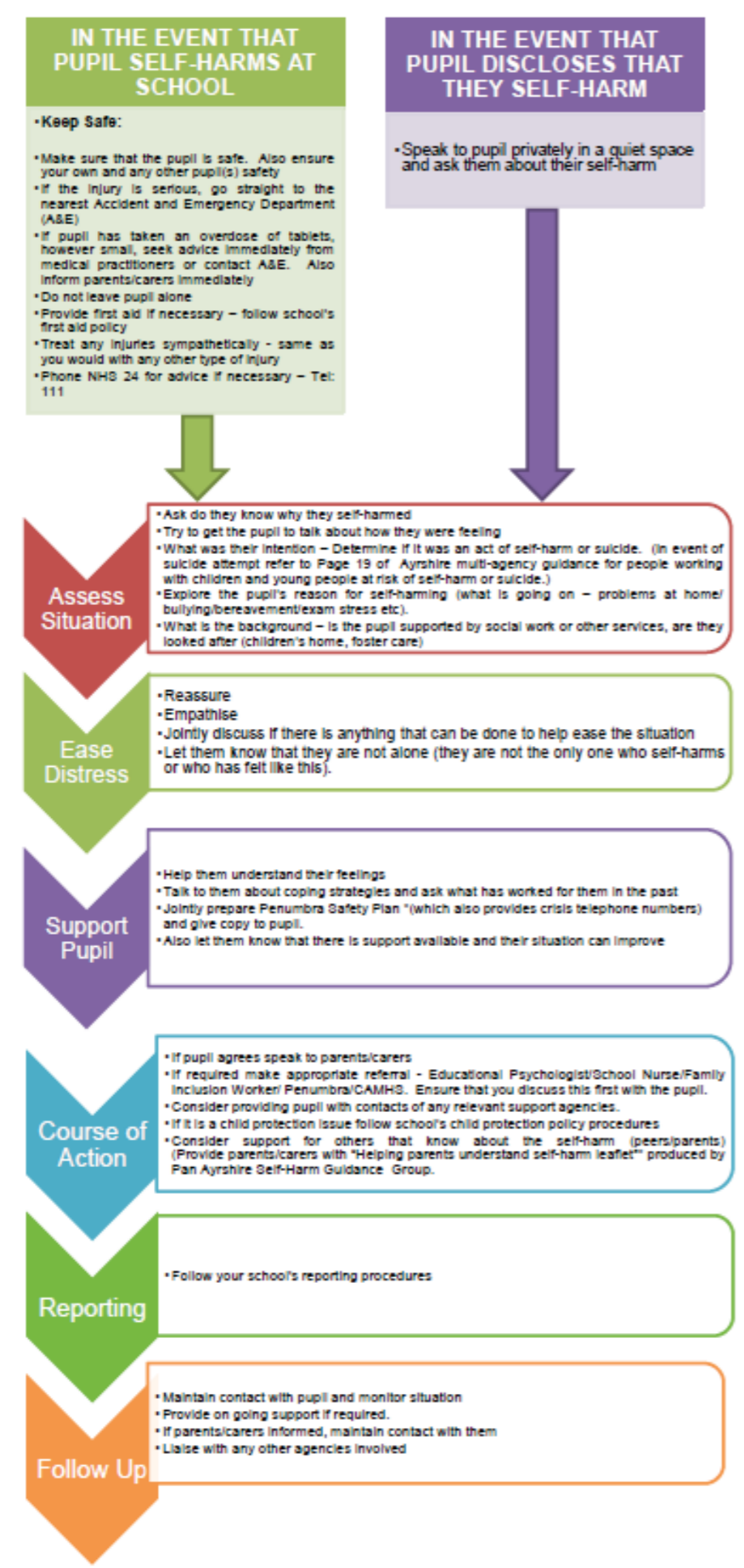
Enhanced multiagency to overcome adversity and risk

Thank you for seeing this 15 year old girl hopefully urgently who has attended with her parents who are concerned that she is losing weight, eating very little and becoming obsessed about her weight and appearance. This appears to have happened over the last 8 weeks. 

Josie is now in 4th year and within her peer group, weight and appearance is the main topic of conversation. She is also exercising excessively. She does PE at school and runs daily. She attended me as school nurse and it was noted that she was initially 8 stones 5 lbs but now is 7 stones 2lbs having lost over a stone during the summer.  Mum says she has not eaten any more despite having been encouraged to do so.

On discussing this, she denies any worries. She does not complain of any symptoms other than some tiredness. I am concerned that this girl is developing an eating disorder as she has lost a lot of weight  and is very concerned about her body image.

Appendix 4 - Penumbra's responding to self-harm in a secondary school setting flow chart



Appendix 5 - Staff Training and Development (CLPL)

Everyone working with young people has a responsibility to promote positive mental wellbeing within their role. There are a range of internal and external training courses which can help you to do this.

What is the training?	Who is the training aimed at? Is it open to anyone?	Learning outcomes (what do you hope to achieve from the training?)	Brief outline of programme
Applied Suicide Intervention Skills (ASIST)	The course is open to anyone	ASIST is a two day comprehensive workshop for anyone who wants to learn how to recognise the signs of suicidal thoughts and how to intervene to prevent the immediate risk of suicide. The course is designed to help all in communities to become more willing, ready and able to help people at risk of suicide.	Two day course
safeTALK	The course is open to anyone	safeTALK is a four hour session aimed at giving participants the skills to recognise that someone may be suicidal and to connect the person to someone with suicide intervention skills. It is designed for organisations that already ASIST trained helpers in place to maximise intervention as the main suicide prevention focus.	Four hour session
STORM	Anyone working long term with vulnerable individuals	STORM is a two days course to help concentrate on participants 'micro-skills' in managing and assessing risk..	Four modules
Seasons for Growth	Selected individuals	* see below	2 day course

Mental wellbeing training course:

- Self-harm awareness and mental wellbeing e-learning modules
- Mental Health First Aid for Young People - Contact Catrina.O'Neil@east-ayrshire.gov.uk
- Change and Loss Training - Contact Catrina.O'Neil@east-ayrshire.gov.uk
- School activity packs (North Ayrshire has granted permission for us to use this resource)

Targeted support (Under development in 2017)

* SfG aims to strengthen the social and emotional wellbeing of children and young people who are dealing with significant life changes such as death, divorce, separation, family breakdown and other changes. It does this by exploring the impact and loss on every-day life, and by teaching new ways to respond to these changes.





East Ayrshire Council
Comhairle Siorrachd Àir an Ear