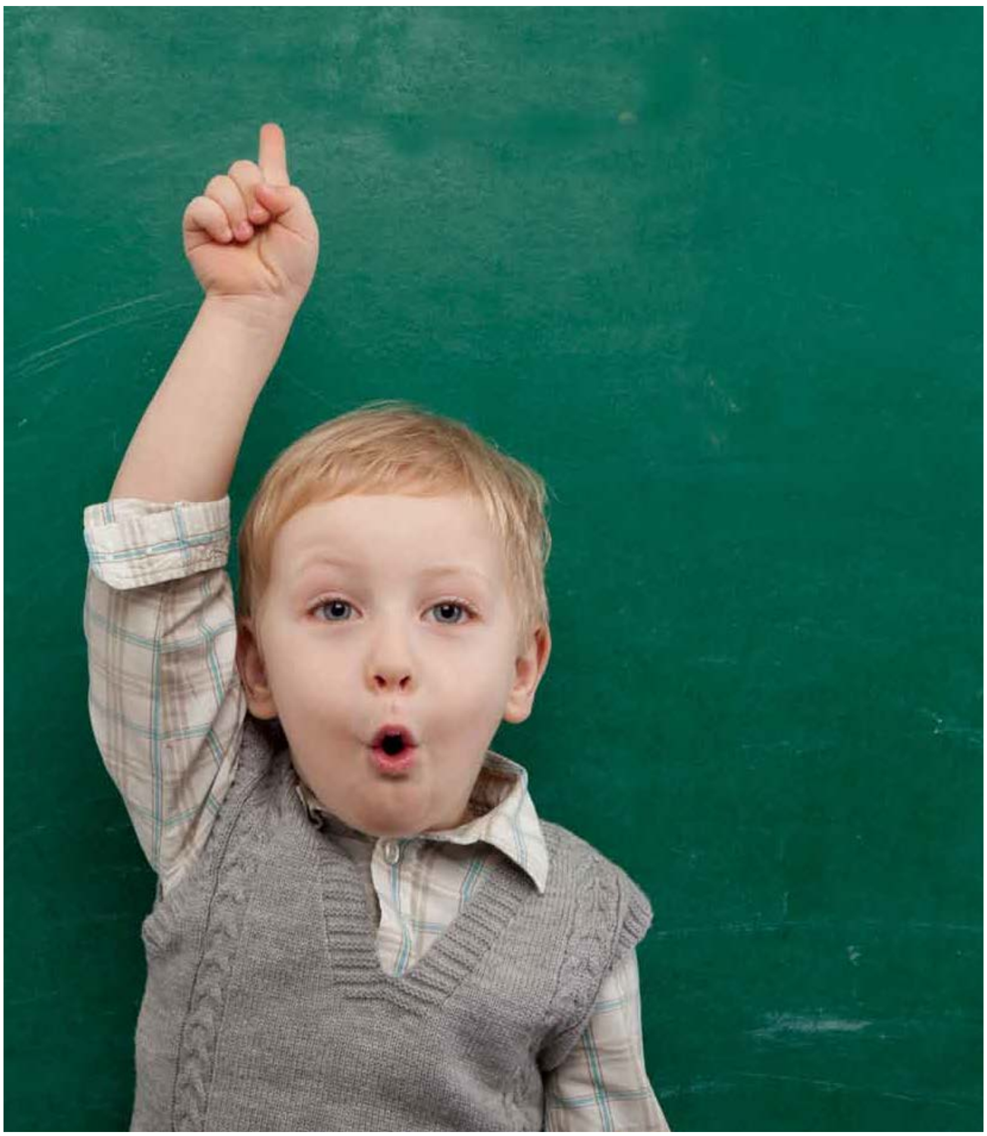
Argyll & Bute Council

Community Services: Education

Our children, their mental health and wellbeing



November 2018

Contents

Acknowledgements

Thank you to those involved in the initial group discussions to agree the direction of the mental health and wellbeing strategy, and those who provided feedback and guidance throughout the process of producing this document and the associated resources. As well as the individuals named below, thanks to the educational psychology service team and the wider education management team.

Kirsty Campbell, Dunoon Grammar School

Gillian Carney, Park Primary School

Lesley Donald, Lochgilphead High School

Louise Lawson, Oban High School

Neil McKnight, Tarbert Academy

Carolyn McMillan, Area Principal Teacher, Early Years

Brian Reid, Children and Families Social Work

Stephen Reid, Dunoon Grammar School

Arlene Ross, Child and Adolescent Mental Health Service

Maggie Young, Child and Adolescent Mental Health Service

Who is this guidance for?

This guidance is designed primarily for the use of staff working within education, although it may be helpful for staff working more widely within children's services or for third sector organisations who may work closely in conjunction with statutory services.

The aim of this guidance is to provide some basic information about mental health and wellbeing in children and young people, to inform decision-making about strategies and programmes to try in school and how and when to make onward referrals, and to provide signposting to more detailed information for those who are interested.

The first section of this guidance sets the context and helps to place mental health within current planning and assessment systems, as well as describing some of the policy drivers around the mental health of children and young people in Scotland. It also aims to improve understanding, helping practitioners to distinguish mental ill health from poor mental wellbeing, and to understand how this might impact upon our practice in working with children and young people.

Underpinning good mental health is a resilient system with the child at the centre. The emphasis should be on how we can build the resilience within systems with an emphasis on prevention and early intervention. The second section of this document, covers what practitioners can do at the universal level for children and young people within our schools, for example in terms of curricular programmes, which may help to meet this end.

We recognise that sometimes prevention and early intervention are not sufficient to meet the needs of our most distressed children and young people. The decision-making flowchart (see Appendix X) is designed to support, inform, and empower practitioners to make decisions about good practice in school and when to seek outside help. To aid in this decision-making, we also provide information on some assessment tools that schools can use independently or with advice from colleagues, such as the educational psychology service.

In addition to the information in this document, please see the mental health and wellbeing resource hub [add hyperlink] for useful links and resources.

Our Children, Their Future

Our Children, Their Future, is the strategy document outlining key priorities and outcomes for our children and young people in Argyll and Bute

The six objectives within OCTF are as follows:

