



Glasgow Educational Psychology Service
nurturing wellbeing and learning

Mental Health and Wellbeing

School Practice Guidelines

(Revised 2025)





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List of Acronyms

MHWB	Mental Health and Wellbeing
UNCRC	United Nations Convention on the Rights of the Child
GCC	Glasgow City Council
HIS	Health Improvement Service
GIRFEC	Getting It Right for Every Child
SHANARRI	Safe, Healthy, Active, Respected, Responsible, Involved
GEPS	Glasgow Educational Psychology Service
CfE	Curriculum for Excellence
LEANS	Learning About Neurodiversity at School
EAL	English as an Additional Language
SIIM	Staged Intervention and Inclusion Meeting
JST	Joint Support Team
PSE	Personal and Social Education
GVS	Glasgow Virtual School
GCHSCP	Glasgow City Health and Social Care Partnership
GCYHS	Glasgow City Youth Health Service
WAP	Wellbeing Assessment Plan
CSP	Coordinated Support Plan
CAMHS	Child and Adolescent Mental Health Service



Section 1 - Introduction

Introduction and rationale

The mental health and wellbeing (MHWB) of children and young people is a crucial factor for learning, healthy development and long-term outcomes into adulthood. Schools have a crucial role in promoting resilience and MHWB for the whole school community, including pupils, staff, parents and carers. Promoting resilience and MHWB involves taking a preventative and early intervention approach, as stated in The [Scottish Mental Health Strategy 2017-2027](#). This aligns with Glasgow City Council's vision to be the Nurturing City, where schools can be a place for children and young people to experience a nurturing and supportive environment that provide positive experiences which have the potential to foster self-esteem and help build resilience.

These practice guidelines provide information for establishments to support understanding around MHWB for children and young people and recognising the crucial role of education staff. They recognise that we all have mental health, and therefore it is crucial to provide the right support at the right time, utilising Glasgow's staged intervention framework. This document should therefore be considered alongside Glasgow's policy framework- [Every Child is Included and Supported](#).

These guidelines are underpinned by both local and national policy, legislation and guidance including, but not limited to, the Child Protection policy, the Disability Discrimination Act (1995) and Equality Act (2010), the United Nations Convention on the Rights of the Child (UNCRC).

By developing and implementing practical, relevant, and effective mental health policies and practices we can create safe, nurturing environments which promote the MHWB of our children and young people.

Aims of Practice Guidelines:

- Increase staff understanding of MHWB within an ecological context
- Raise awareness of factors which impact MHWB
- Promote understanding of the importance of universal level supports which promote MHWB within Glasgow's education establishments
- Outline relevant MHWB supports, both within and external to education establishments at each level of Glasgow's staged intervention framework
- Signpost to further supports and information related to supporting MHWB



How to use these practice guidelines

It is anticipated that this document will be used by establishments in a way that meets the needs of their specific context and sector. These over-arching Glasgow City Council (GCC) guidelines provide a minimum expected standard across Glasgow education establishments. Establishments are encouraged to conduct an analysis of strengths and areas of development.

Colleagues in the Health Improvement Service (HIS) have developed a School Mental Health Policy Self-evaluation tool (*Appendix 3*) and an Action Plan Template (*Appendix 4*), which may support establishments. Regularly revisiting the contents with staff may also be beneficial as well as focussing on particular areas which may align with your establishment's improvement plan.

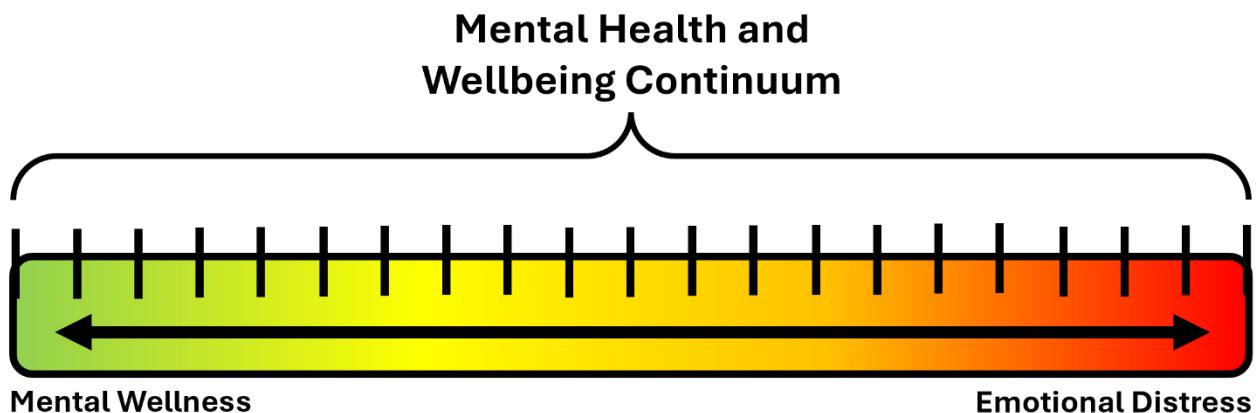
At the launch date of the current guidelines (April 2025), a £300 fund is available to education establishments who can evidence the direct involvement of children and young people in the development of their school MHWB policy.



Understanding Mental Health and Wellbeing

Mental health is an important part of our overall health and influences the extent to which we feel safe, secure and can thrive in everyday life. Mental health is defined by the World Health Organisation (2022) as '*a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well and contribute to their community.*'

MHWB ebbs and flows daily in response to a range of individual, social and environmental factors and is essentially our internal view that we are coping well psychologically with the stresses and demands of everyday life. Mental health exists on a continuum which ranges from mental wellness at one end of the scale and emotional distress at the other. MWBH is experienced differently from one person to the next and fluctuates back and forth along the continuum, across time and in response to changing environmental and situational stresses (see figure 1, below).



We all fall somewhere on the continuum, and this will change at different times in our lives depending on a range of factors. At one end of the continuum, we may be functioning relatively well in our lives, enjoying a range of experiences and coping with the challenges of everyday life. Mental wellness doesn't mean that we are without stress or worry, as these emotions are normal human responses to everyday demands. It means that we are coping reasonably well with the normal stresses of life.

Towards the other end of the scale, we may experience persistent and/or intense emotions such as low mood, despair, anxiety, which impacts significantly on our sleep, work and social relationships and our ability to function well. At this extreme end, a person may experience so much emotional pain that they feel unable to cope anymore. We each require different types and levels of support depending on where our experience sits on the continuum and the challenges we are facing. Just as with physical health, it is important to take a preventative approach by strengthening and supporting our MHWB, building on our natural resilience.



Factors which may impact Mental Health and Wellbeing

MHWB are influenced by three key factors, our biology, our experiences, and our environment. When considering biological factors, these are the characteristics we inherit from our parents and the way our bodies respond to what happens to us. When we talk about experiences, we mean the events that happen to us in our life. Environmental factors refer to the circumstances, surroundings, and relationships we have. Throughout life, these factors will overlap, interact, and influence each other, as displayed in Figure 2 (below).

