Mental Health is Everybody’s Business

Children and Young People’s Mental Health - A Handbook for Schools & other Agencies in Northamptonshire
How to use this resource

This resource is designed to be used to guide professionals’ thinking when considering how best to promote or intervene in children’s and young people’s mental health. It should be used in conjunction with consultation with other professionals who have complementary knowledge, skills and expertise. For ease of use, the term ‘pupils’ is often used to refer to ‘children and young people’. The term ‘parent’ is often used to refer to the main carer for the pupil.
A resource commissioned by the Countywide Child and Adolescent Mental Health Strategy, this handbook will help school staff and other support workers: -

- To understand more about the mental health of children and young people.
- To identify helpful approaches to promoting mental health at whole-school, class and individual levels.
- To think through how to helpfully intervene, when there are concerns about the mental health of a child or young person.
- To know who to consult about particular mental health concerns.
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>What is mental health? - an explanation of the terminology and why it’s important to know</td>
<td>4</td>
</tr>
<tr>
<td>2.</td>
<td>Introduction to working with children and young people’s mental health</td>
<td>6</td>
</tr>
<tr>
<td>3.</td>
<td>Who might be able to help? - flow-chart showing which other professionals to consult</td>
<td>8</td>
</tr>
<tr>
<td>4.</td>
<td>Who is most or least likely to have significant mental health needs and what might be the indicators?</td>
<td>9</td>
</tr>
<tr>
<td>5.</td>
<td>How can we work at a whole-school level to promote the mental health of all pupils at school?</td>
<td>12</td>
</tr>
<tr>
<td>6.</td>
<td>How can school staff and other professionals maintain good mental health?</td>
<td>14</td>
</tr>
<tr>
<td>7.</td>
<td>How can we help to meet the mental health needs of individual pupils at School Action?</td>
<td>15</td>
</tr>
<tr>
<td>8.</td>
<td>How can we help to meet the mental health needs of individual pupils at School Action Plus?</td>
<td>18</td>
</tr>
<tr>
<td>9.</td>
<td>How can we support pupils to enable them to maintain good mental health as they manage transitions?</td>
<td>20</td>
</tr>
<tr>
<td>10.</td>
<td>How can we meet the mental health needs of pupils who may have developmental disorders?</td>
<td>21</td>
</tr>
<tr>
<td>11.</td>
<td>Who are Child, Adolescent and Family Services and how can they become involved?</td>
<td>23</td>
</tr>
<tr>
<td>12.</td>
<td>How can the mental health of pupils be promoted when there are concerns about their parent’s mental health?</td>
<td>25</td>
</tr>
</tbody>
</table>

## Appendices

<table>
<thead>
<tr>
<th>Section</th>
<th>Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>How mentally healthy is our school? – An Audit tool</td>
<td>28</td>
</tr>
<tr>
<td>B</td>
<td>Strategies for Good Staff Mental Health</td>
<td>34</td>
</tr>
<tr>
<td>C</td>
<td>Key Telephone Contacts &amp; Websites</td>
<td>35</td>
</tr>
<tr>
<td>D</td>
<td>Useful Resources</td>
<td>40</td>
</tr>
</tbody>
</table>
Contributors

Mike Simons, Specialist Senior Educational Psychologist (Mental Health) - Children and Young People’s Service – Inclusion, Northamptonshire County Council
Cath Kitchen, Assistant Headteacher, Hospital & Outreach Education - Children and Young People’s Service – Inclusion, Northamptonshire County Council
John Fardon, Mental Health Teacher, - Children and Young People’s Service – Inclusion, Northamptonshire County Council
Julie Quincey, Senior Child and Adolescent Primary Mental Health Worker, Child, Adolescent and Family Services, Northamptonshire Healthcare Trust
Jan Pawlikowski, Senior Child and Adolescent Primary Mental Health Worker, Child, Adolescent and Family Services, Northampton General Hospital Trust.

Also, valuable contributions from:
James Pease, Consultant Child and Adolescent Psychiatrist Child, Adolescent and Family Services, Northamptonshire Healthcare Trust
Liz Cundy, Northamptonshire Healthy Schools Adviser, Northamptonshire Primary Care Trust. Nuala Waide, Lead Nurse for Child Protection, Northamptonshire Healthcare Trust
Mark Allenby, Child and Adolescent Primary Mental Health Worker, Child, Adolescent and Family Services, Northamptonshire Healthcare Trust

And many others who have contributed ideas and comments about the content of this Resource, including:
Judith Cattermole, Commissioner for Child & Adolescent Mental Health, Northamptonshire
Liz Saunders, Mental Health Teacher, - Children and Young People’s Service – Inclusion, Northamptonshire County Council
Tessa Parkinson, Curriculum Adviser, Northamptonshire Inspection & Advisory Service, Schools Service, Northamptonshire County Council
Dorsey Precht, Project Manager On-Track and IP11 Safeguarding, Children and Young People’s Service, Northamptonshire County Council
Angela Pratt, Adviser for Special Educational Needs, Northamptonshire Inspection & Advisory Service, Northamptonshire County Council
Alison Williams, Special Educational Needs Co-ordinator, Danetre School
Sue Cordwell, Co-ordinator for Corby Behaviour Improvement Programme/Excellence Cluster,
Lorraine Hirst, Development Officer - Extended Services Family Support, Northamptonshire County Council
Sarah Wickes, Community Psychiatric Nurse, Child, Adolescent and Family Services, Northamptonshire Healthcare Trust
Itai Nyamatore, Strategic Nurse Manager, Northamptonshire Primary Care Trust. Heather Anderson, School Nurse Manager, Northamptonshire Primary Care Trust.

Please note that for guidance about promoting and intervening in the mental health of children in early years settings, please consult ‘Including all Young Children in Northamptonshire (Northamptonshire County Council 2005).
Mental Health is Everybody’s business!

Children and young people’s mental health problems cannot be tackled in isolation. They usually manifest themselves in the school environment and experience suggests that parents often turn to teachers first for help with their child’s difficulties. The school is often the most appropriate place to provide support for these pupils. This is because schools will have already built-up a relationship with the pupil. Not all mental health needs require specialist services and many can be met in the school environment. Often issues caught early prevent the difficulties worsening and hence, prevent the need for specialist services to become involved.

Recent guidance from the government, as set out in the National Service Framework for Children, Young People and Maternity Services (2004) introduced the terms Comprehensive CAMHS (Child & Adolescent Mental Health Service) and Specialist CAMHS. Comprehensive CAMHS relates to all professionals and voluntary workers who come in contact with children, young people and their families. Specialist CAMHS relates to professionals within CAFS (Child, Adolescent and Family Services) coming into contact with children who need intensive help and support, often because of complex situations or severe or persistent problems.

About as well as most people of my age and ability.
Family Service), which includes the Child & Adolescent Primary Mental Health Workers who work in partnership with others, including Educational Psychologists and Mental Health Teachers.

NB CAMHS is a nationally used term. Locally the specialist CAMHS is known as CAFS.

This means that mental health is everybody’s business

While teachers may not have specialised training in mental health issues, their contact and work with children and young people will mean that they will have an important role to play in the early recognition of any mental health difficulties in order to intervene, influence and improve their emotional or mental health. School staff are often the first people to notice when a child/young person is having difficulties. They can make a huge difference in a young person’s life and are best placed of all professionals to notice the early signs of emotional or mental health difficulties. Whatever the level of a pupil’s mental health, school staff are already heavily involved in impacting on the mental health of their pupils as an integral part of the educational process.

The DfES, “Promoting Children’s Mental Health within Early Years and School Settings” (2001) document also makes it clear that schools can make a difference to children’s and young people’s mental health. It outlines aspects of whole school organisation that can provide important conditions for promoting mental health. These ways to promote mental health at a whole-school level are presented in Section 5.

The National Curriculum (2000) Inclusion Statement makes it clear that all teachers are involved in overcoming potential barriers to learning for their pupils: mental health difficulties can constitute a potential barrier.

MENTAL HEALTH IS EVERYBODY’S BUSINESS

Teachers who actively promote the mental health of their pupils will directly contribute to the raising of academic standards.