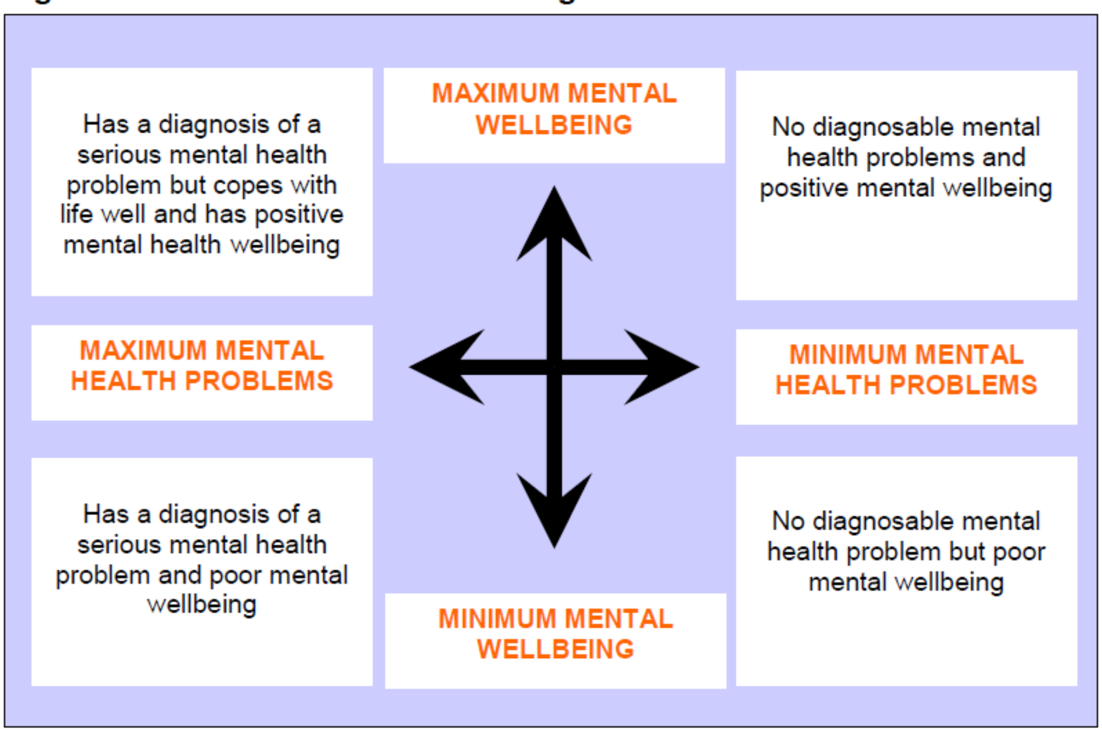
- Raise educational attainment and achievement for all
- Use performance information to secure improvement for children and young people
- Ensure children have the best start in life and are ready to succeed
- Equip young people to secure and sustain positive destinations and achieve success in life
- Ensure high quality partnership working and community engagement
- Strengthen leadership at all levels

Working towards these objectives will be closely linked to the promotion of prevention and early intervention for mental health and wellbeing. Good mental wellbeing will underpin the capacity of children to succeed and achieve their potential. Building the quality of data gathered and improving partnership working and leadership will enhance the implementation of these prevention and early intervention strategies and improve outcomes for children and young people.

Introduction – why mental health?

We all have mental health. This is a mental health strategy, not a mental illness strategy. We recognise that just as we can measure children's wellbeing in areas of their life such as physical activity or curricular attainment, which can be described using the SHANARRI indicators, all children have a level of <u>mental</u> health and wellbeing. It can seem confusing when we use terms like mental health, mental illness, and mental wellbeing interchangeably or inconsistently. The diagram below (Figure 1) is useful to help us understand some of these terms. Looking at this diagram, it becomes apparent that what we are not doing is focusing solely on those who may have a diagnosable mental illness or mental health condition, nor solely on those who have extreme levels of mental distress (perhaps due to circumstances). Rather, what this document aims to do is raise the importance of promoting maximum mental wellbeing for all children and those who work with them, while providing tools and pathways to help adults to recognise when mental health difficulties emerge and to put into place the most effective support.

Figure 1: Mental Health and Wellbeing Continuum



(NHS Tayside, adapted from: Tudor, K. (1996). Mental health promotion: Paradigms and practice. London, UK: Routledge.)

The World Health Organisation (WHO) defines mental health as the following:

"… *mental health […] is conceptualized as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. With respect to children, an emphasis is placed on the developmental aspects, for instance, having a positive sense of identity, the ability to manage thoughts, emotions, as well as to build social relationships, and the aptitude to learn and to acquire an education, ultimately enabling their full active participation in society.*" (World Health Organization, 2013, p. 6)

There are a number of risk factors that increase the likelihood of children and young people experiencing mental health problems. For example, young people under 19 who are socioeconomically disadvantaged, have experienced abuse, or have intellectual difficulties are significantly more likely to experience mental health difficulties (Mental Health Foundation Scotland, 2016). Children with mental health problems are more likely to have poorer educational attainment, and those with poor educational attainment are more likely to have difficulties with their mental health post-school (Esch et al., 2014). As such, it is essential to recognise the importance of a focus on improving mental health and wellbeing as a key aspect of initiatives aimed at closing the attainment gap between those from the lowest and highest areas of deprivation.

It is important to note that we need to consider more than deprivation alone. For example, there is evidence that how young people perceive their social status within their peer group also appears to play an important role in mental health and wellbeing; this is independent from their objective socioeconomic status (Sweeting & Hunt, 2014; Plenty & Mood, 2016). As such, a focus on school belonging and culture may be important when considering interventions for children in receipt of Pupil Equity Funding.

Young people in Scotland are telling us that we need to prioritise mental health and start talking about it more openly. The Scottish Youth Parliament chose mental health as their key focus for 2016, reporting on the views of young people on the topic in the document "Our Generation's Epidemic" (Scottish Youth Parliament, 2016). Young people interviewed identified four key priorities for schools in relation to mental health:

1. Encourage positive conversations about mental health through education
2. Make information about mental health more available and accessible in schools, including information about where to access support.
3. There should be more mental health support available in school.

4. Ensure staff are equipped to deal with mental health concerns.

SELF-HARM AND SUICIDAL BEHAVIOUR

This document does not focus in detail upon self-harm and suicidal behaviour. If you have immediate concerns about these issues, please see Argyll and Bute's Interagency Guidance for advice and guidance on the appropriate steps to take. The guidance includes general information and advice as well as a decision-making flowchart and pro forma to support professionals with assessing risk and recording interactions with young people who are expressing thoughts about suicide or self-harm.

In addition, school managers should be aware that there is information available on Argyll and Bute's intranet on managing critical incidents* and keep this information to hand in case of emergencies in school.

*This link will only work while connected through the council's network.

WHAT ABOUT SCHOOLS?

Health and education are the universal services for our children. This strategy will provide advice on accessing support from external agencies, but what about what we do in our schools? Some in education may consider mental health to sit outside the core remit of the school system, and wonder whether supporting children to develop optimal mental wellbeing is something that busy teachers and other education staff are not given time for. We have outlined possible concerns, and some answers to these below. You may wish to consider what the concerns and barriers might be in your establishment or service.

Supporting mental health in school

Mental health is key to wellbeing, and with Curriculum for Excellence in Scotland we recognise that Health and Wellbeing is core to our children and young people's development. Just as with other aspects of children's wellbeing, it is everyone's responsibility to promote good mental health. The important bit to remember for those working in schools is that you needn't be experts in mental health or even have special time set aside to make a difference to the children you work with. Most children will remain at the "Universal" stage in staged intervention terms, and will not be in receipt of additional funding or hours for additional support staff to work with them. So how do you make a difference?