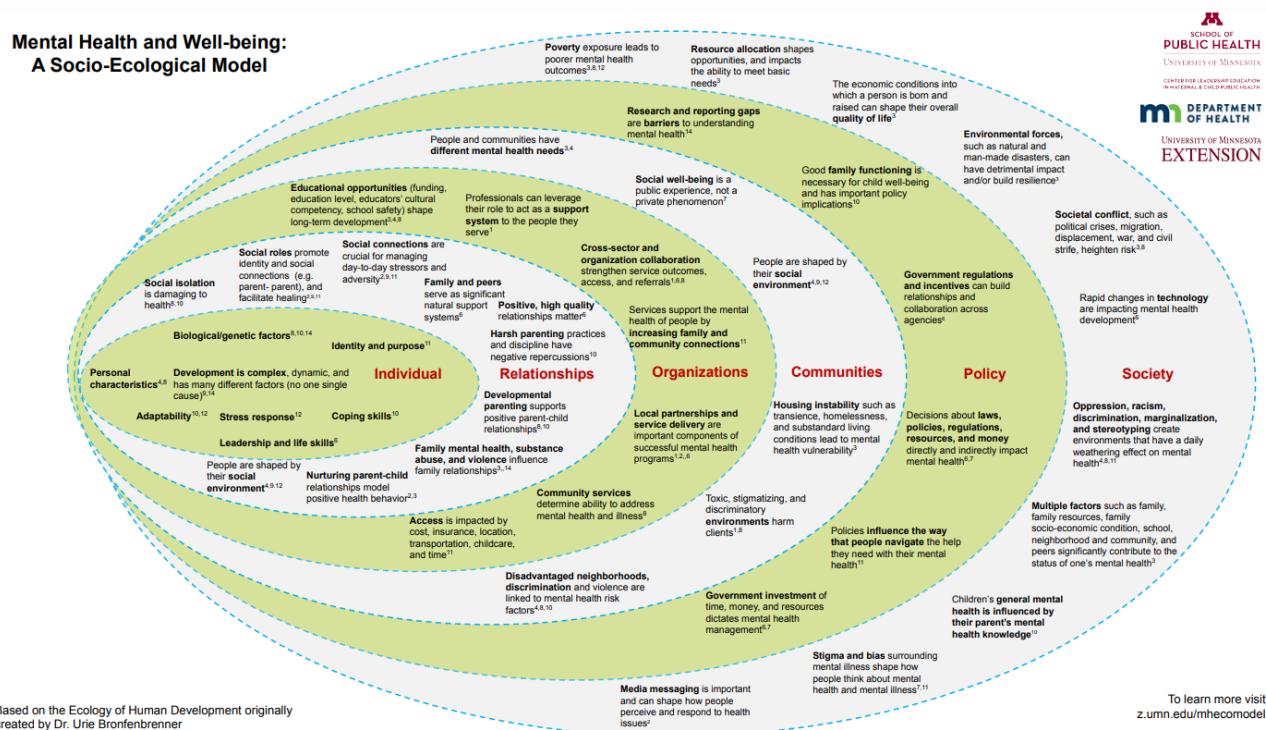


Figure 2 – Ecological model of factors influencing mental health and wellbeing (University of Minnesota)

These factors can act as either protective or risk factors and influence MHWB in a number of ways. The analogy of a rainstorm can be helpful to appreciate how risk and resilience factors influence MHWB. Risk factors can be considered as the rain cloud and protective factors can be considered the umbrella. The more protective factors a child or young person has, the more likely the umbrella will stay strong enough to protect them from the rain. However, if there are lots of risk factors, the rain gets heavier and the umbrella, or protective factors, can struggle to shield them from the adverse impact of the rain or risk.



Section 2 – Supporting Mental Health and Wellbeing

Staged Intervention

Glasgow City Council uses a Staged Intervention Framework for ensuring that children and young people have their needs met in an open, fair, and consistent way. The Staged Intervention Framework is outlined in greater detail in the [Every Child is Included and Supported Policy Guidelines](#).

Staged Intervention reflects the fact that children and young people who face barriers to their learning and wellbeing require differing levels of support and intervention. Adverse MHWB may be the main barrier to optimal engagement in education and learning for a child or young person. Alternatively, MHWB difficulties may be the consequences of another additional support need, which negatively impacts the child or young person's confidence, self-esteem, or perceived ability to cope with the demands of school and everyday life.

Staged Intervention means that children and young people receive support at the right level to meet their MHWB needs. This is consistent with the aim of prevention and early intervention outlined in the [Scottish Government Mental Health strategy \(2017-2027\)](#). The forms of support required by individuals vary across and even within stages.

Within Education Services, staged intervention is discernible by the required 'Level' of support. Similarly, within Health Services, the degree of supports required are differentiated into 'Tiers'. It is important to note that these levels and tiers do not match perfectly, however there is enough overlap to enable meaningful comparison. Table 1 (below) maps the stages of intervention within Education Service against the Health Service support tiers, and provides some examples of the strategies and services available within each.

**Table 1- Staged Intervention Pyramid**

Education Service		Health Service		
Stage of Intervention	Staged Intervention Descriptor	MH Descriptor	MH Tiers	MHWB Services and Strategies
4	Multi Agency Involvement	Severe and Highly Complex	Highly Specialist	In patient support
3	Resources External to Establishment but within Education Services (e.g. Ed Psych)	Moderate to Severe	Specialist	CAMHS Learning Disability Services GEPS Therapeutic Intervention Joint Support Teams (JST) Compassionate Distress Response Service (CDRS)
2	Resources within Establishment	Mild to Moderate	Targeted	School Counselling, Art Therapy, Play Therapy Youth Mental Health Service Third Sector (external to school) Staged Intervention and Inclusions Meeting (SIIM) Nurture Groups PSE Network HWB Coordinators Embedded Mental Health Support Providers
1	Resources in Class / EY Groups	Mild	Early Intervention	Emotional check-ins Relationship time Third Sector (within School) Kooth (online support, 10-16 years) Togetherall (online support, 16+)
Universal (0)	Universal Culture and Ethos across GCC Education Services	All Children and Young People	Universal Services	Curriculum for Excellence HWB experiences and outcomes Nurture Principles Mental Health Guidelines Restorative Approaches PEPASS

The pyramid embedded within Table 1 represents the number of young people requiring support across the various stages of intervention. Notably, as the level of support required increases, the number of children and young people requiring the support decreases. As concerns about the MHWB needs of any individual child or young person increase, appropriate supports can be accessed at the relevant level. This may be necessary from an early age or become apparent as they age and develop.

The supports available at each stage of intervention outlined above are not exhaustive. Each establishment may have their own unique within school and/or community-based sources of support across each of the stages of intervention. Also, helpful supports would be determined on an individual basis. Some levels of support may be short term, whereas others may be required



throughout the duration of the child or young person's time within statutory education. Parents/carers and the child or young person should be fully involved in the process of identification, assessment, planning and annual review of their MHWB needs. Again, further information in relation to GIRFEC and the SHANARRI indicators can be found in the [Every Child is Included and Supported Policy Guidelines](#) (June 2016) document.

Universal Supports

In promoting and supporting the MHWB of all pupils, education staff are not expected to become mental health professionals, nor deliver specialised mental health interventions. In all instances, an empathic and compassionate response, from trusted adults, built upon good relationships will be the foundation for young people talking openly about their MHWB. This approach is consistent with '[See Me](#)', Scotland's national programme to end mental health stigma and discrimination.

The MHWB of all children and young people will benefit from the universal supports, culture, and ethos within their establishment. Creating an inclusive ethos and culture, free from stigma, discrimination, and bias, is the foundation for creating a climate which promotes MHWB. Further guidelines for a Whole School Approach to MHWB can be found via the [National Institute for Health and Care Excellence](#). The table below highlights some key whole school approaches which are foundational to creating a climate which fosters and strengthens relationships and MHWB.