Recognition and intervention

Recognising when a pupil is experiencing mental health difficulties is not always easy. However, with the necessary knowledge, understanding and support, teachers can function as the ‘front line’ of identification and as a vital support to the pupil. Where necessary they can involve other specialist services. As part of their pastoral role, teachers should be alert to signs of mental health difficulties and be aware of the complex range of factors that may be involved. Knowing what factors may make a pupil more at risk of developing a mental health difficulty is helpful, as well as an understanding of protective factors that may prevent the mental health difficulties becoming more complicated.

This handbook is designed to be a tool to raise awareness and understanding of mental health problems experienced by children and young people. However, accessing training on these issues, seeking consultation or interagency collaboration are key strategies in improving skills and knowledge in the recognition and intervention to alleviate potential mental health difficulties.

Some behaviours can be a child’s or young person’s solution to a problem

Children and young people who have emotional and mental health difficulties will almost certainly demonstrate this through either a change or an escalation in their behaviour. These behaviours can be internalised (e.g. anxiety, withdrawal, social isolation, depression) or externalised (e.g. defiance, out of character or risky behaviour.)

If behaviour is seen as an expression of emotion rather than defiance against authority then one can begin to address the behaviour from a position of empathy and resolve situations more usefully.

Children’s and young people’s mental health can also be affected if they have a diagnosed or undiagnosed developmental disorder. If this is the case, then their difficulties may be consistent over time but also become exacerbated by change or extra pressure. In section 10 of this resource we have provided an over view of developmental disorders to aid school staff in the early recognition of these difficulties. Information about other common mental health conditions can be found in books in the Useful resources list in Appendix D.

In the next section, we will examine some of the behaviours that can let you know a pupil is struggling with their emotions and may be developing a mental health difficulty.

Mental health is everybody’s business!

Feelings, thoughts and behaviour play a powerful role in promoting or hindering learning.
SECTION 2

Introduction to working with children and young people’s mental health

This handbook is the result of a major collaboration between Northamptonshire Education and Health services involving a wide consultation with many other agencies. This handbook represents a strongly held belief that:

Mental Health is Everybody’s Business

School is a major element of almost every child and young person’s life, and is therefore a logical location for mental health promotion, recognition and intervention in a non-stigmatising and accessible way.

Educational settings are the universal service through which preventative mental health initiatives and interventions can be delivered. The prevalence of mental health difficulties within our society means that all schools will have pupils experiencing mental health problems. Therefore, each school needs to develop the necessary skills and resources to meet these needs, with support from outside agencies.

This handbook can be used by school staff and any professional working with children, young people and their families, who wish to have a better knowledge and understanding of mental health issues and therefore improve promotion, recognition and interventions with children, young people and their families.

Good mental health is the vital underpinning to achieving all of the 5 outcomes as laid out in Every Child Matters: -

- Being Healthy: enjoying good physical and mental health and living a healthy lifestyle.
- Staying Safe: being protected from harm and neglect.
- Enjoying and Achieving: getting the most out of life and developing the skills for adulthood.
- Making a positive Contribution: being involved with the community and society and not engaging in anti-social or offending behaviour.
- Economic Well-being: not being prevented by economic disadvantage from achieving their full potential in life.

The local multi-agency Child and Adolescent Mental Health Strategy supported by the Children and Young People’s Partnership Board recognises the importance of any multi-agency initiatives which promote child and adolescent mental health and have suggested that the following key messages underpin all aspects of the strategy: -

- Positive mental health is essential to achieving the 5 outcomes in Every Child Matters for all
- Mental Health is everybody’s business
- Feelings are important to children, young people and adults and affect thinking, learning and behaviour.
• Some behaviours can be a child or young person’s solution to a problem
• Children, young people and adults need to know when and where they can go to seek help
• Children, young people and adults have a right to be listened to, valued and understood within respectful relationships
• Positive mental health is essential to achieving the 5 outcomes in Every Child Matters for all
• Mental Health is everybody’s business
• Feelings are important to children, young people and adults and affect thinking, learning and behaviour
• Some behaviours can be a child or young person’s solution to a problem
• Children and young people and adults need to know when and where they can go to seek help
• Children, young people whose disability, ethnic background, religious beliefs, culture, life-style and/or linguistic needs may pose an additional barrier in accessing the usual support systems, require particular consideration when identifying ways to promote and intervene in their mental health.

This handbook attempts to be part of this underpinning that will promote mentally healthy schools that in turn promotes the mental health of children, young people and their families.

Many children and young people experience some form of mental health problem or distress. Indeed 10% of all 5-15 year-olds have a diagnosable mental health disorder. The complex nature and effects of mental health disorders on individuals can affect their ability to concentrate, to participate in class discussions or to ask for help when in difficulty. It can also affect their ability to interact socially and to absorb new information, thereby impairing functional development.

We envisage this handbook being used by all members of comprehensive CAMHS because

MENTAL HEALTH IS EVERYBODY’S BUSINESS!
SECTION 3

Who might be able to help?
Flow-Chart showing from which other professionals to seek advice and/or consultation (see also section 8).

**Gather information - School Action**

**Family/home focus:**
Concern

**School focus:**
Where concern constitutes a barrier to learning and/or impacts on social/emotional development in school

Seek advice from:
- SENCO
- Education Welfare Officer
- C&APMHW (Child & Adolescent Primary Mental Health Worker)
- School Nurse
- Community Paediatrician
- Connexions (PA – if pupil is 13)
- Speech and Language Therapist
- Educational Psychologist
- Mental Health Teacher
- BACIN (Behaviour & Curriculum Inclusion)
- Hospital and Outreach
- Race Equality Team (RET)
- SN-IP (Special Needs Involving Parents)

Plan
- Provision Map?
- Pastoral Support Plan?
- Individual Education Plan?

Review

**Increased level of concern that requires expertise and perspective from beyond school**

**School Action Plus**
Where concern relates to...

**Concern**

- Child in need/ Danger of Significant Harm?

Consultation with Designated Teacher for Child Protection

Referral to Children and Young People’s Service - Safeguarding

Consult/seek advice from:
- C&APMHW – mental health
- C&YPS - Safeguarding and Disabilities teams
- Community Police
- School Nurse
- NYPDS – (Northamptonshire Young people’s Drugs Service)
- Health Visitor

Facilitate access to Family Support Teams via C&YPS social work Referral Team or other community support services.

**Liaise and plan as appropriate**

**Welfare/attendance**

Seek Active Involvement from...

- Education Welfare Officer
- C&YPS - Safeguarding

Medical

- Community Paediatrician
- School Nurse
- Hospital Outreach Education

**Learning/social/Emotional/behaviour Development issues**

Seek Active Involvement from...

- Educational Psychologist
- BACIN
- Hospital Outreach Education
- Race Equality Team (RET)
- Speech and Language
- School Nurse

Where appropriate, outside agencies can also consult with Child & Adolescent Primary Mental Health Worker (CA-PMHW) who can advise on signposting and/or referral to Child, Adolescent and Family Services (CAFS).
SECTION 4

Who is most or least likely to have significant mental health needs and what might be the indicators?

Protective & Risk Factors

The table on the next page shows the protective factors that can make it more likely for a pupil to deal with adversity while maintaining good mental health. The risk factors indicate the greater likelihood of a pupil finding it hard to maintain good mental health. The greater the number of risk factors and fewer protective factors, the more likely a pupil is to have a mental health difficulty.

The balance of risk and protective factors can affect pupils’ coping skills and their emotional well-being. However, this balance can be changed and resilience can be enhanced by providing appropriate resources and experiences. These coping skills can be taught and learnt.

MENTAL HEALTH IS EVERYBODY’S BUSINESS!