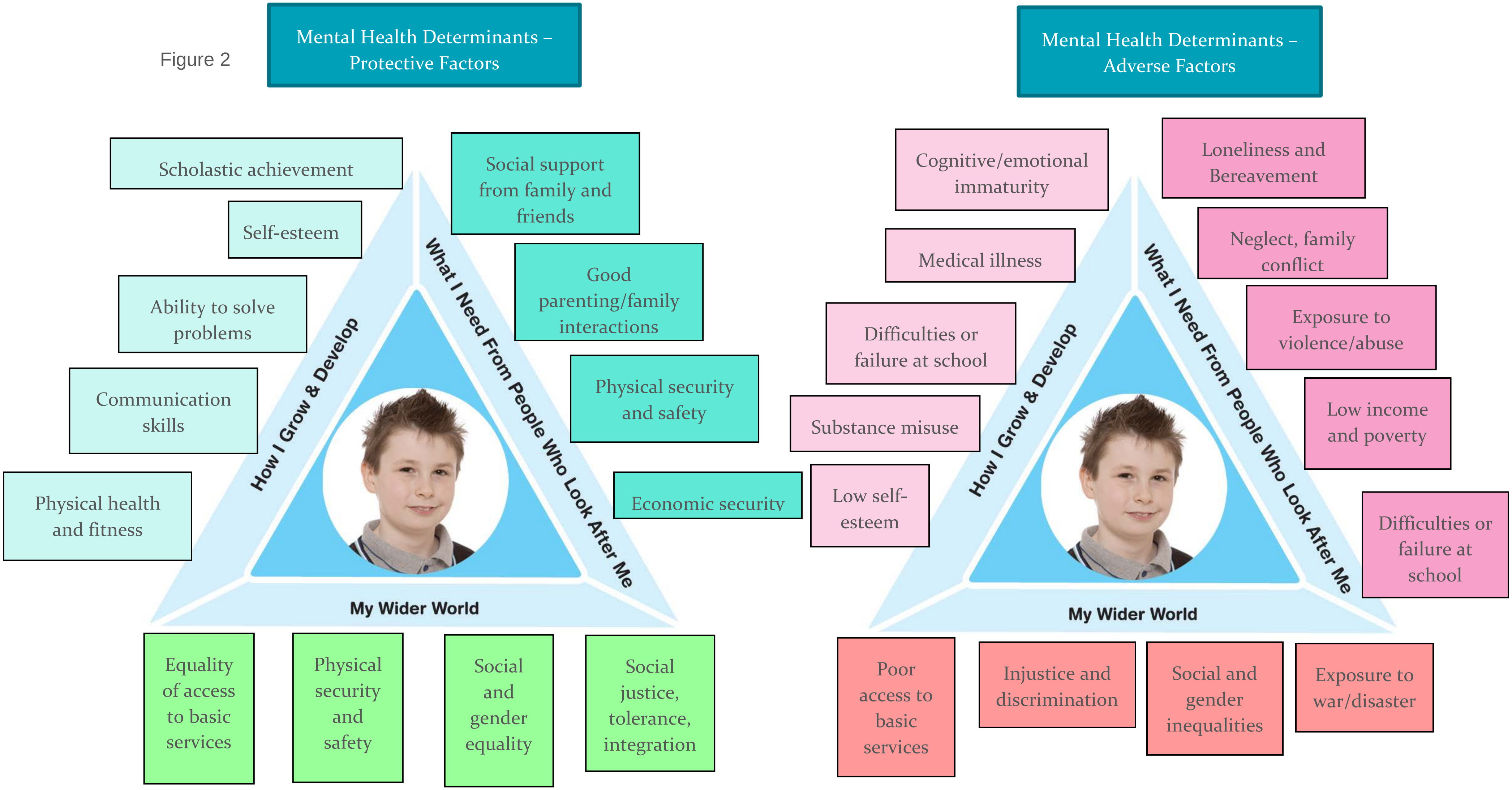
Resilience can be defined simply as the presence of "*normal* development under difficult conditions" (Fonagy, Steele, Steele, Higgit, & Target, 1994) and is increasingly recognised not simply as a characteristic of an individual, but a function of the interaction between an individual and their environment and eco-system. This systemic understanding of risk and resilience ties in with the approach taken in Scotland using the GIRFEC wellbeing indicators and My World Triangle assessment.

Within schools, there is an opportunity to build a more resilient system around the child through awareness of mental health risk and protective factors (*figure to be attached once information available from partners*). Knowledge of these factors allows for both individual and school planning to prevent and intervene at an early stage. For example, as a whole school you may consider focusing upon children's rights to promote equality and social justice at school level (see UNICEF on the Rights Respecting Schools award for more information). At the level of individual children and young people, you may wish to consider group interventions focusing upon bereavement in an attempt to prevent mental health difficulties developing. For children and young people who appear to be having mental health difficulties, having a systemic approach in mind should encourage you to not only look to individual interventions, such as counselling or onward referral to mental health services, but also about the role of the child's wider world, and how you can rebuild resilience in their system to promote recovery.

Please note, there is a recognition that more specialist support, such as CAMHS provision, is required to meet the needs of our young people, and this is reflected in the wider priorities set out within the Scottish Government's Mental Health Strategy (Scottish Government, 2017).

The World Health Organisation Mental Health Action Plan outlines the risk and protective factors in relation to children's worlds, separating these into "Individual attributes", "Social Circumstances" and "Environmental Factors. These can be easily translated into My World Triangle format (Figure 2 below), which is familiar to practitioners working within education and children's services.

Figure 2



Mental Health Determinants – Protective Factors
Scholastic achievement
Self-esteem
Ability to solve problems
Communication skills
Physical health and fitness
Social support from family and friends
Good parenting/family interactions
Physical security and safety
Economic security
How I Grow & Develop
What I Need From People Who Look After Me
My Wider World
Equality of access to basic services
Physical security and safety
Social and gender equality
Social justice, tolerance, integration
Mental Health Determinants – Adverse Factors
Cognitive/emotional immaturity
Medical illness
Difficulties or failure at school
Substance misuse
Low self-esteem
Loneliness and Bereavement
Neglect, family conflict
Exposure to violence/abuse
Low income and poverty
Difficulties or failure at school
How I Grow & Develop
What I Need From People Who Look After Me
My Wider World
Poor access to basic services
Injustice and discrimination
Social and gender inequalities
Exposure to war/disaster

Mental health – Parents and Carers

Sometimes concerns about mental health relate to the young person's parents or caregivers, rather than the young person themselves. If you are concerned about children or young people impacted by parental mental health difficulties, please Argyll & Bute's document Getting it Right for Children Parents and Carers affected by Mental Ill Health (Argyll and Bute Child Protection Committee, 2016).

Mental health and behaviour in schools

Understanding behaviour as a form of communication is important for schools in becoming mentally healthy establishments. This is a core principle of Nurture Groups and whole-school nurturing approaches, and highlights the importance of seeing beyond the visible behaviour to the underlying emotions or needs that are driving the behaviour. Schools are encouraged to consider adopting relational approaches to supporting positive behaviour, including nurturing approaches but also restorative approaches and solution-oriented approaches. Where behaviour is an increasing concern staged intervention procedures should be initiated and early support sought to avoid escalation to the point where behaviour becomes unmanageable.

A note on exclusions

Unfortunately, the children who are most vulnerable and in need of support can also display the most challenging behaviour. Recent research (Ford, et al., 2017) suggests that exclusion is more likely in young people with mental health difficulties and also that there is an increased likelihood of later mental health difficulties for young people who are excluded from school.