Universal approach	About the approach and where to find more information
Whole school nurture	A whole school approach to Nurture and staff knowledge of the 6 Nurture Principles create optimal school environments in which each individual child and young person can grow, develop, and learn. GEPS Nurture Principle Training Pathway may support you to self-evaluate and implement a whole school nurturing approach within your establishment.
See Me Scotland	Contains resources for tackling stigma and discrimination surrounding MH for YP and school staff. " What's on your mind " is a key curricular resource pack, linked to the CfE HWB indicators which can be utilised by schools and young people. It contains three modules around building confidence, MH stigma and discrimination and taking action.
Learning About Neurodiversity at School (LEANS)	LEANS is a free curricular resource for mainstream primary schools to introduce pupils aged 8-11 years to the concept of neurodiversity, and how it impacts our experiences at school. The LEANS curriculum introduces neurodiversity concepts and explores how they impact



	primary school experiences. Importantly, LEANS shows how we can hold a positive attitude towards neurodiversity, while also recognising the challenges faced by many children in school.
Language and Communication Friendly Environments	Language and Communication Friendly Environments is a whole school self-evaluation and implementation framework which supports creating an inclusive physical and social environment, with a focus on fostering communication.
LGBT Charter for Education	The LGBT Charter for Education is a straightforward programme that enables your school, college or university to proactively include LGBTQ+ people in every aspect of your work, protecting your staff and providing high quality service to your learners. Being accredited with our LGBT Charter for Education enables you to send a positive message, with confidence, that your school, college, or university is a champion of LGBTQ+ inclusion where LGBTQ+ staff, parents and learners will be safe, supported and included.
CIRCLE	The CIRCLE Framework is a way of organising and supporting input using a staged system of support, beginning with setting up an inclusive classroom. The framework provides tools to support self-evaluation of school environments, focussing on the social and physical environment and structures and routines.

Well-designed curricular programmes linked to [Curriculum for Excellence Health and Wellbeing experiences and outcomes](#) ensure that children and young people develop the knowledge and understanding, skills, capabilities and attributes which they need for mental, emotional, social and physical wellbeing now and in the future. The existing Glasgow [Health and Wellbeing \(HWB\) Framework](#) was designed to offer practitioners a framework to support the learning and teaching of HWB in their establishments. Similarly, Glasgow City HSCP Health Improvement Team have developed a [Health and Wellbeing Toolkit](#) for Education Staff in Glasgow with information, resources and CPD opportunities.

***At the time of writing (March 2025), the HWB framework is under a process of review, with a new platform being created drawing upon strengths of both resources. This will promote easier navigation of the tool and enable efficient regular resource updates to ensure they are relevant and current. As/when appropriate, an updated link will be inserted within these guidelines.*

The vast majority of children and young people will never require support beyond the universal level provided within their establishment. Knowledge and implementation of this school mental health practice guidelines will ensure the MHWB needs of all Glasgow children and young people



are supported in an open, fair, and consistent manner in all Education Services provisions across the city.

Level 1

The MHWB needs of children and young people requiring additional support at level 1 are met within playrooms or classrooms. Staff who have regular contact time will be best placed to monitor any physical, emotional, or behavioural changes in children and young people that may be indicative of a deterioration in their MWBH.

All children and young people will benefit from a consistent, caring, and compassionate response from a trusted adult such as a key worker or class teacher. Staff responses should be informed by whole school training and approaches, as well as their individual continuing professional development via programmes such as those provided by [Glasgow Educational Psychology Service](#) (GEPS), the [Mental Health Foundation](#) or [Public Health Scotland](#).

Supports at level 1 may take the form of adjustments to the classroom environment (physical and/ or social) or adaptations to the curriculum, and/ or learning and teaching. The table below outlines some resources which may support you within playrooms or classrooms



Image from [Mentally Healthy Schools](#)

What can I do in my classroom?	Resources that may help
Provide space and time for a conversation around MHWB	Starting a conversation about mental health – Mentally Healthy Schools Active listening – Young Minds
Emotional check-ins	Emotion Wheel – Mentally Healthy Schools
Emotional literacy interventions	Zones of regulation
Signpost to online resources	Togetherall (16+) or KOOTH (10-16)
Meaningfully gather the YP's views to support planning	GEPS guidance on meaningfully involving children in decision making



In the fast-paced, high-tech, world in which we live, we frequently overlook and/or underestimate the importance of simple strategies and habits that are the foundation of positive MHWB. The following five are worth highlighting to children and young people, as well as discussing with their parents and carers. These can be considered as general preventative measures as well as initial areas of exploration when MHWB concerns arise:

Prioritise Quality Sleep

- 8 hours of restful sleep per night (or more for younger children) is considered the optimum amount for physical and MWBH. The benefits are further multiplied with a consistent routine of going to bed and waking at the same time each day.

Engage in Regular Exercise

- There is a strong evidence base for the benefits of physical activity in promoting both physical and MWBH. Aerobic exercise which increases heart rate and depth of breathing has been shown to positively affect low mood and anxiety, while participation in sport is associated with higher levels of self-efficacy, mental toughness and wellbeing.

Connect with Nature

- Our busy modern lives (and the Scottish weather..!!) can limit our direct exposure to nature. As frequently as possible, it can be beneficial to our MWBH to have safe exposure to sunlight, breath in fresh air, or walk in areas with grass or trees. This could be in a local park or even in certain areas of the school grounds.

Identify a Purpose

- Establishing a goal, ideally using SMART targets, can help shift our focus away from negative internal thoughts and feelings. This in turn, can promote a sense of agency and autonomy which can lead to task mastery, feelings of success, and achievement.

Monitor screen time

- Any form of screen time can adversely impact on all of the above habits. While there are benefits to engaging with online content, there is increasing evidence that excessive use of social media in particular can be detrimental to MHWB.



Level 2

When the sustained efforts of the key worker or class teacher (within the playroom or classroom) have not yielded the desired effect on the MWBH of the child or young person, those wellbeing needs may require support that draws upon wider resources available across the whole school.

The trusted adult, with support from other relevant members of the establishment's staff, should further assesses the support needs of the child or young person to determine appropriate interventions and support strategies. Depending on the establishment, this may involve the child development officer, support for learning, pastoral care, senior management team or EAL staff.

When assessed as appropriate, establishment wide wellbeing supports may include:

- Seasons for Growth
- Nurture Group intervention
- scheduled time out of class through adaptations to individual timetables

School staff may also wish to consult partner services and agencies about the best ways of meeting the needs of an individual child or young person. This can be achieved via referral to the Learning Community Staged Intervention and Inclusion Meeting (SIIM) or through referral to the appropriate School Counselling service providers (appendix 1) or the pre-approved Embedded Mental Health contract services (appendix 2).

City Wide Support and development groups such as Health and Wellbeing (HWB) Coordinators meetings or Personal and Social Education (PSE) Networks meet regularly throughout the academic year. Relevant staff can attend these groups and disseminate appropriate information to colleagues within their respective establishments.

Level 3

Children and young people require intervention at stage 3 when their wellbeing support needs cannot be fully met by staff in the establishment and the resources available there.

At level 3, school staff can seek support from other services within education. For example, following a SIIM or Joint Support Team (JST) referral, **GEPS** may become more directly involved in consultation, supporting assessment, and/or contributing to the ongoing planning and review of intervention and MHWB support.

The [Glasgow Virtual School](#) (GVS) is another potential source of support. This multi-agency team comprising Education Services and Glasgow City Health and Social Care Partnership (GCHSCP) have a role in improving health and wellbeing outcomes for those children or young people who have experienced varying levels of care in their life (i.e. kinship; foster; adoption).