All adults can make a positive difference to the children and young people whom they have contact with.
### Protective Factors

#### Family Factors

**Child**
- High self-esteem
- Good problem solving skills
- Easy temperament
- Able to love and feel loved
- Secure early attachments
- Good sense of humour
- A love of learning
- Being female
- Good communication skills
- Belief in something bigger than the self
- Having close friends

**Parents**
- High self-esteem
- Warm relationship between adults
- High marital satisfaction
- Good communication skills
- Good sense of humour
- Capable of demonstrating unconditional love
- Set developmentally appropriate goals for their child
- Provide accurate feedback to their child
- Uses firm & consistent but loving boundaries

#### Environmental Factors

**School**
- School
- Caring ethos
- Students treated as individuals
- Warm relationships between staff and pupils
- Positive relationships between parents and school staff
- Delivery of a comprehensive PHSE curriculum
- Effectively written and implemented behaviour, anti-bullying, pastoral policies
- Accurate assessment of special needs, with appropriate provision

**Housing and community**
- Permanent home base
- Adequate levels of food and basic needs
- Access to leisure and other social amenities
- Low fear of crime
- Low level of drug use in the community
- Strong links between members of the community

### Risk Factors

#### Family Factors

**Child**
- Low self-esteem
- Few problem solving skills
- Difficult temperament
- Unloving and reject love from others
- Difficult early attachment
- Tendency to see things literally
- Fear of failure
- Genetic vulnerability
- Being male
- Poor communication skills
- Self-centred thinking
- Rejected/isolated from peer group

**Parents**
- Low self-esteem
- Violence or unresolved conflict between adults
- Low marital satisfaction
- High criticism/low warmth interactions
- Conditional love
- Excessively high or low goals set for their child
- Physical, emotional or sexual abuse
- Neglect of their child’s basic needs
- Inconsistent or inaccurate feedback for their child
- Parents with drug or alcohol problems
- Parental mental health problems
- Large family size
- Socio-economic deprivation / unemployment

#### Environmental Factors

**School**
- Excessively low or high demands placed on pupils
- Student body treated as a single unit
- Distance maintained between staff and pupils
- Absent or conflictual relationships between parents and school staff
- Low emphasis on delivering a PHSE curriculum
- Unclear or inconsistent policies and practice for behaviour bullying and pastoral care
- Ignoring or rejecting special needs

**Housing and community**
- Homelessness
- Inadequate provision of basic needs
- Little or no access to leisure and other social amenities
- High fear of crime
- High levels of drug use
- Social isolated communities

What behaviours might indicate mental health difficulties?

When considering a pupil’s mental health, there is always a need to question whether there are grounds for considering that this is a ‘child in need’ and/or in ‘danger of significant harm’. Where there are these grounds for concern then the school’s child protection procedures should be followed.

Below is a list of common behaviours that a pupil with mental health difficulties may present with. This list can be a useful aide memoir to school staff and others in considering the pupil’s needs.

- Little pleasure shown at a time when pleasure would be expected
- Being clingy or demanding in school, tearful
- Regression to younger behaviour
- Becoming bossy or over controlling
- Self-harming behaviour
- Becoming withdrawn
- Loss of previously acquired skills
- Substance abuse
- Sudden changes of behaviour, mood or appearance
- Concentration problems
- Relationship difficulties
- Niggly, persistent health complaints with no clear cause
- Problems with losing/gaining weight
- Problems with toilet training or wetting/soiling inappropriate to age or medical issues
- Not very responsive to hurt, loss or pleasure
- Raised or unusual levels of anxiety
- Fighting frequently, temper outbursts
- Deterioration in standards of work
- Insisting on initiating sexual play
- Obsessive ritualistic play
- Destructive of others and own property
- Loss of interest and/or energy
- Disturbed sleep, fatigue, bad dreams
- Feeling worthless, lacking pride

Many of these behaviours could be considered ‘normal reactions’ to transitions, major life events and the anniversary of these events.

However, some children and young people may need support if:
- these behaviours persist over time (i.e. longer than would normally be expected)
- there are a number of risk factors already present
- their behaviours have become a barrier to their learning or the learning of others.
- their behaviours are inhibiting their quality of life

MENTAL HEALTH IS EVERYBODY’S BUSINESS!
All adults can make a positive difference to the children and young people whom they have contact with.
SECTION 5

How can we work at a Whole School level to promote the mental health of all pupils at school?

It has become increasingly recognised that schools themselves can make a difference to all their pupils’ mental health by being effective in establishing and enacting a caring ethos. In European-wide reviews of the relevant literature, the 4 main factors about schools that are key to them being mental health promoting are as follows:

1. Relationships
2. Participation
3. Autonomy
4. Clarity

These factors involve policy and practice related to all members of the school community as follows:

1. Relationships, especially between pupils, between staff and between staff and pupils that:
   - Are caring, warm, supportive
   - Show empathy, genuineness, respect or acceptance
   - Involve listening to words & feelings: so the pupil feels understood.
   - Model and teach assertive skills, emotional literacy, social skills, friendship skills, conflict resolution

2. Participation, for pupils, staff and parents, involving:
   - Open communication
   - Bottom-up, democratic approach to decision-making: e.g. School Council
   - Peer mentoring / Peer counselling: providing role models & responsibility
   - Inclusion of pupils with Special Educational Needs
   - Working with community & other agencies

3. Autonomy, i.e. for pupils and staff to have a greater degree and sense of being in charge of their own work [with limits] through:
   - enabling staff to decide how to teach and fulfil other responsibilities.
   - encouraging pupils to be responsible for themselves through having high expectations, modelling, enabling them to perform tasks first with help and then with increasingly reduced monitoring.
   - By seeking pupils’ views about what aspects / levels of work they want to study.

4. Clarity
   - All teachers, especially the Headteacher show clear leadership
   - Clear rules and rule enforcement are in place
   - Boundaries of behaviour are set in a positive way: especially for containing anxieties associated with transitions e.g. between classes
   - Appropriate professional boundaries are maintained between staff and pupils
   - Positive expectations & positive ethos are in place
   - Support networks are in place for pupils, staff, parents in schools

Schemes for Supporting Whole School Approaches

There are three main vehicles that are currently supporting schools in developing their whole-school practice in promoting pupils’ mental health.
National Healthy Schools Programme (NHSP)

The NHSP provides a framework for developing policy and practice in order to promote the health and well-being of its pupils and staff through a well-planned, taught curriculum in a physical and emotional environment that promotes learning and healthy lifestyle choices. Specifically, schools are invited to develop practice in 4 interlinked themes, these being:

- personal social and health education,
- emotional health and well-being (including anti-bullying),
- healthy eating
- physical activity

By working through the NHSP themes and achieving externally accredited National Healthy School’s Status, schools can ensure that best practice is being developed in order to achieve a variety of mental health related aims including: promoting positive emotional health and well-being, social inclusion, reducing bullying and drug use and raising pupil achievement.

To find-out how your school can achieve National Healthy Schools Status, please contact the Northamptonshire Healthy Schools Development Team. (Please see Appendix D for contact details).

Social and Emotional Aspects of Learning (SEAL) For Primary Schools

SEAL offers a whole-curriculum framework for teaching social, emotional and behavioural skills to all children and is organised into seven themes which can be covered within a school year:

- New Beginnings
- Getting on and falling out
- Bullying
- Going for goals!
- Good to be me
- Relationships
- Changes

Each theme is designed for a whole-school approach and includes an overview, assembly and suggested follow-up activities in all areas of the curriculum. The colour-coded resources are organised at four levels: Foundation Stage, Years 1 and 2, Years 3 and 4 and Years 5 and 6. Pupil reference material and photocopiable teacher reference material accompany each theme. The ideas are revisited yearly, so that by Year 6 a child who entered the school at Foundation Stage will have experienced each theme at the appropriate level each year. There are also materials designed for use with staff and parents.

The SEAL resource is intended to build on the effective work that many schools and settings are already doing to develop social, emotional and behavioural skills, and can be used flexibly. Some schools for example may choose to address social, emotional and behavioural skills through core and Foundation subjects, others through circle time or the framework of the National Healthy School Standard. Links to PSHE/NHSP and to other whole-school initiatives are suggested throughout the materials.

For information about local support available for the effective use of SEAL, please contact your link EP or via the NCC intranet.

Social and Behavioural Skills (SEBS) for Secondary Schools

As part of the Key Stage 3 National Strategy for Behaviour and Attendance, the DfES is in the process of publishing various materials on developing a whole school approach. See especially the DfES Improving Behaviour in Schools website www.dfes.gov.uk/ibis

Bright Futures for All

The Mental Health Foundation has produced a well-trialled pack for enabling schools to audit and then develop to become a more mentally healthy school. See appendix A for an audit tool to explore ‘How Mentally Healthy is Our School?’