The Scottish Government (Scottish Government, 2017) is actively encouraging schools to consider closely their response to children and young people and to work to avoid the use of exclusion as far as possible as a response. Some of the effects of exclusion are noted on the document (Scottish Government, 2017, p. 21) as follows (see original document for references):

• Exclusion can increase children and young people's already high levels of shame and fear. (Taransaud, 2011);

• The additional impermanency that exclusion can bring to children and young people, i.e. the loss and rupture of the relationships that the children and young people have formed in schools, can often exacerbate the negative consequences that earlier traumas have had on their lives. (Perry, 2011);

• School connectedness and relationships are seen as vital in leading to a number of positive outcomes for children and young people. (Learner and Kruger 1997; Commodari 2013; and Bergen and Bergen 2008). School exclusion is likely to have a negative impact on such relationships;

• Excluding young people from the stable routines of school and leaving them in a chaotic home background or risky neighbourhood can worsen behaviour. (Barnardo's, 2010).

Exclusion should always be a last resort, it should always be recorded, be as short as possible, and be a proportionate response with a legitimate aim. Please see Education Management Circular 3.08 for guidance on the use of exclusion within Argyll and Bute. If a child has additional support needs, schools should always consult their educational psychologist before excluding a child or young person.

Building Mentally Healthy Schools

A focus on mental health in schools necessarily relates not only to awareness of mental wellbeing and mental health difficulties in relation to children and young people and their families, but also relates to the importance of developing a mentally healthy culture and ethos at the whole-school level. This is partly about increasing staff awareness of mental health difficulties and their impact, but is also about ensuring that staff are supported to prioritise their own mental health needs and to know how and when to support colleagues who may be having difficulties.

In Argyll and Bute, the Educational Psychology Service, Health Improvement Specialists, and a Choose Life training co-ordinator have been working together to support schools through identifying development needs and providing training and support according to the specific context and staff requirements. The pilot phase of this project is currently being evaluated, and information will be added to the resource hub when it becomes available.

In addition to establishment-specific initiatives, a confidential employee counselling service is available to all staff working with Argyll and Bute council. For details of the employee counselling service and advice and support on topics such as stress and bereavement, please click on the link below:

The Hub: Employee Health and Wellbeing

SCOTTISH CONTEXT

In a context of increasing concerns about the mental health of young people (Scottish Association for Mental Health, 2017) there are multiple frameworks in Scotland which place the mental health and wellbeing of our children and young people in focus. GIRFEC and Curriculum for Excellence are at the centre of educational practice and ensure a focus on the whole child and their wellbeing is considered. The National Improvement Framework and the Scottish Attainment Challenge place a responsibility on all to work towards closing the attainment gap and supporting those in the bottom 20% (according to the Scottish Index of Multiple Deprivation) to achieve educational results in line with their peers. We know that mental health has a bi-directional relationship with attainment, that is to say mental health difficulties in young people are associated with poorer educational attainment, and poor educational attainment is correlated with later mental health difficulties (Esch, et al., 2014).

Scotland's recently released Mental Health Strategy (Scottish Government, 2017) is a 10-year plan to improve the mental health of Scotland's population, including the mental health of children and young people. While much of this strategy focuses on the availability of services for those with mental health needs, e.g. access to CAMHS for children with mental illness, there is also an emphasis on the role of universal services. Priorities outlined in the executive summary relevant to universal services, and in particular education, are outlined below:

> Priority 1:
>
> Review Personal and Social Education (PSE), the role of pastoral guidance in local authority schools, and services for counselling for children and young people.
>
> Priority 2:
>
> Roll out improved mental health training for those who support young people in educational settings.
>
> Priority 3:
>
> Commission the development of a matrix of evidence-based interventions to improve the mental health and wellbeing of children and young people.

Priority 5:

Ensure the care pathway includes mental and emotional health and wellbeing, for young people on the edges of, and in, secure care.

Priority 6:

Determine and implement the additional support needed for practitioners assessing and managing complex needs among children who present a high risk to themselves or others.

Priority 8:

Work with partners to develop systems and multi-agency pathways that work in a co-ordinated way to support children's mental health and wellbeing.

A note on ACES (Adverse Childhood Experiences)

Practitioners are increasingly aware of the impact of adverse childhood experiences and early trauma on the development and wellbeing of children and young people. Although mental health difficulties can arise across the spectrum of socio-economic status and regardless of early experiences, the research evidence suggests that early trauma and adversity increases the risk of mental health difficulties, as well as impacting on a range of outcomes such as academic achievement, work success, and life expectancy (original ACES study (Felitti, et al., 1998)). A range of materials containing information, advice, and links to further resources is available on the Hub (or SALI, include link here).

Please see this useful document (Education Scotland, 2017) summarising the links between a focus on nurture, trauma-informed practice, and adverse childhood experiences for more information on the application of this knowledge to schools.

Within Argyll and Bute, the education service have supported staff development in this area through events such as screenings of the film *Resilience* (see link for details), and special events focusing on ACES. Please see the Health and Wellbeing network website for information on and presentations from their ACES event in May 2017. Practitioners are also able to access online learning on ACES through the Child Protection Committee's self-learning module training pages, where an ACES module is now available.

Mental Health and Wellbeing and Staged Intervention

ASSESSING MENTAL HEALTH AND WELLBEING

As with other curricular areas and additional support needs, there are a variety of strategies that can be implemented to support children and young people from curricular approaches (Universal/Stage 1) up to highly specialist (Stage 3) support. As with any additional support need, the level and nature of intervention should always be based on sound and high quality assessment of need.

Why assess mental health and wellbeing?

Assessment of mental health and wellbeing can serve several purposes: It can allow practitioners to identify target children or young people when considering a new intervention; Assessment can also clarify the nature and the extent of the mental health difficulties where they are already concerned about a child or young person; Finally, assessment is essential in evaluating effectiveness where an intervention has been implemented. Assessment does not simply refer to standardised questionnaires and tools, although these are often useful, especially where there are unanswered questions about the nature of a child or young person's difficulties. For example, using the Strengths and Difficulties Questionnaire (SDQ) can provide guidance and clarification on whether a young person's difficulties are in relation to emotional needs or whether further investigation of their concentration and activity levels is required.

Interventions or actions taken to meet a mental health need should be chosen with a clear focus on outcomes for the child or young person. The GIRFEC child's planning process and associated paperwork provides a general framework allowing for short and long-term target setting and the setting down of desired outcomes in line with the SHANARRI indicators. These are essential for any child who is in receipt of individual intervention, or other interventions which are intensive or long-term. It may be, however, that a more specific tool is required in order to evaluate need and measure progress. This may be the case for individuals who have a child's plan, but also those who are taking part in a group intervention (e.g. Living Life to the Full) to evaluate effectiveness or to measure the effect of Pupil Equity Initiatives aimed at improving wellbeing.

For further guidance and information the use of assessment and evaluation tools, you may find it helpful to use the Mental Health Toolkit for Schools (Anna Freud Centre, n.d.). This toolkit provides a comprehensive list of "Wellbeing instruments" that can be used to measure children's mental health and wellbeing. The list includes the cost, use, and age range. The website includes a video on how to use the toolkit, as well as other helpful information.