For secondary school pupils, [Glasgow City Youth Health Service](#) offers confidential, personalised support for young people aged 12-19 years. GCYHS aim to support young people with their health and wellbeing and to help them achieve their full potential. They have 9 locations across the city offering support, including but not restricted to: mental health; relationships; sexual health; housing and money worries.

At stage 3, other professionals from social work or health may also be asked to assess and give advice.

Level 4

Despite the supports available across stages 1-3, a small percentage of children and young people may require additional support at stage 4 of intervention. These individuals will be experiencing persistent symptoms of psychological distress that adversely impact daily functioning on an ongoing basis and/or an associated risk that they may cause serious harm to themselves or others. All of which may impact their ability to attend school and engage meaningfully with education and learning.

Meeting the needs of children and young people at stage 4 will necessitate education services staff working closely with specialist staff from other services and appropriate agencies, while remaining a key support within that young person's life. At this stage of intervention, the physical and MHWB of the child or young person is the priority. If a young person is not attending school due to their MHWB needs, schools and education services will have a role in maintaining contact with the child or young person and their family, in order to facilitate an ongoing link with learning (possibly via the Interrupted Learners Services), and in supporting their eventual return to education when appropriate.

To ensure efficient and collaborative multi-agency working at stages 3 and 4, the specific needs, and the arrangements for providing additional support must be fully recorded in the child or young person's Wellbeing Assessment and Plan (WAP). The WAP should also clearly record the roles and responsibilities of all those involved, as well as capture the views of the child or young person and the parent or carer.

Coordinated Support Plan

Some children and young people requiring MHWB support across intervention stages 3 and 4, may benefit from a Co-ordinated Support Plan (CSP). This is a legal document used to help professionals from different agencies to work collaboratively in supporting pupil's significant additional support needs.

To be eligible for a CSP, the child or young person must meet the following criteria:

- their support needs are due to 'complex or multiple factors'
- their support needs will, or are likely to, last for a year or more



- they require significant additional support from Education Services and either another department within Glasgow City Council (such as social work) or another agency or agencies (such CAMHS).

The following embedded link provides further information on [Co-ordinated Support Plans](#).

Child and Adolescent Mental Health Service (CAMHS)

One service which may be involved at stage 4 are Child and Adolescent Mental Health Services (CAMHS). In line with the [CAMHS national service specification](#), most young people requiring CAMHS intervention will present with mental health problems that are causing significant impairments in their day-to-day lives, and where the other services and approaches have not been effective, or are not appropriate. This means that supports available at stages 1, 2 and 3, provided within educational establishments and local communities, may be appropriate and effective in meeting a young person's mental health and wellbeing needs, before referral to CAMHS is explored. Should stages 1, 2 and 3 supports be inappropriate, or having progressed through the staged intervention process, supports have not been effective, the following videos may support you, young people and parents/ carers in understanding the role of CAMHS and the referral process.

CAMHS Information for Referrers:

CAMHS - Information for Referrers (short version)	(7 mins)
CAMHS - Information for Referrers (long version)	(32 mins)
CAMHS Information for Children & Young People	(5 mins)
CAMHS Information for Parents & Carers	(4mins 30secs)



Self-harm

Self-harm can be defined as ‘an act intended to cause injury to ones-self but which is not intended to result in death’ (What’s The Harm, 2022). ‘Injury’ refers to behaviours that adversely impact on both a child or young person’s physical and psychological well-being which includes but is not restricted to cutting, burning, alcohol misuse and risk-taking behaviours. It is often described by those who self-harm as a way of coping with emotional pain and of surviving distressing experiences. While it is difficult to obtain accurate statistics around self-harm, the most recent Scottish Health Survey reported that around one quarter of 16–24-year-olds and 10% of adults had ever self-harmed, indicating that it is a common manifestation of distress.

Self-harm is typically used by young people as a coping strategy in response to distress. For some, it can be a way to manage intense and distressing feelings, unbearable emotional pain and feelings of powerlessness or hopelessness. Functions of self-harm can include:

- Communicating feelings that are too difficult or too painful to articulate.
- Regulating emotions and helping to restore a feeling of calm.
- A sense of comfort and an opportunity to practice self-nurture through the care routines that can follow self-harm, e.g. tending to a wound.
- A way of releasing intense emotions such as anger, shame or guilt or an act of self-punishment or self-loathing.
- A way to return from feelings of dissociation or numbness and feel ‘something’ again.
- Regaining a sense of control and autonomy when this is lacking in other parts of a person’s life.

Understanding self-harm as a survival strategy has implications for how we respond to a young person. It would not be helpful to simply attempt to stop the young person self-harming, as this would be taking away the one support that is helping them to survive. Rather, it is more helpful to look holistically at the factors that are contributing to their distress and identify strengths that can be built on in order to move forward. The [My World Triangle](#) can be used to support a holistic assessment of wellbeing that includes both risks and protective factors in order to identify wellbeing needs and plan appropriate support as part of the staged intervention process. It is also important that a comprehensive risk assessment is part of this process in order to determine the level of concern and ensure the level of support is targeted accordingly.

It can be challenging to support someone who is self-harming and you may worry that you don’t have the right skills or knowledge to help. You may even worry that you will say the wrong thing and make the situation worse. Please be reassured that this is unlikely as what young people need is a human response; someone who listens to them non-judgementally, gives them space to share their feelings and responds with empathy. People with lived experience of self-harm highlight the importance of having someone they know and trust to walk with them on their journey and support them in finding ways to improve their well-being. Increasing your own knowledge and understanding of self-harm can help you respond more confidently.

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- [Scottish Action for Mental Health](#) provide a series of guides that can support you with developing your knowledge around self-harm
- [Young Minds](#) is a valuable source of information for young people, parents, carers and professionals
- [Self-harm network Scotland](#) provides valuable information and practical resources to support YP who are self-harming
- [Health Improvement Team](#) offer both 'An Introduction to Self-Harm' one hour training and a full day 'What's The Harm Awareness and Skills Training, which is also delivered at various points across the year by [Glasgow Educational Psychology Service](#).

It is important to note that the guidance above is intended for those working with young people for whom there is not an immediate concern for their safety. Staff should always seek appropriate medical support for a young person without delay should this be the case.

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Suicide Prevention

As described in the Wellbeing continuum (above), some young people at the ‘emotional distress’ side of the continuum may experience so much emotional pain that they feel unable to cope anymore. In some circumstances, such young people may have thoughts and/or intentions of suicide.

[Creating Hope Together: Scotland’s Suicide Prevention Strategy \(2022-2032\)](#) sets out the Scottish Government and COSLA’s strategy for suicide prevention in Scotland. The vision outlined within this strategy is:

- to reduce the number of suicide deaths in Scotland, whilst tackling the inequalities which contribute to suicide.
- for all sectors to come together in partnership, and support our communities so they become safe, compassionate, inclusive, and free of stigma.
- for any child, young person or adult who has thoughts of taking their own life, or are affected by suicide, to get the help they need and feel a sense of hope.

The [Scottish Suicide Information Database](#) (ScotSID) reports that for the period 2011-2020:

- Probable suicide was the leading cause of death among 10-24-year-olds
- The average suicide rate across this period was 6.6 per 100,000 young people
- A quarter (25.7%) of all deaths among 10-24-year-olds were due to probable suicide.
- Further broken down by 5-year age subgroups, this equates to:
 - 10.6% of all deaths among 10-14-year-olds
 - 26.4% of all deaths among 15-19-year-olds
 - 31.1% of all deaths among 20-24-year-olds
 - 10-24 year olds were significantly less likely to have had contact with a healthcare service in the period before death than people aged 25 and over (defined as 90 days before death for A&E, and 12 months for other services)

Prevention of suicide across the life-course (including both children and adults) should continue to be prioritised in Scotland.