Mental Health is Everybody’s Business - 2007 13
SECTION 6

How can school staff and other professionals maintain good mental health?

Staff mental health or Emotional Health and Well-being (EHWB) has an impact on pupil mental health or EHWB and the health of the school environment as a whole. An effective staff health and well-being programme will build on the feelings and experiences of all those working in the school community and will involve all staff in the process. It is crucial that all staff is engaged to ensure equal opportunities and that the health and well-being reaches the whole school community. Ways of achieving this might include:

• Consulting all staff through the use of questionnaires to find out their views and feelings (e.g. from the National Health Schools Standard or Teachers Support Network).
• Involving all staff in discussions about rights, responsibilities and the kinds of interventions they want.
• Building specific programmes for staff with specific roles and needs, e.g. administrative and caretaking staff, newly qualified teachers, managers and so on.

The success of such activities can be tracked through evaluation and audits and they should be supported by good communication, appropriate confidentiality and clarity of roles.

Senior management commitment to this process is essential, and success is more easily guaranteed where health and well-being strategies are part of ongoing school development and planning process. This ensures that they are costed, resourced, scheduled and evaluated. Ways of achieving this might include:

• Ensuring that school development plans always include a strand on staff health and well-being.
• Ensuring that health and well-being is a regular standing item at Senior Management and Governor meetings.

Of course, staff who spend significant amounts of time supporting pupils and their families with mental health difficulties, are in particular need of support for their own mental health or emotional well-being. It is therefore important to build-in to their work regular identified opportunities for supportive supervision from a colleague or from an external professional. C&APMHWs, Educational Psychologists or Mental Health Teachers would be able to advise on the setting-up of effectively supportive supervision. Finally, in Appendix B 27 Strategies for Good Staff Mental Health are identified. Information can also be found on the Health and Safety Executive Website www.hse.gov.uk and the Teacher Support Network www.teachersupport.info or helpline: 08000 562 561.
SECTION 7

How can we help to meet the mental health needs of individual pupils at School Action?

Support for Pupils who may have mental health difficulties and hence, have Special Educational Needs (SENs), at School Action.

Where teachers have a concern about the mental health of one of their pupils they will need to gather further information in accordance with the SEN Code of Practice, by discussion with other colleagues, including the school’s SENCO and/or pastoral staff and the pupil’s family. School staff can also seek consultation with the local Child and Adolescent Primary Mental Health Worker (C&APMHW) and Mental Health Teacher or Link Educational Psychologist from Children and Young People’s Service – Inclusion (C&YPS-I). If an outside agency is already involved, then the pupil should be considered to be at School Action plus (see section 8).

An important question to ask is whether there are grounds for considering that this is a ‘child in need’ and/or in ‘danger of significant harm’. If this is a concern, then the school’s child protection procedures should be followed. Consultation with the school designated teacher for child protection is usually the first step, then further consultation can be sought from the Northamptonshire Review and Conference Service who provide independent advice on child in need/protection matters (see Appendix C for contact details). NSPCC is another agency that can give confidential advice to professionals about such concerns. If there is an immediate threat to the child’s safety, then the Police would need to be contacted.

Teachers will also need to make a judgement about the impact of the mental health concerns upon the pupil’s learning and social and emotional development. If you consider the difficulties constitute a barrier to learning, despite the provision of differentiated learning opportunities and/or appropriate behaviour management strategies, then it would be appropriate for the school to make individual support arrangements. These will need to be planned by the school’s SENCO in consultation with family and pupil in line with the graduated approach outlined within the Code of Practice for Special Educational Needs.

This judgement might also need to take account of possible school issues which may be contributing to the concern. These could include:-

- teaching and learning styles
- classroom organisation and management
- peer groupings
- relationships
- organisation of the school outside the classroom
- culture
- ethnicity
- gender etc.

For pupils aged 13 and over, the Connexions Service will have a role in providing guidance and support with a particular focus on those young people who are at greatest risk of not making a successful transition to adult life. Where there are concerns about an individual pupil’s mental health, it would be appropriate to involve the young person’s Personal Advisor from the Connexions Service in discussions about planning for the future: this may constitute School Action Plus.
The school nurse is another useful person to consult with and she/he can meet with the pupil to provide confidential advice on mental health issues, sexual health issues and generalised health problems. The school nurses are supported by the C&A-PMHW teams, and are ideally placed to assess whether a young person requires input from a specialist CAMHS worker.

Many secondary schools have a multi-agency drop in. This is a place where the young person can receive input and support from school nurse, counselling services, Bodywise and other associated professionals.

Where the concern about an individual pupil’s mental health is centred within the family/home context, this will almost certainly constitute a barrier to learning and will impact upon the pupil’s social and emotional development in school. It is appropriate at this stage to advise the family of community agencies that can be supportive to them in this situation, such as:

- Voluntary agencies such as Relate or Young Carers
- The Family Mediation Service
- Youth Information and Counselling Services
- C&YPS-Safeguarding
- GP
- Child, Adolescent and Family Services [please see later re when referral is appropriate]

Good practice necessitates that outside agencies, where parental and/or young person consent has been gained, liaise with the school about their involvement in order to enable a co-ordinated approach to meeting the family’s needs.

**Informal forms of Support**

Teachers and support staff are well placed to offer informal support to a pupil struggling with their emotional or mental health. These could include:

- Be more tolerant and accepting.
- Maintain your normal routines and care for the pupil.
- Avoid drawing attention of others to the pupil’s difficulties by instead using low key and more private interventions.
- Make opportunities to chat or just be around.
- Ask them how they would like you to help them.
- Explain limits of confidentiality. Their safety is paramount and this may involve having to liaise with others.
- Enable the pupil to express their thoughts and feelings by asking open ended questions: e.g. ‘How are things?’
- Enable pupil who may be distressed to use drawings, or diagrams to communicate their thoughts and feelings: which remove the pressure of 1:1 talking with an adult.
- Use reflective listening and/or summarise to provide perspective.
- Talk about exceptions and past solutions, help pupil to identify own coping skills and strengths.
- If appropriate, advise them to maintain their routines, eat normally, take physical exercise, be with friends and family, maintain interests and pastimes, find self expression in music, art, etc.
- Help and encourage the pupil to have positive experiences as part of their learning and activities in school.
- Encourage them to talk to their family and friends, provide information about youth counselling and other forms of community support.
- Ask the pupil to identify 5 individuals as part of a support network who they feel they could approach.
• Knowing what to say is less important than being able to listen in a sympathetic and supportive manner.

• Offer the pupil a future time-slot to talk-again, as well as an ‘emergency’ plan if he/she needs to talk again at short notice.

• More formal forms of support could include:

• An individual education plan or pastoral support plan to address barriers to learning and/or social and emotional development

• Discussion of concerns with family, consult over arrangements, establish joint working

• Changes to peer groupings, classroom organisation/teaching approaches

• Arrangements to support learning

• Agreeing with the pupil to undertake more detailed assessment of school-based problems.

• Arrangements to manage emotional distress, e.g. time out, sanctuary/modified timetable, etc

• Arrangements to promote positive behaviour/planned arrangements for inappropriate behaviour

• Strategies to raise self esteem

• Providing regular opportunities to discuss issues/concerns with a supportive adult

• Peer support programmes e.g. Circle of Friends

• Arrangements to enable self monitoring, self evaluation and goal setting

• Advocacy, advice and support

• Arrangements to differentiate learning outcomes/modify curriculum

• Strategies to improve/teach relationship skills, personal social skills

• Involving the pupil in plans

• Nurture Groups/experiences

• Mentoring

• Regular review and evaluation of plans, further planning in consultation with family and pupil

If schools discover that outside professionals from health or social services are already involved with the pupil, then by definition, the pupil is at School Action Plus. Equally, where the family is seeking or receiving support from outside agencies alongside school support, this should also be considered to be School Action Plus.
SECTION 8

How can we help to meet the mental health needs of individual pupils at School Action Plus?