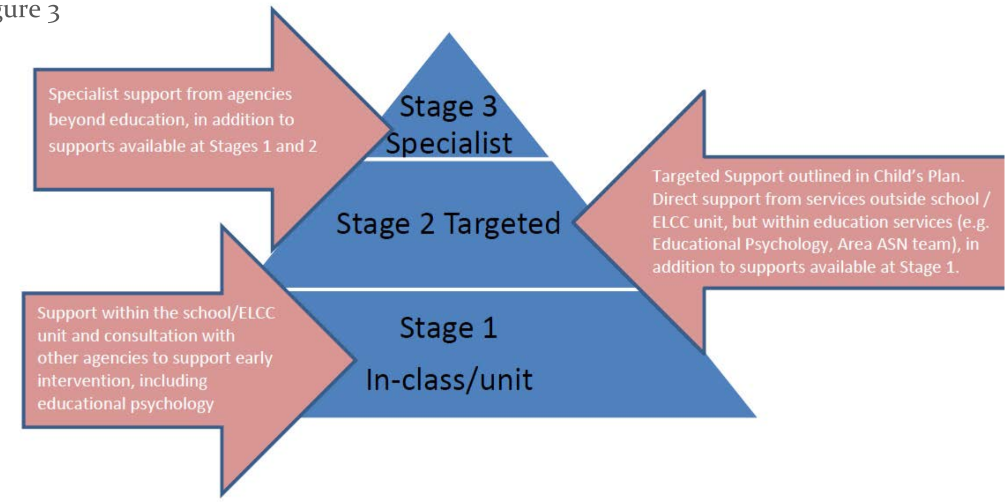
Many tools are either expensive or require to be administered by a clinician or specialist, and as such you are advised to contact your partners in educational psychology or health if you are interested in using these, as it may be that they are available already. If you are considering individual assessment or using screening tools for evaluation of programmes or initiatives it is advised that you seek further guidance from your link educational psychologist. A common, low-cost tool frequently recommended is the Strengths and Difficulties Questionnaire (SDQ). This is standardised for children aged 2-17 and assesses risk for emotional, behavioural, hyperactivity, concentration, and peer difficulties. This can be used by professionals working in schools (seek parental permission first) or in conjunction with other services (e.g. educational psychology).

ARGYLL AND BUTE'S STAGED INTERVENTION PROCESS

The diagram below (Figure 3) is taken from Argyll & Bute's Staged Intervention Policy and provides general information about supports at each level of intervention. Beneath the diagram, each stage is addressed in turn with a specific focus upon mental health and wellbeing.

This list is by no means exhaustive, and it may be that schools wish to use or buy particular training or intervention programmes to meet a local need that they have identified. Although innovation is welcome, it is important that decision-makers at school level are empowered to choose evidence-based programmes based on research. If the programme is new and evaluation information is not yet available, then careful consideration must be made of the potential for both positive and unintended negative impact. It is also recommended that pre-intervention baseline information is gathered, and careful planning takes place to consider how the programme will be evaluated and effectiveness measured. In order to support decision-makers at school level, a pro forma has been adapted from the health improvement team in NHS Highland (see Appendix X or resource hub) and we would strongly encourage schools to make use of this to aid decision-making and to help senior leaders in schools to ask training providers pertinent questions about the evidence base for the programme they are offering.

Figure 3



STAGE 1/UNIVERSAL APPROACHES – PREVENTION

Approaches aimed at preventing poor mental health and wellbeing and promoting positive mental health and wellbeing fall broadly into two categories: school policies, programmes and curricular approaches designed to improve wellbeing through building resilience, emotional literacy and other skills that underpin positive outcomes for mental health; and programmes designed to explicitly educate children and young people about mental health issues in order to reduce stigma and increase the likelihood of early help-seeking behaviour including raising awareness of sources of help.

Who can support at universal level?

In line with Argyll and Bute's staged intervention policy, educational establishments can seek advice and consultation from area principal teachers (APTs) and other education colleagues at the universal level of intervention. This may include seeking advice or consultation from the school's link educational psychologist. There may also be some consultation with other agencies, such as health, or input from other agencies in delivering universal programmes. Below are some of the universal interventions available in schools, beside each please see information on the nature of the intervention, the level for which it is appropriate, and whether it is aimed at the whole-school, groups, or individuals.

Educational Psychology Service

While the educational psychology service (EPS) may be involved at any stage of intervention, much of the work delivered by educational psychologists (EPs) is at the universal level. The core functions of EPs working in Scotland are consultation; assessment; training; intervention; and research. These functions can be delivered at the level of the individual child/young person/their family, at the level of an individual establishment, or at a wider local authority level. Every local authority establishment in Argyll and Bute has access to an allocated educational psychologist and a large part of the EPS remit is in supporting schools to develop staff skills, knowledge, and confidence in relevant practice areas, including mental health and wellbeing. This may be, for example, through delivering bespoke training sessions aimed at the whole school staff, through supporting evaluation of school initiatives, or through consultation with staff to support development of school strategies and policies. For further information on the EPS, please see the Argyll and Bute website. For details of how to request involvement from the EPS in relation to individual children, please see under Stage 2 of staged intervention.

Promoting Alternative Thinking Strategies (PAThS) – Whole-school; Curricular; preschool and primary level

The PAThS approach aims to improve children's outcomes through early intervention focused upon developing emotional literacy and social problem-solving skills. PAThS is structured and progressive, with materials available from pre-school up to the end of primary seven. Argyll & Bute have been implementing PATHS since an initial pilot in 2012, with the programme being used in a large number of early years establishments and primary schools across the authority.

If you are interested in finding out more about the programme please see the Sharing Argyll's Learning page or http://www.pathseducation.co.uk for more details. Training for establishments is co-delivered in Argyll & Bute by the educational psychology service and the early years team and focuses on the theoretical basis of the approach and the importance of PAThS becoming embedded in the school ethos. As such, if you are a practitioner who is interested in training please contact your headteacher or manager in the first instance.

Establishment leaders should contact their link psychologist or early years link for more information and to request training support.

Whole-School Nurturing Approaches – Whole-school, Ethos/approach; All levels

A whole-school nurturing approach aims to take the theoretical underpinning and research around good practice in nurture groups and apply this to a whole school setting. A nurturing approach in school is underpinned by the six nurture principles (below). Please see https://www.nurtureuk.org/ (previously known as the Nurture Group Network) for more information:

1. Learning is understood developmentally
2. The environment offers a safe base
3. Nurture is important for wellbeing
4. Language is a vital means of communication
5. All behaviour is communication
6. Transitions are important in children's lives

(The Nurture Group Network, 2006)

These principles were developed for nurture groups (see targeted interventions – below), but over recent years in Scotland different local authorities, particularly Glasgow City, have considered how the principles of nurture groups can be successfully embedded in practice across whole establishments. This has culminated in the document Applying Nurture as a Whole School Approach, which uses a similar format to *How Good is Our School?* in order to support self-evaluation and implementation of a nurturing approach. The materials within the National Improvement Hub resource include a detailed implementation checklist, including self-assessment of readiness for change within the establishment. Where schools are considering taking forward nurturing approaches as an early intervention strategy, it is important that readiness and implementation issues are considered at the earliest stage of planning, and it is recommended that the school contact their link educational psychologist for advice at this stage and to ascertain whether the EPS can support with staff development or training in preparation for applying a whole-school nurturing approach.