While some individuals may share their thoughts of suicide and seek help, many individuals will not. Those who do not express that they have thoughts of suicide, may refrain from doing so because:

- They may not want to admit to themselves that they have these thoughts
- They do not have the words to communicate how they feel
- They are worried that they will be blamed or stigmatised
- They may feel guilty or perceive themselves as a burden
- They may think that no-one cares, or is able to help them



Individuals who are experiencing so much emotional pain that they feel unable to cope anymore, may consciously and/or subconsciously convey signs of distress that indicate underlying thoughts of suicide. These may include (but are not restricted to):

Actions

Giving away possessions
Withdrawal from social circles
Loss of interest in hobbies
Impulsive / reckless behaviour
Significant change in behaviour

Physical

Lack of interest in appearance
Disturbed sleep
Change/loss of appetite / weight
Noticeably subdued or agitated presentation
Physical health complaints

Words

“I just can’t take it anymore”
“I am a burden to everyone”
“I can’t do anything right”
“No one can do anything to help”
“All of my problems will be over soon”

Feelings

Anger
Guilt
Despair / Worthless
Hopeless
Helpless

In all instances, follow your intuition; explore the meaning of the things you see, hear and sense. If you are working with a child, young person, parent/carer, or colleague for whom you have concerns around suicide, **it is essential that you ask clearly and directly about suicide, using unambiguous language**, for example:

- Are you or have you been thinking about suicide?
- Have you had thoughts about ending your life by suicide?
- Is suicide something you have been thinking about?
- Sometimes people who describe feeling the way you are feeling, have thoughts about suicide. Is this something you have thought about?

Often there is concern that by asking about suicide, you may put the thought of suicide into the person's mind. However, research is clear that this is not the case. By asking clearly and directly, you will be showing that it is safe for the person to talk to you about suicide, both now and in the future. Also, by confirming that the person is having thoughts of suicide, you will be in a better position to help them identify appropriate sources of support.

As part of an Action Plan to reduce suicide in Glasgow, the [Glasgow City Suicide Prevention Partnership](#) aims to provide training to key frontline staff via a multi-agency approach. In order to meet this aim, a series of suicide intervention skills training workshops are available to all staff in education, these are outlined in the table below:

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Resource/ training	Further details
ASIST	Two-day suicide intervention skills training programme. Participants learn how to recognize when someone may be thinking about suicide, and how to provide a skilled intervention and develop a safety plan with the person to connect them to further support
safeTALK	Three-hour suicide alertness skills training programme in which participants learn to recognise when someone may be at risk of suicide and connect to further help.
suicideTALK	90 minutes and is the most accessible of all the LivingWorks programmes and invites all participants—regardless of prior training or experience—to become more aware of suicide prevention opportunities in their community.
<u>Ask, Tell – Have a Healthy Conversation</u>	5-minute animation, produced by Public Health Scotland. It gives practical tips about how and when to have compassionate conversations with people who may be feeling suicidal or experiencing mental distress.
<u>Ask, Tell – Save a Life</u>	5-minute animation, produced by Public Health Scotland. It helps learners understand the signs that people may be thinking about suicide, and how and when to provide immediate help and support.
<u>Being There For Someone At Risk Of Suicide</u>	Publication commissioned by Glasgow City Suicide Prevention Partnership, with resources and information for individuals who are caring for someone with thoughts of suicide, or who has attempted suicide.

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Keeping Children Safe

Child Safety and Welfare

Across each of the levels of staged intervention, education staff should remain mindful of their fundamental duty to contribute to the care and safety of all children and young people. There are many different reasons why a child would be considered at risk of harm and education staff are required to follow the GCC Child welfare recording, reporting and monitoring guidelines (MC 57).

Some children will require more intense supports for their wellbeing needs, which in some cases may necessitate a co-ordinated response from other agencies. These needs fall under two broad Child Protection categories:

- child welfare issues
- risk of harm

Members of staff should complete appendix 3 of the MC57 document when alerting the establishment Child Protection Co-ordinator of any concerns in these areas. It is the responsibility of the Child Protection co-ordinator to assess the level of risk and inform Social work services if considered appropriate. Further information around child protection procedures can be found in [Management Circular 57](#).

Critical incident Guidelines

Occasionally Schools and Communities experience events that can adversely impact on the wellbeing of children, young people, their families and school staff. Education Services have recently revised the [School Critical Incident Guidelines](#), and [Critical Incident Appendices](#).

Supporting Loss and Bereavement

Loss and Bereavement are life events that can adversely impact children and young people. [Whole School Approach to Loss and Bereavement](#) Is a Glasgow Educational Psychology Service document with advice on a range of issues relating to loss, grief, and bereavement. Sections include how children understand death at different ages, supporting children and young people with Additional Support Needs through loss and bereavement, and the impact of peer help and social media.



Section 3 – Supporting parents/ carers and staff

Working with Parents/ Carers

As a child or young person's wellbeing is influenced by the world around them, the Scottish Governments' vision in Getting it Right for Every Child (GIRFEC) seeks to empower those providing care and support for a young person and emphasises the need for early identification and prevention. As well as the child or young person, parents and carers should be fully involved in the process of identification, assessment, planning and review for identified MHWB needs.

It is key that any MHWB need that a child or young people is experiencing is identified at the earliest possible stage so the appropriate support can be offered. It may be a young person's parent or carer that first raises concerns about a child or young person's MHWB.

As detailed within [Every Child is Included and Supported Policy Guidelines](#) (June 2016) , it is the role and responsibilities of education professionals to work closely with parents and carers ensuring that their concerns are sensitively listened to, responded to and that they are fully involved in decisions about their child's progress and wellbeing. Any concerns raised by parents or carers should be recorded by the establishment and any outcomes resulting from this communication is understood by all professionals involved. The SHANARRI indicators can be used by professionals in collaboration with parents/carers and the young person to determine the nature and level of support a young person may require.

A child or young person's wellbeing is shaped by their interactions and experiences throughout their life. Nurturing relationships promote positive MHWB and resilience, with the quality of a parent-child relationship being key to the development of positive MHWB. As the nurturing city, we recognise the power of relationships in supporting both our children and families. Keeping nurturing approaches at the heart of our work with all partners within our education communities is key, nurturing our parents and carers, in addition to our children and young people (Scottish Mental Health Strategy 2017-2027; Bomber, 2007; Centre on the Developing Child at Harvard University, 2015).

Research conducted in 2023 across Glasgow explored the views, experiences and hopes of parents and carers of school age young people in building their child's resilience and wellbeing. This information has informed guiding principles for Glasgow schools in developing collaborative working relationships with parents and carers.



Guiding principles for practice:

- **Collaboration to support early intervention.** School staff such as class teachers, pastoral care teachers and senior managers work with parents and carers to identify and resolve issues at the earliest opportunity
- **Effective and sensitive communication.** Opportunities for informal, regular and face to face discussions focused on a young person's needs. Feedback is provided on MHWB and any issues within or out-within school are addressed with appropriate supports identified
- **Support, information and advice** is provided by the school for parents/carers on a range of topics (e.g. social media, self-harm, ways to support wellbeing, brain development) in a range of ways relative to individual family needs (e.g. resource sharing, parenting groups, workshops, signposting or referring to services and external agencies). Please visit [Glasgow Educational Psychology Service's website](#) for webinars and resources available to parents and carers.
- **Availability of parenting events and opportunities promote parental engagement** with the school but also between parents and carers
- **Parent and carers have an understanding of supports and are satisfied these are in place.** Parents/carers concerns are acknowledged, and they receive feedback and in a timely manner to support intervention and review of agreed supports.
- **Consistency of staff understanding, knowledge and training** across a range of wellbeing and additional support needs (relative to the needs of young people they work with)
- **Staff awareness and appreciation of individual family circumstances and responsibilities** that may impact on their ability to engage with the school and potential supports offered
- **Supporting positive wellbeing for parents and carers themselves.** Schools adopt a strength-based approach, which recognises the skills parents/carers bring. Schools work in work in partnership with parents and carers to enable them to access appropriate supports for a range of needs (e.g. parental MHWB, financial support physical health, access to support networks, availability of time and relevant information).