Teachers may continue to have concerns about the mental health of the pupil and review of the IEP may indicate one or more of the following:

- little or no progress has been made over a long period;
- emotional or behavioural difficulties substantially and regularly interfere with the pupil’s own learning or that of the class group;
- ongoing communication or interaction difficulties impede the development of social relationships and cause substantial barriers to learning (See SEN COP 2001 chapter 5).b
- In this circumstance, where School Action is no longer sufficient, the school should consider involvement of outside agencies. This decision should be made in conjunction with family, SENCo and/or pastoral care colleagues, after an evaluation of the IEP.

Which outside agency?

It is appropriate to request a consultation with the Mental Health Teacher and/or Educational Psychologist from C&YPS-I, when the concern is centred within a school context and is judged to be impacting upon one or more of the following:

- the pupil’s learning
- the pupil’s social and emotional development
- the pupil’s behaviour

School staff can also request consultation from their Child & Adolescent Primary Mental Health Worker (C&A-PMHW) who can give a further perspective regarding the pupil’s needs.

Where appropriate, with the consent of the family, referral to CAFS can be made by:

- School Nurse / Health Visitor
- Community Paediatrician
- GP, hospital consultant or senior nurse within acute and community settings
- Educational Welfare Officer
- Specialist Mental Health Teacher
- Educational Psychologist
- Behaviour & Curriculum Inclusion worker
- Social Worker
- Connexions worker

We advise strongly that the above professionals consult with their Child and Adolescent PMHW before referring to ensure it is an appropriate referral to CAFS. This will reduce families being bounced back and forth between services. The referral will need to include their professional assessment of the pupil and information about the mental health concerns and their context.

[The countywide Referrals and Access Policy for CAFS does not allow direct referral from school staff].

When would it be appropriate for schools to involve a GP?

Where the concern is associated with a medical condition (such as diabetes or epilepsy) or centred within the family/home context and involves issues to do with mental health, then it would be appropriate to consult first with the School Nurse or the PMHW to see if a referral to CAFS is appropriate. If the mental health problem is of urgent concern e.g. hearing voices/psychosis, eating disorder, self harm, suicidal, then the family should be advised to make an urgent appointment with their GP. If the School Nurse is available on the day the concern is raised she can assist in this process.

Where the concern was about attendance or welfare issues, then it would be appropriate to request the involvement of the Education Welfare Officer (EWO) from C&YPS-I. Where appropriate,
Education Welfare Officers can make a referral to CAFS including referral information as above. If the concerns relate to anxiety, then the guidelines in ‘Anxiety- Tackling It Together (NCC 2006) should be followed.

Directing families to the GP for referral to CAFS should only apply where serious mental health concerns are an issue such as suspected eating disorder, self-harm or other serious mental health conditions.

When it is appropriate to advise a family to seek help from a GP, it is advisable that school staff provide the family with written information describing evidence-based concerns both at home and at school, that can be included with the GP referral letter.

Where school refusal or other school-based issues e.g. bullying are the main concern, it would not be appropriate for the family to be told to attend their GP for a referral to CAFS. This is because the GP will not hold the necessary information required by CAFS. This is more likely to be held by the EWO in conjunction with the SENCo or pastoral care head. Also, school support services from C&YPS-I are best placed to help address these issues.

Where the concern also involves issues to do with access and support in terms of language and culture, then it would be appropriate to request the involvement of the Race Equality Team (RET) from C&YPS-I. If translation or interpretation is required, the Community Access and Language Service (CALS) should be contacted [this can be done via the RET]. If the pupil is of refugee status, then it would also be appropriate to request the involvement of the RET refugees co-ordinator.

School staff can also consider referring pupils with emotional issues to their School Nurse who can provide a listening ear and some therapeutic interventions. Where the concern is also about medical issues, it is appropriate to request the involvement of the School Nurse/ Community Paediatricians attached to the school.

How outside agencies will work with schools

Professionals from any outside agency need to access information that has been gathered by school e.g. support arrangements and other information from the IEP or PSP and any outcomes.

On the basis of this information, they will be able to offer consultation to the school and family. The outcomes from this can be incorporated into the IEP or PSP. They may also provide additional specialist assessment that can inform planning and reviewing of the pupil’s progress.

For cases where there is a focus on both the school and home settings, it is likely that there will need to be careful joint planning and liaison between outside agencies, the school and the family. The sharing of information, however, is dependent upon parental and/or the young person’s consent. Joint work between professionals from external agencies and schools could include liaison, consultation, network meeting or individual assessment, including pupil observation.

School Action Plus reviews organised by the school can be the appropriate context for joint planning involving the school. But sometimes, a specific network meeting is needed for pupils with more complex needs to establish a shared understanding of their needs and provision. Any agency can call a network meeting, but it is appropriate for the school SENCo to arrange it, ensuring that the most relevant people are invited and enabled to attend.

There may be other cases where concerns are centred within the family/home setting without the school being aware. The school may nevertheless be asked to work with an external agency in order to address issues that require co-ordinated working between school and home. Where the school is being asked to work in this way, then this should be considered as work at School Action Plus.
SECTION 9

How can we support pupils to enable them to maintain good mental health as they manage transitions?

The transfer from one school to another can be a challenging time for some young people.

Previous research has shown that most pupils making the transition have considerable anxieties about the changes but also often have positive anticipations about new opportunities, so negotiate the transition successfully. But for vulnerable children and young people, the new standard of expected behaviour, and social pressures to conform within the secondary school environment can cause problems.

Some suggested interventions to aid transitions:

- Clearly written handbook in appropriate language
- Interactive school website featuring interviews with pupils, sample lessons of different subjects, virtual tours of the school, with e mail facility to ask questions
- Welcome sign and art work display in the entrance
- ‘Ask the panel’ – have the pupils who are transferring write a list of questions they would like answered and invite a panel of pupils from the new school in to answer the questions
- orientation programmes during the school year
- keep parents informed – give them advice and support on how they can assist in their child’s adaptation to the new environment.
- Parent information points
- teach positive coping skills
- use of peer mentoring or buddy programmes
- Invite pupils to attend lessons such as science over the year preceding transition
- Student produced magazine for new pupils

How to identify those at risk at transition time – examples of good practice

- Liaise with feeder schools. Arrange a network meeting with relevant agencies to share information and plan for integration. Good joint working between agencies is at the heart of effective planning and provision for individual pupils.
- Schools have a transition team who plan and support transitions by acknowledging concerns and creating a sense of belonging in the new environment
- Identify those at risk during transition (see checklist) and teach Protective Behaviours in small groups
- For pupils on the Autistic Spectrum Disorder, refer to the county council guide: ‘Moving on - Changing Classes or Schools: Guidelines for pupils with ASD’.
- Monitor identified pupils over their first year. Be vigilant for early warning signs such as changes of mood or behaviour and fall in attendance.

Questions to ask to assess if a pupil may be a risk of disaffection or becoming anxious about attending school:

- Do they have low self esteem?
- Is their attendance generally poor?
- Are there any attachment issues?
- Are there any concerns over parental mental health or parenting capacity?
- Have they recently had a change of residence?
- Does the young person have other conditions e.g. learning difficulties, ASD, ADHD, EBD [see next section]?
- Are there any child protection concerns – domestic violence, alcohol, drugs?
- Are there any other agencies involved with the pupil or family?
- Are there any concerns about relationships with peers, staff or within the family?
- Do parents have any concerns or anxieties about the transition?
SECTION 10

How can we meet the mental health needs of pupils who may have developmental disorders?

Common Developmental disorders include:

Autistic Spectrum Disorders (ASD), Aspergers Syndrome.
Attention Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder ADHD)
Dyslexia, specific learning disorders
Specific language disorders
Developmental Co-ordination Difficulties (also known as Dyspraxia)
Tourettes Syndrome, Tic Disorders

The term “developmental disorder” is used to describe problems arising from slow or abnormal development of an individual’s nervous system, particularly their brain control systems. For many of these disorders, there is a strong genetic component to their cause (e.g. dyslexia, ADHD). Some are lifelong (e.g. Aspergers), whilst some are sometimes outgrown as the brain matures (e.g. some ADHD).

Most of these disorders do not have simple medical diagnostic tests; diagnosis is made on the basis of the pattern of skills, lack of skills and behaviour. This obviously means that lots of other goings on in a pupil’s life will affect some of the same skills and behaviour, making assessment quite complex.