Roots of Empathy – Whole class; Curricular; Primary school level

Roots of Empathy is an evidence-based classroom programme that has shown significant effect in reducing levels of aggression among school children by raising social/emotional competence and increasing empathy. The programme has been delivered in Argyll & Bute Primary schools since 2013 and nationally since 2010. A trained instructor delivers the programme across the school year alongside the class teacher and local parent and baby, the “tiny teacher”. The programme can be delivered from P1-P7. More information on the programme is available on http://rootsofempathy.org/about-us/. If you are interested in finding out more or training staff please contact Susan Robison – susan.robison@actionforchildren.org.uk. A number of schools have accessed their Pupil Equity Fund to train their own staff establishing a sustainable model of delivery.

See Me – What’s On Your Mind? – Whole school; Ethos/approach and Curricular; Secondary school level

What’s on Your Mind? has been developed by See Me Scotland as a curricular programme for young people aged 11-18 in secondary school. Its focus is on raising awareness and understanding around mental health, and to reduce stigma attached to mental health difficulties. For more information and to download the pack see What's On Your Mind?

STAGE 2 – TARGETED INTERVENTION

Targeted intervention comprises approaches and programmes usually aimed at specific individuals or groups of children or young people with mental health and wellbeing needs identified through assessment (see section on assessment approaches and tools for more information).

Group interventions

Group interventions can be a useful way of meeting specific children and young people’s needs while reducing the risk of the stigma attached to receiving individual support. They also have the advantage of facilitating peer support and allowing children and young people to see that they are not the only ones who are struggling with their mental health and wellbeing.

While it is not possible to provide a menu of interventions here, due to differing expertise, training, and availability across the authority, the following are some examples of group interventions in use within Argyll & Bute’s schools. Your link educational psychologist can provide advice, guidance, and may be able to offer direct support in implementation of group interventions.

Nurture Groups

Nurture groups are a targeted, short-medium term intervention aimed at children and young people with social, emotional, and behavioural needs. Below a brief description is given of “classic” nurture groups as well as modified nurture groups operating outwith the classic model. It is important that we distinguish what is a nurture group and what is not. While nurture groups are an evidence-based approach, adaptations based upon the nurture principles may not be based upon sound evidence. While innovation is encouraged where circumstances place limitations on full implementation, any innovative approach should be planned carefully and with evaluation in mind from the start.

IMPORTANT

If you are considering starting a nurture group in your school, you must ensure that you have adequate resources and training to implement this in line with the evidence base. A group set up with the best intentions can be unsuccessful because of a lack of adherence to the evidence-based model of nurture. Please consult with your link psychologist and/or look for training and development for your staff from the Nurture Group Network or Education Scotland before starting a Nurture Group in your school.

Classic nurture groups

Classic nurture groups are based on the original model designed by Marjorie Boxall in the 1970s and are aimed at children in the early stages of primary school. Boxall recognised that some children were coming to school ill-equipped to deal with the expectations of the classroom and formal learning environments. Drawing on developmental psychology principles, Boxall designed nurture groups to support children to undertake experiential and play-based activities from earlier developmental stages to support their social and emotional development and to better prepare them for the challenges of the school environment. Children generally attended in groups of 8-10 for one to two school terms. While the majority of their school attendance was within the nurture group, a consistent link with the class was always kept to support children to re-integrate at the end of the intervention period. The Boxall profile is an assessment tool designed for use with a nurture group intervention. This provides a developmental and diagnostic profile that gives those working with a child clear guidance on where to focus in terms of setting goals and targets.

Classic nurture groups are staffed by two trained adults, generally a teacher and an assistant. The nurture room is laid out with clear areas for learning and teaching activities, a home corner with cosy furnishings, and a kitchen area for preparing food and social eating. Toys are readily available and children are encouraged to take ownership of the room, for example by giving it a name, deciding the theme for their feelings wall/chart, and by inviting parents and/or other pupils to join them for special events.

Modified and part-time nurture groups

For practical and financial reasons, it can be difficult to set up a classic nurture group. There may not be enough trained staff available for example, or you may be limited by the space available in your school. Alternatives to the traditional nurture group set up are part-time nurture groups, which research suggests can be successful in the context of a whole-school nurturing approach (Binnie & Allen, 2008).

Lessons for Living

Lessons for Living is a group/whole class intervention aimed at children in Primary Five-Seven. It is based upon the principles of cognitive-behaviour therapy and mindfulness, and combines direct teaching around the links between emotions, thought and behaviour with practising breathing and relaxation techniques.

This intervention was developed by educational psychologists in Scotland, and has been evaluated successfully as a teacher-led programme.

If you are interested in this programme please contact your link educational psychologist for more information.

Living life to the full

Living Life the Full (LLTTF) is an overarching name for a group of resources and interventions based upon Cognitive-Behaviour Therapy principles. The materials were developed by psychiatrist Dr Chris Williams and are suitable for a wide age range from secondary school pupils up to older adults. The materials comprise “little books” on a variety of topics, which can be used individually or as part of a delivered group programme to complement the lessons over eight sessions.

Within secondary schools, there is some evidence that using the LLTTF approach was associated with an improvement in wellbeing in young people following the 8-week LLTTF course (East Devon Secondary School Partnership (EDSSP), n.d.). There have also been positive evaluations given by young people exposed to the materials within PSE lessons, reporting that they had learned new skills and found the lessons worthwhile (Boyle, Lynch, Lyon, & Williams, 2010).

If practitioners are interested in LLTTF, information and some free resources are available on the website. If you are considering using the materials in a novel way, please consider pre-intervention assessment and evaluation (see section on assessment/evaluation). If you are interested in the 8-week group programme, please contact your link educational psychologist, who may be able to support with training and delivery.

FRIENDS for Life

FRIENDS for Life is a group or whole class intervention with resources available appropriate from early primary up to early secondary school level. The programme aims to build resilience and emotional literacy in young people and is based upon cognitive behaviour therapy principles. While there is no licensed training currently available locally, the educational psychology service have resources such as workbooks and manuals available. If you are interested in finding out more or running a FRIENDS group in your school please contact your link psychologist for advice. For more information on the programme please see the website: www.friendsresilience.org

Seasons for Growth

Seasons for Growth is a structured group intervention delivered by trained "companions". There are different levels available aimed at supporting children from the early primary stages up to adults with experiences of bereavement and loss. The programme is based around Worden's four tasks of grief: To accept the reality of loss; to process the pain of grief; to adjust to an environment in which the person/object is no longer present; and to find an enduring connection with what has been lost in the midst of embarking on a new life. The programme uses the metaphor of the seasons to help participants to develop a better understanding of the process of grief and loss and to build resilience and improve wellbeing. Please see the website: www.seasonsforgrowth.org.uk for more information and to find out if there is a local co-ordinator in your area. Services considering training staff in Seasons for Growth should be aware that to run a group two trained companions are needed.

INDIVIDUAL SUPPORT

If a young person cannot access or does not wish to access group support, or you think that individual support is more appropriate for their needs, you may wish to consider a more individual approach. You may wish to consider a referral to the primary mental health worker (PMHW) at this stage. Referrals to PMHWs come through the CAMHS service, as such please see under Stage 3 – CAMHS for guidance on seeking PMHW support.