Staff Mental Health and Wellbeing

If we are to support children and young people most effectively, we must recognise that we can't pour from an empty cup and thus it is important to look after our own MHWB too. Supporting young people in distress is a challenging role and exposure to the distress of others can cause us to feel strong emotions in response. In addition, as human beings we all have our own individual life circumstances and responsibilities that will impact on our resilience at any given time, perhaps significantly. Here are some simple steps we can take to boost our resilience and help promote positive MHWB:

- Connect – spending time with friends and family or connecting with others through a shared interest is one of the most important things we can do to improve our mental health.
- Be active – physical activity has been shown to have a positive effect on MHWB.
- Take notice – wherever you are, try to take time to notice what's around you and really be present in the moment. This can be a way of grounding yourself and achieving a sense of peace and perspective.
- Learn – taking on a new challenge boosts your confidence, gives you a sense of purpose and can be a good way to meet new people.
- Give – helping others has been shown to increase happiness levels and can be a good way to improve our wellbeing.

View the [SAMH 5 Ways to Wellbeing online Leaflet](#) for further information.

Glasgow City Council recognises the importance of maintaining a mentally healthy workforce and is committed to improving the MHWB of all employees. The Employment Zone on Glasgow Connect has a host of guides and resources to meet your MHWB needs, from tips on boosting your mood to signposting you to appropriate supports. Visit the [GCC Health and Wellbeing Resource Guide](#) for a directory of organisations that can support you with your mental health.

Some wellbeing resources which may be helpful are:

PAM Assist: Employee Assistance Programme

- FreePhone **0800 247 1100**
- Webchat: pam-assist.co.uk
- Email: counsellingteam@pamassist.co.uk / info@pamwellbeing.co.uk

EIS Health and Wellbeing Supports: <https://www.eis.org.uk/member-support/hwresource>

General Teaching Council for Scotland: [Health and Wellbeing as a Teacher](#)

Colleagues in your workplace can be a valuable source of support and it can be helpful to have someone who is available for a debrief after a stressful day. Your line manager should also be a key point of contact and can help you access any extra support that you might need.



Resources

Please see below for a list of resources mentioned within this document. Additional documents and resources have been included which may be of use.

Resource, service or documentation	Details	Link
Supports for Individual children and young people		
Young Minds: Help and advice	Advice and guides for young people on mental health needs conditions and ways to find support	Guides for young people
Togetherall	Online community support, access to trained professionals and resources for pupils 16+	Togetherall
Kooth	Free online platform available within the Glasgow area for young people aged 10-16 years where they can access trained counsellors and self-help tools.	Kooth
'See Me' Scotland	Information and resources to help young people speak about their mental health.	Information for young people
Staff professional development, resources and reading		
Talking to young people about their mental health	Advice on using the skill of active listening when talking to young people about mental health, including tips for being a good listener.	Young minds: How to be a good listener resource
TURAS: Learn	eLearning health and social care resources providing guidance and support to enhance ongoing staff professional development.	TURAS Sign-in page (Create an account to access resources)
'See Me' Scotland	Information and resources for adults and staff who work with, or care for children and young people.	Information for schools Information for adults
Mental Health Foundation	Online learning and professional development courses accessible to anyone who wants to learn more about their mental health and how to support the well-being of others.	Training courses and materials about mental health

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Place2Be	Free online training on understanding and promoting young peoples mental health	Mental Health Champions
Attachment		
Attachment & learning research findings	Professional reading for school staff. This paper summarises the findings reported by Geddes (2006) informing classroom practice in supporting vulnerable pupils.	Attachment and learning: The links between early experiences and responses in the classroom
Adverse childhood experiences (ACEs)		
Public Health Scotland: ACEs	Information on children and young people with ACEs and how this links to wellbeing.	Overview of ACEs
Harvard University: What are ACEs?	Information on ACEs and how these relate to toxic stress	What are ACEs and how do they relate to toxic stress?
Young people with care experience		
The 'Promise' Scotland	Scotland's promise to care experienced children and young people.	Independent Care Review: The Promise Scotland Further information about the 'Promise'
Glasgow Virtual School (GVS)	A multiagency team whose role is to support the improvement of education, health and wellbeing outcomes for children and young people with care experience.	Glasgow Virtual School
Responding to self-harm and suicide		
Scottish Action for Mental Health	Information and guidance for individuals who self-harm and the key adults supporting them.	Scottish Action for Mental Health: Self-harm resources
Young Minds	A range of information, advice and resources including wellbeing activities, toolkits and webinars for key adults to support young people.	Young Minds: Resources and advice
Health Improvement Team	Information on self-harm work happening across Greater Glasgow and Clyde along with some useful resources and suggested reading. Details of training opportunities for staff: 'An Introduction to Self-Harm'	Mental health improvement: Self-harm

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	one hour training and a full day 'What's The Harm' Awareness and Skills Training.	
Ask, Tell Respond digital resources	Free digital learning resources that provide opportunities for those individuals who have attended training in self-harm and suicide prevention to refresh and expand their knowledge.	Mental health improvement, self-harm and suicide prevention: animations, learning modules and resources
Critical incidents		
Managing critical incidents	Guidelines detailing how to prepare and respond when a sudden or unexpected event occurs which threatens to seriously disrupt the school or individual's ability to function.	Managing critical incidents guidelines
Child Safety and Welfare		
Management circular 57	Members of staff should complete appendix 3 of the MC57 document when alerting the establishment Child Protection Co-ordinator of any concerns in these areas	MC57
Loss and bereavement		
A Whole school approach to loss and bereavement	Advice on issues relating to loss, grief, and bereavement. Sections include how children understand death at different ages, supporting children and young people with Additional Support Needs through loss and bereavement and the impact of peer help and social media.	Whole school approach to loss and bereavement
Support after a bereavement	Leaflet containing general information which may be useful following a loss and specific information for people that have experienced a sudden loss.	Support after a bereavement leaflet
Creative Education: Growing through grief	A resource pack with creative Ideas and activities to support a young person through a bereavement.	Growing Through Grief: Activities and ideas pack
Supporting staff wellbeing		