Some people question the usefulness of “diagnosis” or labelling when what is being considered is one extreme of a normal range of skills or behaviour. Some years ago, disorders such as ADHD and Aspergers were seen as either present or absent. Recently there has been increasing recognition that most of the skills and behaviours involved fall on a continuum, albeit often at the extreme end of a continuum. Special needs teaching experts are clear that making these diagnoses has the potential to greatly increase the pupil’s chances of remaining included and reaching their true potential. One reason for this is that a diagnosis enables teachers and parents to access a substantial body of knowledge that now exists on how to respond to these pupils’ needs in order to maximise their progress.

Commonly, children’s developmental disorders are only recognised in the pre-school years when they are either severe (autism) or fail to develop a skill (language delay). Many more problems only become clear when a child or young person has to acquire more sophisticated skills (e.g. reading and friendships), or when his/her progress, is compared to other pupils of the same age and background. Teachers are in a strong position to recognise these problems early, monitor them and to assess them further.
Does this recognition help the pupil? These disorders occur independently of a pupil’s intelligence. Many of these pupils feel enormous frustration and an overwhelming sense of failure at not being able to do what their peers seem to find easy. Unfortunately, other pupils may use their problems as ammunition for teasing and bullying, so making his/her experience much worse. Low self esteem is an almost universal secondary problem. As the pupil matures, this may evolve into withdrawal or depression or creating a smoke screen to hide their problems by joining the ‘trouble makers’. Early recognition and early intervention stand the best chance of preventing these poor outcomes and enhancing good mental health.

Does recognition help the class teacher? We think so. Understanding more about the strengths and weaknesses that comprise a disorder, enables a teacher to analyse problem situations and devise simple classroom interventions. Where problems are not resolved by these interventions, more experienced school staff can advise (SENCO), or other agencies can be brought into to consult, assess and/or advise (Additional Needs Teachers, Educational Psychologists, CAFS). Increasingly, parents are also keen to share their concerns about their child having a developmental disorder and can be frustrated if this is not actively considered.

There are a range of assessment materials, (mainly check lists) to help gather evidence for a pupil’s pattern of strengths and weaknesses. These are not diagnostic but do help to focus attention on which areas need addressing. None of these development disorder diagnoses have value unless they are combined with the individual pupil’s own pattern of strengths and weaknesses, which in turn inform intervention plans.
Who are Child, Adolescent and Family Services and how can they become involved?

Child Adolescent and Family Services (CAFS) are the Specialist Child & Adolescent Mental Health Service provision for Northamptonshire. Their details are as follows:

**North CAFS**
- Clarendon House
- 10-12 Station Road
- Kettering
- Northants
- NN15 7HH

**South CAFS**
- Ken Stewart Family Centre
- Cliftonville
- Northampton
- NN1 5BE
- 01604 544530

8 Notre Dame Mews
Northampton
01604 604608

There are two CAFS services within Northamptonshire. The North CAFS team is based within Northamptonshire Healthcare NHS Trust. The South CAFS team is based within the Northampton General Hospital NHS Trust.

**Who are in the teams?**

A variety of professionals make up the team, including Child and Adolescent Psychiatrists, Clinical Psychologists, Clinical Nurse Specialists, Social Workers, Community Psychiatric Nurses, Occupational Therapists, Child and Family Therapists, administration staff, and trainees.

**Which area do they cover?**

The North CAFS team covers all families that live in Kettering, Corby, East Northants and Wellingborough; this includes the surrounding small towns and villages. Some families live on the borderlines of our area and it could be possible they would access specialist CAMHS teams in either Northamptonshire or Peterborough.

The South CAFS team covers Daventry, Towcester, Brackley, Deanshanger and Northampton and surrounding small towns and villages. Families living on the borders of these areas may also access CAMHS service in Banbury, Oxford or Milton Keynes.

**Who can refer to CAFS?**

- School Nurse / Health Visitor
- Community Paediatrician
- GP, hospital consultant or senior nurse within acute and community settings
- Educational Welfare Officer
- Specialist Mental health Teachers
- Educational Psychologist
- Behaviour & Curriculum Inclusion (BACIN) Team
- Social Workers
- Connexions workers

Each of these professionals will need to include their own professional assessment as part of their referral.

**What to do when you are not sure whether to refer to CAFS**

If you are not sure if a referral is appropriate for CAFS then you can contact your local Child and Adolescent Primary Mental Health Worker, as follows:

- North 01536 313850
- South School-Age 01604 544530
- South Early Years 01604 604608

Both services operate a Liaison Helpline, for professionals only, using the above telephone numbers.

**Who do CAFS see?**

We see children and young people (0-19) and their families.

**Types of conditions CAFS see are:**

- Psychotic illness/schizophrenia
- Deliberate self-harm
- Anxiety and depressive disorders
- Phobias / Obsessional compulsive disorder
- Child abuse survivors where mental issues are present
• Post traumatic stress disorder
• Overwhelming life events e.g. death or suicide of household member
• ADHD/Aspergers syndrome assessments
• Eating disorders
• Unresolved bereavement
• Substance misuse
• Oppositional/defiant behaviour
• Enduring emotional or behavioural disturbance
• Looked after children mental health assessment
• Assessment of attachment disorders
• Assessment of tic disorders (e.g., Tourettes Syndrome)
• Mental health opinion on school refusal where psychiatric disorder is suspected

CAFS cannot help with:

• School-based problems: this means that if the pupil’s problems are centred within school and not at home then Children & Young People’s Service – Inclusion would be the appropriate service.
• Children/adolescents with severe learning disabilities: these pupils can be referred to the countywide Learning Disabilities Service (criteria for entry are pupils with IQ of 70+)
• If the pupil’s needs are connected to “child protection” or “child in need issues” then the appropriate agency would be Children & Young People’s Service – Safeguarding.

What can family expect at a first appointment?

We start by assessing problems, across one or more appointments. The content of assessments varies, but is likely to include the following:

• A description of the kind of service we provide
• An explanation of confidentiality and its limits
• A discussion of the referred problem and background, recent changes and current events in the family
• A discussion of the family’s reasons for coming for treatment and ideas about dealing with problems
• Further appointments will be arranged if agreement can be reached about the kind of help that is needed and can be offered

What can the school expect when CAFS are involved with a child or young person?

• At the first appointment we may ask a family if we have permission to consult with professionals from School and/or Children & Young People’s Service - Inclusion. Without this permission no contact can be made with the school/C & YPS unless risk issues are evident. For many family/home-based issues, CAFS will not need to liaise with school. Parents, of course, have the option of liaising with school if they wish to.
• CAFS professionals may then decide to liaise with C&YPS and/or attend School Action Plus reviews and/or feedback directly to the school in order to share information that may be helpful for the pupil’s education.
• We may ask the school to complete some assessment questionnaires, for example, contributing to assessments of ADHD or Asperger’s Syndrome
• We may need to observe pupils in their school environment as part of an ongoing assessment. This would involve a member of our team observing the pupil in the classroom and play areas.

What kind of therapeutic approaches are used?

We assess families’ needs, and then decide on an appropriate therapy. Treatment approaches could include individual and/or family therapy. We also run a number of groups (e.g., parent groups, 9-12 yrs group, teenagers group).

Where do we see families?

North CAFS
Clarendon House, Kettering.
Isebrook Hospital, Wellingborough.
The Grange, Rushden Hospital.
Willowbrook Health Centre, Corby.
Oundle Health Centre.

South CAFS
Ken Stewart Family Centre, Northampton.
Notre Dame Mews, Northampton.
Health Centre, Brackley.
Health Centre, Danetre.
Health Centre, Towcester.

Information about the role and work of Children & Young People’s Service – Inclusion can be found within the NCC guidelines issued to schools: Children and Young People’s Service: A manual for SENCOs working in Primary and Secondary Settings.
SECTION 12

How can the mental health of pupils be promoted when there are concerns about their parent’s mental health?

It is helpful for key members of school staff to be aware of pupils who have or may have parents with mental health difficulties. Within the overall context of the school developing trust and partnership with parents, it is expected that school staff will receive such information directly from parents or via the link School Nurse (with parent consent) or from the forthcoming Common Assessment Framework initial assessment. Consideration should be given to whether such pupils need higher levels of support, especially for occasions where parent mental health needs become markedly increased. Hence, planning for relapses should be included in planning to support these pupils.