Within-school support and Guided self-help (useful websites/resources)

Often where a child or young person is having difficulties with their mental health or wellbeing, the first port of call will be a trusted adult in the school setting. In addition to the support generally available through guidance staff, you may wish to consider supplementing this with signposting young people to self-help resources and relevant information/websites. A hub of resources has been compiled to support with this task.

School nurse

School nurses work with pupils, teachers and parents to promote good health and wellbeing in school age children and young people. If you are concerned about a child or young person consider contacting your school nurse, who may be able to support with low level early intervention aimed at supporting a child with making healthy choices, or activities to build self-esteem for example. If this early intervention does not meet the child's need or if the issues appear to be more serious then the school nurse may discuss with you a specialist referral to mental health services.

Educational Psychology Service

In addition to providing support at the universal level, for example through the psychological service's core functions of providing consultation, support and training to school staff and partners, there may be a need at times for more intensive or direct support relating to a specific child or young person. While this is described at stage 2 of intervention, dependent on the circumstances EPS involvement could be part of a specialist support package for a child at Stage 3.

Educational Psychologists are specialists with a high level of training in child development. Where there are concerns about a child in relation to mental health or wellbeing, your EP can provide guidance in terms of assessing the level and nature of the need, through both consultation and direct assessment, and support those working with a child to formulate a package of support. This may be based around family support or school-based interventions, or may involve direct support from the EP in the form of group interventions in school or individual therapeutic work. Some EPs have particular areas of interest or specialism, such as Cognitive-Behavioural Therapy.

The psychological service can support schools to meet the needs of individual children where there is:

- Ongoing and significant concern, including around looked after children, evidenced by staged intervention, Child's Planning and review.
- A key point of transition with significant vulnerability anticipated.
- A possible need for neurodevelopmental assessment, as a result of significant impact on day to day functioning.
- Risk of educational placement breakdown.

The educational psychology service may be involved in consultative support at any stage of intervention without formal involvement with individual young people; where there is a request for regular consultation or direct input it may be appropriate to request a formal consultation meeting with your link psychologist. Full guidance for schools on involving the EPS can be found here, guidance for other agencies on requests for EPS support can be found here.

Clarity of purpose and a common understanding of what the service can offer are essential if direct contact with the psychologist is to lead to effective action. The procedures outlined in the guidance documents linked to above are designed to meet these two objectives. Early discussion with the psychologist for your area will allow an informed decision on whether it is appropriate to involve the psychological service.

STAGE 3: SPECIALIST SUPPORT

Where children and young people are displaying distressing behaviour and assessment and are not coping with day-day life and school in spite of interventions at stage 1 and 2, it may be appropriate to seek onward referral to specialist sources of support (see flowchart – appendix X).

Please note, there may be local services or national third sector organisations who are able to provide support in some areas.

Children and Families Social Work Service

The Local Authority has a statutory duty to safeguard and promote the welfare of children and young people in need in the area, including those in need of protection.

Argyll and Bute Council Children and Families Service provides support to children and young people up the age of 16 or where young people remain in full-time education up to the age of 18. Young people who have been Looked After and Accommodated by the authority and who wish to continue to receive support can continue to receive advice, guidance and assistance from the Throughcare and Aftercare Team up to and including the age of 25.

While concerns about mental health and wellbeing do not necessarily indicate that a child or young person is in need of support from social work services, wider family circumstances may indicate a role for the Children and Families Service, either in terms of direct support or in terms of guidance on where to receive more specialist support.

Where self-harm or suicidal behaviours are present it may be appropriate for social work services to support with risk assessment. Please see Argyll and Bute's interagency guidance on self-harm and suicide for more information.

Referrals to Argyll and Bute Council for support for a child or young person who may be in need or in need of protection can be made by anyone:

- Call the Social Work Enquiry line on **01546 605517** and ask to speak to the duty worker
- Use the online enquiry form - www.argyll-bute.gov.uk/forms/social-work-enquiry-form
- Out of hours - Call the Social Work Emergency Service on 01631 566491 or 01631 569712
- Argyll and Bute Council Child Protection website contains a list of support helplines and support including contacts for Papyrus (prevention of young suicide) www.argyll-bute.gov.uk/support-helplines-and-websites

For some young people, their wellbeing is impacted indirectly as a result of mental health difficulties experienced by their parents or carers. Social work services may be well placed to co-ordinate communication between adult and children's services, including schools. For guidance on the steps to take if you are concerned about the impact of a parent or carer's mental health difficulties on their child, please see Argyll and Bute's guidance on Getting it Right for Children Parents and Carers affected by Mental ill Health.

Child and Adolescent Mental Health Service (CAMHS) (Tier 2/3)

Primary Mental Health Worker (Tier 2)

The Primary Mental Health Worker (PMHW) service provides support for children and young people experiencing mild to moderate mental health difficulties such as low mood and anxiety. The PMHW can work directly with children and young people providing short courses of individual support, as well as providing consultation and staff development support to establishments working with children experiencing mental health difficulties.

Requests for support from a PMHW should be made to the CAMHS service. The PMHW does not respond to urgent referrals. If you think there is a need for the young person to be seen urgently, you should advise that they be taken to their GP who following assessment may make an onward referral to Tier 3 if they feel it is appropriate.

A referral form is currently being developed which will be used for both PMHW and CAMHS referrals. This will be placed on the resource hub when available.

CAMHS (Tier 3)

What do CAMHS do?

Child and Adolescent Mental Health Services (CAMHS) for Argyll & Bute are based in Lochgilphead and Helensburgh. Services provided include Psychiatry, Clinical Psychology, Mental Health Nursing, Family Therapy and CBT. A range of therapeutic interventions are offered by appropriately trained staff.

Consultation, education and liaison, is available on a case by case basis to assist other professionals and agencies in their support of young people.

Who is CAMHS for?

Practitioners should see CAMHS full referral guidance for information (link on resource hub).

In brief, CAMHS is a Tier 2/3 service for children and young people up to 16 years of age, or up to 19 if in secondary education. For some young people, while their mental wellbeing may be poor (see Figure 1, page 5), CAMHS may not be the most appropriate service in the first instance. Other services that should be considered before referring to CAMHS include the school nurse, social work, educational psychology, or paediatrician. Some examples of presenting problems constituting appropriate referrals for Tier 3 CAMHS are: Depression; Severe anxiety/panic attacks (that have not responded to early intervention); eating disorders; Obsessive-Compulsive Disorder; Post-traumatic stress disorder; and Psychosis.

Who can refer and how are referrals made?

CAMHS accept referrals from the following services. Please note that all referrals must be copied to the child or young person's GP for information.

> GPs; Health Visitors; Social Work Services; Education Services (Educational Psychologists, Guidance Teachers); School Nurse; Hospital Doctors; Other Specialist Children's Services

How to make a referral to CAMHS

All children and young people should be seen by the referrer prior to the referral. The referral should be fully discussed with the child or young person and with their carers, and their agreement to the referral obtained. Where appropriate, referrers should consider the motivation of the child or young person and their family to participate in therapeutic work.

As it is often important for us to gather further information from other involved professionals in order to decide how best to proceed with the referral, we would ask that the referrer request the consent of the young person/carer for us to contact non-health agencies (consent required on medical confidentiality grounds) and to indicate in the referral letter that this has been done.