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Public Health Scotland: Supporting a mentally healthy workplace	Resources for employers to promote a mentally healthy workplace.	Supporting a mentally healthy workplace platform
GTC Scotland: Health and wellbeing as a teacher	A variety of resources and advice to support teacher health and wellbeing.	GTC Scotland resources for teachers from health and wellbeing experts
Education Scotland: Wellbeing for early career teachers	Support, advice, and resources for early career teacher wellbeing.	The 'Wellbeing Edit' for early career teachers
NHS Health Scotland: Supporting teachers' mental health and wellbeing: Evidence review	A review of what works in supporting teachers' mental health and wellbeing.	Supporting teachers' mental health and wellbeing: Evidence review
Staff Wellbeing Wakelet	An overview of the current offer of staff wellbeing supports in Scotland.	Staff Wellbeing Wakelet platform
SAMH 5 Ways to Wellbeing online Leaflet	Five ways to support mental health and welling everyday outlined by Scottish Action for Mental Health.	SAMH 5 Ways to Wellbeing online Leaflet
EIS: Health and Wellbeing online resource	EIS online resource and links to promote health and wellbeing for teachers.	EIS Health and Wellbeing Supports
PAM Assist Wellbeing APP	Employee wellbeing app that supports all aspects of wellbeing. It features online CBT, mindfulness for mental health, a virtual gym, and sleep and nutrition advice for physical health.	Information on how to download the PAM Assist Wellbeing App
Whole school approaches to supporting mental health and wellbeing		
Whole School Approach Framework for Schools to Support Children and	Guidance for schools to develop and embed policy and practice within schools and the wider community in relation to universal, targeted and specialist	Whole School Approach Framework to Mental Health and Wellbeing

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Young People's Mental Health and Wellbeing	interventions for young people's mental health and wellbeing.	
Scottish Government: Health and wellbeing in schools	A range of resources to ensure children feel happy, safe, included and respected in their learning environment. These resources cover bullying, attendance and school exclusions.	Health and wellbeing in schools
Scottish Government: Mental Health Strategy	The Scottish Government's approach to mental health from 2017 to 2027.	Mental Health strategy 2017-2027
Children and Young People's Mental Health Task Force: recommendations	Recommendations provide a blueprint for how children and young people's services should support mental health.	Children & Young People's Mental Health Task Force Recommendations
Education Scotland: The Cycle of Wellbeing	The 'Cycle of Wellbeing' draws together a wide range of national guidance and resources published to support the wellbeing of staff and children and young people.	The Cycle of Wellbeing Resources
Public Health Scotland	Advice, information and resources relating to a range of topics to support mental health and wellbeing for children and young people.	Public Health Scotland: Children and young people's mental health
'See Me' Scotland	Information and resources on Scotland's national programme to end mental health stigma and discrimination.	About 'See Me' Scotland
Whole school nurturing approaches	A package of support has been developed by Glasgow Educational Psychology Service to enhance whole establishment Nurture across Glasgow.	Nurture Principle Modules
Services/Agencies		
Glasgow Educational	Information on GEPS service delivery and resources on supporting wellbeing	Strategies to support children and young people to manage anxiety and build resilience

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Psychology Service (GEPS)		<u>GEPS service delivery</u>
Child And Adolescent Mental Health Services (CAMHS)	Multidisciplinary teams that provide assessment and support for children and young people experiencing mental health problems.	<u>CAMHS national service specification</u>
Glasgow City Youth Health Service	Offers confidential, personalised support for young people aged 12-19 years.	<u>Glasgow City Youth Health Service</u>

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Appendices

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Appendix 1

Glasgow School Counselling Contract

The Scottish Government has made a commitment for all young people 10-18 years to have access to counselling in schools. Education Services undertook a corporate procurement exercise to commission a range of services which will allow schools to specify what supports they require to meet the Scottish Government's commitment. The services provided include access to counselling in all 30 mainstream secondary schools and 140 primary schools. Additionally, therapeutic support to all primary age pupils will be provided through play therapy and art therapy. The range of supports available ensures that children and young people receive tailored support based on their individual needs.

The procurement of counselling and therapeutic services through a framework ensures greater consistency, equity and value across the city. The contract has a focus on quality assurance with clear reporting of the outcomes for young people who have been through counselling or other therapies. A standard reporting template has been developed, which will support schools in their self-evaluation of wellbeing.

Supported by the GCC Corporate Procurement Unit (CPU), Education Services developed a detailed specification based on national research on Counselling while including feedback from Head Teachers. Education Directorate specified that considering the range of needs and diversity of Glasgow's population that we required a range of supports that were tailored to our young people's needs. There was significant interest from Third Sector organisations and the quality of the tender bids was very high. The successful suppliers for each of the award lots are:-

Secondary School

One to One Counselling: **Lifelink**

Primary School

One to One Counselling: **LifeLink**

Play Therapy: **With Kids**

Art Therapy: **Impact Arts**

The commencement and duration of next contract period is for 4 years, from 1st April 2025 until 31st March 2029



Appendix 2

Embedded Mental Health Framework

Following successful implementation of the School Counselling Contract, GCC Education Services undertook a similar vetting exercise to establish a list of preapproved MHWB service providers that schools can buy in.

Whereas the School counselling contract is specific to counselling and therapeutic support, the Embedded Mental Health Framework providers offer broader MHWB services including:

- Family Support linked to schools, working with parents / carers to help support their children.
- Creative Engagement with children and young people.
- Sport / Physical Activity / Outdoor Education.
- Mentoring / Youth Work for young people including External Tutors / Additional Support.
- Group Work for children and young people focusing on promoting positive mental health, resilience, and wellbeing.
- Advice, Support and Therapeutic Services to Children and Young People (Evidenced based interventions but not including One to One Counselling).

Information on all of the services can be found via the following link: [User Matrix](#)

The Embedded Mental Health Framework supports schools, reduces risk and provides legal accountability, by ensuring that approved service providers:

- meet the specification requirements set by the GCC
- demonstrate best value for the GCC
- hold correct liability insurances
- maintain appropriate professional qualifications of staff
- adhere with accessibility and equality regulations
- demonstrate business continuity

The Embedded Mental Health Framework contract commenced in August 2024 and will remain in place for 4 years. Additional service provider bids can be made to join from Year 3

All relevant information on the Embedded Mental Health Framework contract can be found by scrolling down to the relevant section on the [Glasgow Online webpage](#).

Appendix 3 - Mental Health and Wellbeing Policy Self-Evaluation Tool

Schools should use this tool to assess their current policy and develop actions and timetables for improvement of their policy to ensure that it reflects the key elements of the Child and Youth Mental Health Framework, and to identify needs e.g. training. An annual review of schools' policies is recommended as best practice. Further help is available on the Glasgow Psychological Services website: <https://www.glasgow.gov.uk/index.aspx?articleid=17856>

Name of establishment:

Evaluation Date:

Completed by:

Activity	Reflection Notes	Self-Evaluation Rating 1 = Area for development 2 = Planning in place to implement 3 =Consistent across the school 4 = Embedded, tracked and monitored across the school	Actions required and timescale for improvement
Policy Does the school have a current MWBH policy which reflects the key elements of the Child and Youth Mental Health Framework? Available at: https://www.nhsrrc.org.uk/about-us/professional-support-sites/healthy-minds/child-and-youth-mental-health/			
How well were staff, pupils, parents and any other relevant stakeholders involved in the policy development?			
To what extent does the whole-school community have ownership of the vision, aims and values of the policy? How well has it been communicated and implemented?			



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If there is no current policy, what is the plan and timescale for progressing this?			
Whole-school staff training/involvement How well do all staff know and understand the key elements of the Child and Youth Mental Health Framework?			
How well do we ensure that all staff undertake regular professional learning around mental health and wellbeing?			
Culture & Practice What steps have been taken to promote positive mental health for the staff and pupil body?			
How effectively are we raising awareness and increasing understanding of common mental health issues? Do staff know the early warning signs of mental ill health and are they aware of the appropriate supports that can be accessed or put in place? Is information about these early warning signs on display in the staff area?			
Do staff know how to respond appropriately if a pupil approaches them for support with a mental health issue?			
Are staff having honest conversations with pupils around the issue of confidentiality?			
Are planning meetings embedded into the school approach when a pupil is identified as having mental ill health?			
Are all pupils receiving Mental Health and Wellbeing lessons as part of the curriculum?			