The Headteacher should decide which members of staff need to be aware of the parent’s mental health difficulties and ensure that those staff seek and receive appropriate training and guidance, which includes:

- Reducing stigma & prejudice regarding people who have mental health difficulties.
- Appropriate long-term confidentiality and its limits;
- Likely impacts of different kinds of mental health difficulty on their children;
- How school staff can best support pupils and carer(s);
- Which other agencies may be helpful in supporting the parent or their child(ren).

Training and/or support will be available from or via link Educational Psychologists or Education Welfare Officers from the Children and Young People’s Service – Inclusion.

From given information about the parent’s mental health difficulty and discussion with the parent(s) and other relevant professionals (such as the Community Mental Health Team (CMHT), School Nurse, and Children & Young People’s Service workers and C&PMHW) the impact of difficulties on their child can be determined. Hence, the consequent type & level of support within the pastoral support and/or Special Educational Needs framework can then be determined. As for other vulnerable pupils, the need for support may well increase at times of transition (See Section 9).

How Well is the Pupil Coping in School?

As for other difficulties, pupils’ abilities to cope with the consequences of their parent’s mental health difficulties vary enormously depending on a range of factors but including those specific to their parent’s mental health difficulties. Where there is a concern about a pupil’s developmental needs not being met, an assessment by the Children and Young People’s Service – Safeguarding Assessment and Referrals Team will consider the range of factors (taken from Framework for the Assessment of Children in Need, Department of Health, 2000) concerning: parenting capacity; family and environment; and extent to which the pupil’s developmental needs are being met.

For Pupils who Seem to Cope with the usual Support Structures in School

It is important that the SENCO or pastoral staff monitor and review pupils who appear to be coping in school, but whose parent(s)/carer(s) are either known to have or are suspected of having mental health difficulties. A pupil in this situation may see school as an island of normality in their life and be sustained by this. For a pupil to cope, his/her parent is more likely to have only discrete episodes of mental health difficulty, with a good return of skills and abilities between episodes. Also, the pupil is likely to be older at the time of onset of their parent’s mental health difficulties. Class teachers or form tutors have a key role in monitoring the effectiveness of support in terms of the impact on these pupils’ emotional well-being, social interaction and other aspects of welfare. A named member of staff should take responsibility as the key-worker for on-going monitoring of each pupil’s welfare.
For Pupils who Need 'School Action' Support to Cope in School

For a pupil whose parent is known or suspected to have mental health difficulties and seems not to be coping, the pupil needs support that is additional to or different from the majority of pupils within their school. Hence, it is appropriate to follow usual procedures for pupils with special educational needs in terms of providing the kinds of support at School Action that are detailed for other pupils whose own mental health is of concern that are detailed elsewhere in this handbook: depending on the specific need. For example, a parent with schizophrenia may well experience delusions which can lead to inconsistency or over-involvement with their child. Schizophrenia may lead to the parent experiencing apathy and withdrawal, leading to neglect and lack of response to their child’s physical or emotional needs. Depression in a parent can lead to these kinds of neglect and to the parent seeking comfort from their child and hence, there being a reversal of roles.

For Pupils who Need 'School Action Plus' Support to Cope in School

For pupils whose welfare needs cannot be met by interventions devised by school staff working with the parent(s) alone, and therefore for whom the direct or indirect involvement of external agencies is needed, it is important for school staff to seek involvement of a professional from appropriate agencies. See the flowchart in Section 3.

Home Focussed Support

If a parent’s significant mental health needs are already identified or if school staff are the first to raise concerns about a parent’s mental health, support is available. Depending on the relationship school staff have with the parent, it may be quite appropriate to raise the matter sensitively and supportively with the parent, with listening and suggestions that the parent seek help him/herself or that the parent is supported to seek help. For obtaining help for parents and pupils beyond the school situation, whatever the perceived need of the pupil in the school situation, the following agencies may be usefully engaged by school staff (with the parent’s explicit consent) or signposted for parents:

- School Nurse / Health Visitor: for issues related to concerns about a parent’s mental health.
- GP (via Parents): where there are concerns about the parent’s mental health or their child’s mental or physical health deteriorating.
- Community Mental Health Team (CMHT) worker (directly or via GP): for issues related directly to a parent’s known mental health difficulties.
- Social Worker: for concerns about a ‘child in need’ or ‘child protection’. As for all pupils, if there are concerns about a child being at risk of significant harm at any level of input, Safeguarding Board child protection procedures should be rigorously followed.

Other agencies may offer more specific input such as Young Carers, local youth counselling services or substance misuse services. See Appendix C for details. For some pupils whose parent(s) have mental health difficulties, it may be appropriate for them to receive support from staff from Child, Adolescent and Family Services (CAFS). [See Section 11].

Need for a Joined-Up Approach is Required to Meet Needs of Parents and Pupils

A fragmented response by adult and children’s services is an obstacle to achieving good outcomes for pupils. More and more, the evidence from research is pointing to a whole family approach which entails effective partnership working across agencies, and also across separate divisions within agencies.
Professionals may need to accept that a family context approach may create less certainty, since they need to take into account many points of view. Good practice entails conducting a complex needs assessment which takes into account the whole family and includes any conflict of interest. The best interests of parents do not always conform to the best interests of their child. Addressing the needs of children whose needs have arisen out of their carer’s distress will help and support the adult. Both children and adults have a right to individual consideration.

Adult and child mental health professionals, childcare social workers, health visitors and midwives, school nurses and education services must share information in order to be able to assess risks. A sympathetic response from professionals, early attention to difficulties, support for different family members, a specific focus on particular problems, and using families’ own experiences to identify needs and possible solutions are common proposals for improving practice.

What children want

Research has shown that when asked what they want, children have said the following:

- not to be ignored and to be asked about what they know about how their parents have been behaving
- for parents to be well, to be cared for and get the attention they need
- information about their parent’s illness which is age-appropriate
- information to be given as and when they need it so, as to avoid information overload and children being burdened by their parents' problems
- information on how to deal with the consequences of a parent’s illness
- help with what to tell their friends, relatives or teacher about their parent’s illness
- information on how to cope with a parent’s embarrassing behaviour
- someone to talk to who will listen and understand and take the weight off their shoulders
- easy access to services which they can trust reassurance that contact with an agency or worker will not make things worse
- their views to be respected
- the chance to relax and have fun with others, feel safe and not feel alone with their problem
- to meet others who are in a similar situation
- to be told they are not to blame for their parent’s illness – children often feel guilty if a parent is ill.
- obtain rapid help if being teased or bullied by others about their parent’s problems.

When seeking out advisors, research indicates that children value highly people who have specialist knowledge of mental health problems and who have personal experience of the family’s situation. They attach great importance to face-to-face conversation where advisors show warmth, humour and do not interrupt.

What parents want

Parents with mental health problems want to be seen as parents first and want professionals to treat them ‘the same as everybody else’: professionals should demonstrate an understanding of this by providing treatment accordingly. Practitioners need to appreciate the impact that the parenting role may have on the parent: parents who have experienced mental illness have expressed how anxiety about their children can impede their recovery.