All referrals should be addressed to the team rather than to any individual professional. Referrals are discussed and allocated by the team.

Referrals should be typed or in writing, indicating level of urgency. If you think that the problem may be urgent (e.g. Self-harm with suicidal ideation, hallucinations or severe eating disorder) then please telephone the CAMHS team in the first instance.

References

Anna Freud Centre. (n.d.). *Mental Health Toolkit for Schools*. Retrieved from Anna Freud: National Centre for Children and Families: https://www.annafreud.org/what-we-do/schools-in-mind/resources-for-schools/mental-health-toolkit-for-schools

Argyll and Bute Child Protection Committee. (2016). *Getting it Right for Children Parents and Carers affected by Mental Ill Health.* Retrieved from https://www.argyll-bute.gov.uk/sites/default/files/getting_it_right_for_children_affected_by_parental_mental_health_october_0.pdf

Binnie, L., & Allen, K. (2008). Whole school support for vulnerable children: the evaluation of a part-time nurture group. *Emotional and Behavioural Difficulties, 13*(3). doi:10.1080/13632750802253202

Boyle, C., Lynch, L., Lyon, A., & Williams, C. (2010). The use and feasibility of a CBT intervention. *Child and Adolescent Mental Health, 16*(3), 129-135. Retrieved from https://doi.org/10.1111/j.1475-3588.2010.00586.x

East Devon Secondary School Partnership (EDSSP). (n.d.). Character Education in the East Devon Secondary School Partnership. Retrieved from www.fiveareas.com/wp-content/uploads/EDSSP_Character_Education_Project_Evaluation_Report_D2.pdf

Education Scotland. (2017). *Nurture, Adverse Childhood Experiences and Trauma informed practice: Making the links between these approaches.* Retrieved from https://education.gov.scot/improvement/Documents/inc83-making-the-links-nurture-ACES-and-trauma.pdf

Esch, P., Bocquet, V., Pull, C., Couffignal, S., Lehnert, T., Graas, M., . . . Ansseau, M. (2014). The Downward Spiral of Mental Disorders and Educational Attainment: A systematic review on early school leaving. *BMC Psychiatry, 14*. doi:10.1186/s12888-014-0237-4

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D., Spitz, A. M., Edwards, V., . . . Marks, J. S. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. *American Journal of Preventive Medicine, 14*(4), 245-298. doi:10.1016/S0749-3797(98)00017-8

Fonagy, P., Steele, M., Steele, H., Higgit, A., & Target, M. (1994). The Emanuel Miller Memorial Lecture 1992 The Theory and Practice of Resilience. *Journal of Child Psychology and Psychiatry, 35*(2), 231-257.

Ford, T., Parker, C., Salim, J., Goodman, R., Logan, S., & Henley, W. (2017). The Relationship between Exclusion and Mental Health: A secondary analysis of the British child and adolescent mental health surveys 2004 and 2007. *Psychological Medicine, 48*(4). doi:10.1017/S003329171700215X

Mental Health Foundation Scotland. (2016). *Mental Health in Scotland 2016: Fundamental facts.* Retrieved from www.mentalhealth.org.uk/sites/default/files/FF16%20Scotland.pdf

Plenty, S., & Mood, C. (2016). Money, Peers and Parents: Social and Economic Aspects of Inequality in Youth Wellbeing. *Journal of Youth and Adolescence, 45*, 1294-1308. doi:10.1007/s10964-016-0430-5

Scottish Association for Mental Health. (2017). *Going To Be All Right? A report on the mental health of young people in Scotland.* Retrieved from www.samh.org.uk/documents/Going_to_Be_All_Right_Jacki_Gordon_Report_2017.pdf

Scottish Government. (2017). *Included, Engaged and Involved Part 2: A positive approach to preventing and managing school exclusions.* Retrieved from https://www.gov.scot/Resource/0052/00521260.pdf

Scottish Government. (2017). *Mental Health Strategy 2017-2027.* Retrieved from www.gov.scot/Resource/0051/00516047.pdf

Scottish Youth Parliament. (2016). *Our Generation's Epidemic: Young people's awareness and experience of mental health information, support, and services.* Retrieved from https://tinyurl.com/Our-Generations-Epidemic

Sweeting, H., & Hunt, K. (2014). Adolescent socio-economic and school-based social status, health and well-being. *Social Science and Medicine, 121*, 39-47. Retrieved from https://doi.org/10.1016/j.socscimed.2014.09.037

The Nurture Group Network. (2006). *The Six Principles of Nurture*. Retrieved from The Nurture Group Network: https://nurturegroups.org/introducing-nurture/six-principles-nurture

World Health Organization. (2013). *Mental Health Action plan 2013-2020.* Retrieved from http://aps.who.int/iris/bitstream/handle/10665/89966/9789241506021_eng.pdf

APPENDIX 1: FLOWCHART OF CONCERN AND INTERVENTION

FOR ALL ACTIONS ENSURE CHILD IS FULLY INFORMED AND WHERE APPROPRIATE GIVES CONSENT TO THE SHARING OF THEIR INFORMATION.

Concern identified

Through discussion with the child/young person, observations of behaviour, or reports from others, there are concerns about a possible mental health difficulty. For example, low mood, anxiety, anger issues etc.

Wellbeing assessment

Usually undertaken by the child's named professional within school, e.g. head-teacher or guidance teacher. Use SHANARRI indicators/tool or similar to assess subjective wellbeing. This could be supplemented with the Strengths and Difficulties Questionnaire (SDQ).

Nature and level of concern - issues to consider

- Are there any urgent concerns, e.g. relating to self-harm/suicidal thoughts?

- What are the existing strengths and resources within the young person's world that could be drawn on? Look for exceptions to the problem, when is it better?

- Is there a need for more specialist assessment than I am able to provide?

- Is it appropriate to contact the child/young person's parent or caregiver and have I informed them that I will do this?

Wellbeing assessment suggests concerns are minor or existing supports are sufficient.

Need can be met through general support available.

Any relevant strategies/information for classroom teachers is passed on with young person's agreement.

Concerns passed onto parent/caregiver with child's knowledge (any age) and consent (if child is above 12).

Consideration given to prevention and early intervention, e.g. whole class/group supports within school.

Agree time period to check back with young person/revisit assessment to establish if further support is required.

Wellbeing assessment suggests additional support may be required to meet need

This could be through school-based interventions or through referral to specialist supports.

Consider whether a child's planning meeting should be called and a full My World Triangle assessment completed.

Invite relevant parties and parent/caregivers.

Consider what actions you can take, e.g. within school to support the child in the interim and on an ongoing basis.

Consider whether onward referral, e.g. to CAMHS or PMHW is appropriate and gather relevant information to support referral.

There are immediate concerns about wellbeing needs that require to be addressed

For example, you may have identified a risk of self-harm or suicide, or the young person may appear to be experiencing a mental health crisis requiring immediate support, e.g. suspected psychosis. You may have identified a child protection concern.

If concerns are around self-harm/suicidal thoughts, refer to NHS interagency guidance.

If psychosis is suspected contact CAMHS, or GP/Accident and Emergency if immediate medical advice is required.

If child protection concerns are apparent follow your establishment's procedure and contact your child protection officer. Link to Argyll & Bute's Child Protection Guidance here.