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Are staff, pupils and parents all aware of the sources of support available within the school and the wider community? Is information about these sources of support displayed in communal areas of the school?			
Are lists of mental health trained staff accessible to all and kept up to date?			
Parental/Family Engagement How well do we support families in developing skills which lead to positive mental health and wellbeing?			
How well do we enable parents, carers and families to contribute to the life of the school and be involved in MH and Wellbeing policy and practice?			
How do we ensure that relationships with parents, carers and families, the local community and partners are characterised by trust and respect?			
Recording, monitoring, continuous improvement & learning How effective are our recording and monitoring processes where there are mental health concerns?			
How well do we know if the steps we have taken have improved outcomes for children?			
What is our process for seeking feedback on the effectiveness of our MHW policy and ensuring that valuable learning from it is incorporated in future policy?			

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Do we have examples of good practice worth sharing more widely?			
Response, support & pupil voice How clear are children and young people about how they can seek support and what level of support they can expect?			
How well do we support children and young people to make decisions about their wellbeing?			
How well do staff know learners as individuals?			
Total out of possible 96			

Adapted from North Lanarkshire Council's Anti-Bullying Policy and Prevention Guidelines, February 2017

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Appendix 4 - Mental Health and Wellbeing Policy – Action Plan Template

This Action Plan Template provides a structure for the key actions that each school will commit to in order implement, support, evaluate and effectively manage their new mental health and wellbeing policy. It is designed to work effectively alongside the Mental Health and Wellbeing Policy Self Evaluation Tool. The Self Evaluation Tool should highlight action areas identified by each school.

Whilst it is important to recognise the key differences between individual schools, it is equally important to bear in mind that effective mental health and wellbeing policy development and implementation is generally supported by a handful of key policy elements:

- 1. Whole-school staff training/involvement**
- 2. Culture & Practice**
- 3. Parental/Family Engagement**
- 4. Recording, monitoring, continuous improvement & learning**
- 5. Response, support & pupil voice**

Simply highlight your key actions and commitments under each area below. Specify each action that you will take and use the remaining headings to highlight timescales, responsibility, resources, milestones, target and additional comments.

General Policy Development

Action. What will you do?	Time. When will you do it?	Responsibility. Who will lead delivery?	Resources. What do you need?	Milestones. What steps will you take?	Target. What does success look like?	Comments
Example: Design and put in place new signage that highlights and explains the school's new		Mental Health and Wellbeing policy lead. Estates and building management	New mental health and wellbeing policy and signs Prominent and clear display positions	Work with Art and Design dept. to deliver new signage designed by pupils. Award house points for winning designs.	Effective and eye-catching signage, designed by school pupils on prominent display throughout the school building.	



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mental health and wellbeing policy.						
Adopt whole school approach during development of policy		Senior management team, Mental Health and Wellbeing policy lead, Health Improvement locality rep	Key policy documents, staff time, survey tools	Consultation with whole school population. Raise awareness of policy via school newsletter, in service sessions, school social media, parent/ pupil council inputs	Whole school population has the opportunity to engage and contribute to the policy development.	

Whole-school staff training/involvement

Action. What will you do?	Time. When will you do it?	Responsibility. Who will lead delivery?	Resources. What do you need?	Milestones. What steps will you take?	Target. What does success look like?	Comments
Example: Undertake training needs assessment to establish current levels of knowledge and confidence around mental health.		Senior management team, Mental Health and Wellbeing policy lead, Health Improvement locality rep	TNA document, survey tools, NHS GGC MH training pathway.	Undertake the TNA and reflect findings in the action plan.	Staff are skilled and confident around mental health.	

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Example: Encourage staff participation with the HWB App for Education		Senior management team, Mental Health and Wellbeing policy lead, Health Improvement locality rep	HWB App for Education.	Promote download and regular use of app to keep abreast of training opportunities and latest information around MH and Wellbeing.	Staff are more skilled and confident in relation to MH and Wellbeing. Staff are regularly using the app to support their CLPL.	
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Culture & Practice

Action. What will you do?	Time. When will you do it?	Responsibility. Who will lead delivery?	Resources. What do you need?	Milestones. What steps will you take?	Target. What does success look like?	Comments
Example: Develop and deliver mental health and wellbeing messages in other subjects, beyond PSE		PSE lead and subject principal teachers	Mental Health and Wellbeing Resource Guide. Staff time	Existing delivery templates will be updated with contemporary and relevant activities and sessions.	New resources and activities are embedded into subjects beyond PSE	
Example: Base the school improvement plan around the 6 key elements of the NHS GGC framework.		Senior management, Health Improvement locality rep	NHS framework, GGC staff time	Use the framework as a planning tool.	Improvement plan adopts the 6 key elements of the NHS GGC framework.	

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Example: Support and empower pupils to devise workshops focusing on MH and wellbeing		MH and wellbeing policy lead, Lead teacher, Health Improvement locality rep.	HI support, online resources e.g Aye Mind/ Healthy Minds/ Heids Together	Develop workshops for pupils/ staff/ parents.	Workshops delivered regularly and well attended and evaluated.	

Parental/Family Engagement

Action. What will you do?	Time. When will you do it?	Responsibility. Who will lead delivery?	Resources. What do you need?	Milestones. What steps will you take?	Target. What does success look like?	Comments
Example: Use social media platforms to regularly communicate the whole school approach to MH and Wellbeing		MH and Wellbeing Policy Lead, Schools comms link.	Social media platform, e.g Twitter, Facebook. Easily accessible bitesize information.	Create a schedule for sharing engaging posts. Analyse engagement on social media platforms.	Posts are interactive and engaging. Positive engagement with posts.	
Example: Establish an informal 'Blether' group for parents		MH and Wellbeing Policy Lead, Senior Management, Lead teacher, Health Improvement locality rep	Member of staff to facilitate, friendly environment/ space to meet, parents.	Identify facilitator and space. Advertise group. Establish safe group working practice.	Parents are attending regularly and have ownership of the group. Parents feel involved in the whole school approach.	

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Recording, monitoring, continuous improvement & learning

Action. What will you do?	Time. When will you do it?	Responsibility. Who will lead delivery?	Resources. What do you need?	Milestones. What steps will you take?	Target. What does success look like?	Comments
Example: Complete Self evaluation tool annually		Senior Management, MH and Wellbeing Policy Lead, Health Improvement locality rep	Self evaluation tool, staff time	Undertake self evaluation tool.	Self evaluation tool completed and action plan updated.	
Example: Undertake a MH training needs analysis for staff		Senior Management, MH and Wellbeing Policy Lead, Health Improvement locality rep	MH training needs analysis tool, staff time, HI support, NHS GGC MH training pathway	Carry out TNA via various platforms	Staff participation, TNA completed and analysed, action plan updated.	

Response, support & pupil voice

Action. What will you do?	Time. When will you do it?	Responsibility. Who will lead delivery?	Resources. What do you need?	Milestones. What steps will you take?	Target. What does success look like?	Comments
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Example: Establish a pupil led MH working group		Lead Teacher,	Lead teacher, allocated time within school hours, HI support. Training resources	Organise an info session. Recruit pupils. Devise and deliver training programme.	Well established group with clear goals and objectives that meet regularly.	
Example: Support pupils to become mental health ambassadors		Lead Teacher,	Lead teacher, pupil led MH working group, HI support, training for pupils.	Recruit MH ambassadors. Establish clear roles and responsibilities e.g job description.	MH ambassadors within the school undertaking various roles.	

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