The following is a list of parents’ needs:

- for their children to ‘feel ordinary’ and benefit from the same opportunities enjoyed by other children
- for their children to get early attention if their daily life is interrupted or their child’s behaviour is difficult
- not to be too reliant on their children for help to be accepted for whom they are and have their parenting and authority acknowledged and supported.
- open discussion with professionals about their children and information to pass on to them at different stages of their lives.
- help in their own right and extra support when needed so that they can parent as well as they would like.
- any parenting difficulties not to be attributed solely to their mental health problems, but rather their life seen as a whole.
- reassurance about the negative perceptions they think others hold about them – that they are a danger to their children, are not like other parents, or deserve to be stared at or discriminated against.
- More private arrangements to enable them to cope with parents’ evenings or discussions about their child: e.g. in an office rather than in a classroom/playground.
### APPENDIX A

**How Mentally Healthy is our school? – An Audit tool**

<table>
<thead>
<tr>
<th>Aspects of school’s life</th>
<th>Questions to ask</th>
<th>Comments and action points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>School culture, atmosphere and ethos</strong></td>
<td>Do you celebrate all members of the school community?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do children and young people feel valued?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Does the organisation and culture support pupils’ spiritual, moral, social and cultural development?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do teaching staff feel supported by colleagues?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Are parents made to feel welcome?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How do you build a ‘sense of belonging’ to school?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How do you include children and young people’s views?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How does the school minimise social isolation?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How welcoming is the school to visitors?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Does the school have a consistent and fair application of policies such as anti-racism and anti-bullying by all?</td>
<td></td>
</tr>
<tr>
<td><strong>Leadership and Management</strong></td>
<td>Is mental health promotion seen as contributing to school improvement?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Are mental health promotion measures included in the school development plan?</td>
<td></td>
</tr>
<tr>
<td>Aspects of school’s life</td>
<td>Questions to ask</td>
<td>Comments and action points</td>
</tr>
<tr>
<td>-------------------------</td>
<td>------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td></td>
<td>Are the head teacher and governors prepared to support mental health promotion initiative in school e.g. by allowing non contact time to take ideas forward?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Does professional development for staff include training in PSHE and citizenship for all staff?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How are non teaching staff included in decision making and in implementing whole school policies?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do staff treat each other with respect and kindness, modelling the behaviour they expect from pupils?</td>
<td></td>
</tr>
<tr>
<td>Teaching and learning styles</td>
<td>Are the classroom climates respectful and participative?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Are teachers aware of different teaching styles?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Is consideration given in lessons in how to meet the needs of individual pupils’ special educational needs?</td>
<td></td>
</tr>
<tr>
<td>Policy development</td>
<td>What policies have been developed to encourage social inclusion?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How does the school involve parents and pupils in policy development?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do policies have clearly defined role and responsibilities for each part of the school community?</td>
<td></td>
</tr>
<tr>
<td>Curriculum planning</td>
<td>Does the PSHE curriculum cover mental health, social skills, grief and loss, racism and bullying?</td>
<td></td>
</tr>
<tr>
<td>Aspects of school’s life</td>
<td>Questions to ask</td>
<td>Comments and action points</td>
</tr>
<tr>
<td>-------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td></td>
<td>Is PE used to teach the value of co-operation and teamwork and to promote good behaviour?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Are links made between mental health promotion and other curriculum areas?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do you take advantage of a range of resources, including external agencies to help in planning?</td>
<td></td>
</tr>
<tr>
<td><strong>School environment</strong></td>
<td>Are there hidden areas in school where young people could be bullied?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Are there external spaces for boisterous play and quiet areas?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Are younger children able to approach adults or older children if they feel unsafe at break or lunchtimes?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Are lunch areas, toilets and other facilities pleasant and clean?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Is the school pleasantly decorated, clean and cared for?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Are there particular times of day when pupils are at most risk?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Is the staff room a pleasant, comfortable place?</td>
<td></td>
</tr>
<tr>
<td><strong>Giving pupils a voice</strong></td>
<td>Do pupils views influence teaching and learning in citizenship and PSHE?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Are pupils encouraged to take some responsibility for some aspects of school life e.g. peer mentoring schemes?</td>
<td></td>
</tr>
<tr>
<td>Aspects of school’s life</td>
<td>Questions to ask</td>
<td>Comments and action points</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td></td>
<td>Are pupils involved in policy development e.g. through school council?</td>
<td></td>
</tr>
<tr>
<td><strong>Provision of pupil support services</strong></td>
<td>What arrangements are in place for support programmes such as academic mentoring and counselling?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>When there are concerns about a pupil's mental health, are staff aware of procedures that should be followed?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>What practical steps are taken to work with pupils at risk of exclusion?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Are you able to be flexible in meeting the needs of young people who are carers?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Are staff aware of the potential difficulties faced by minority groups?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Does the school have a bereavement policy?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do staff have regular updates on child protection policy and procedures?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Are staff aware of how to support a young person whose first language is not English?</td>
<td></td>
</tr>
<tr>
<td><strong>Staff professional development needs</strong></td>
<td>Do staff have good access to professional development opportunities?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How are staff supported to deal with the stress of teaching?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How do staff support each other and contribute to team working?</td>
<td></td>
</tr>
</tbody>
</table>
## Aspects of school's life

<table>
<thead>
<tr>
<th>Questions to ask</th>
<th>Comments and action points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the environment conducive to working?</td>
<td></td>
</tr>
<tr>
<td>Are staff involved in decision making about policies?</td>
<td></td>
</tr>
<tr>
<td>Are there opportunities for staff to undergo training on mental health/emotional literacy issues?</td>
<td></td>
</tr>
<tr>
<td>Are staff given the opportunity to share information, learning and experience with other schools?</td>
<td></td>
</tr>
<tr>
<td>Is there a secure system for performance management in place for all staff?</td>
<td></td>
</tr>
<tr>
<td>Do you have a staff care policy?</td>
<td></td>
</tr>
<tr>
<td>Are there events for staff out of school?</td>
<td></td>
</tr>
</tbody>
</table>

### Partnerships with parents and carers

<table>
<thead>
<tr>
<th>Questions to ask</th>
<th>Comments and action points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you provide the parents with regular information?</td>
<td></td>
</tr>
<tr>
<td>Is feedback to parents regular and timely on both positive and negative aspects of their child’s behaviour?</td>
<td></td>
</tr>
<tr>
<td>Do you provide opportunities for parents or others to take part in learning activities?</td>
<td></td>
</tr>
<tr>
<td>Are parents and other local people involved in activities in the school?</td>
<td></td>
</tr>
<tr>
<td>Do you have home-school agreements in place and implemented?</td>
<td></td>
</tr>
<tr>
<td>Do parents feel able to let you know of home stresses that might be impacting on the learning of their child?</td>
<td></td>
</tr>
<tr>
<td>Aspects of school's life</td>
<td>Questions to ask</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Do you have a parent-teacher</td>
<td></td>
</tr>
<tr>
<td>association?</td>
<td></td>
</tr>
<tr>
<td>Involvement of the local</td>
<td>Does the school reflect the local community?</td>
</tr>
<tr>
<td>community</td>
<td></td>
</tr>
<tr>
<td>What collaboration is there</td>
<td>What collaboration is there with other professionals working with the pupils e.g. school nurses, CAMHS, EPs?</td>
</tr>
<tr>
<td>with other professionals</td>
<td></td>
</tr>
<tr>
<td>working with the pupils e.g.</td>
<td></td>
</tr>
<tr>
<td>school nurses, CAMHS, EPs?</td>
<td></td>
</tr>
<tr>
<td>Are assessments carried out in</td>
<td>Are assessments carried out in ways that boost self confidence and motivate learning?</td>
</tr>
<tr>
<td>ways that boost self</td>
<td></td>
</tr>
<tr>
<td>confidence and motivate</td>
<td></td>
</tr>
<tr>
<td>learning?</td>
<td></td>
</tr>
<tr>
<td>Are pupils’ achievements</td>
<td>Are pupils’ achievements (academic and non academic) celebrated in the school community?</td>
</tr>
<tr>
<td>(academic and non academic)</td>
<td></td>
</tr>
<tr>
<td>celebrated in the school</td>
<td></td>
</tr>
<tr>
<td>community?</td>
<td></td>
</tr>
</tbody>
</table>

Taken from ‘A Bright Future For All’ (Mental Health Foundation 2003)
APPENDIX B

Strategies for Good Staff Mental Health

1) Using relaxation techniques during the working day.
2) Stress-ball.
3) Expressing emotion rather than suppressing it.
4) Keeping your routines the same.
5) Social support from school staff colleagues.
6) Social support from other colleagues.
7) Explicit awareness of own self-worth and skills: i.e. being self-confident.
8) Being aware of your rights to feel secure and using assertive behaviour to keep demands of job at a reasonable level.
9) Being realistic about what is possible for you to achieve.
10) Re-framing ‘stressors’ as ‘opportunities to enjoy a challenge’.
11) Accepting that you will not attain perfection.
12) Taking work-overload difficulties to senior manager.
13) Problem-solving skills.
14) Being sufficiently emotionally detached to avoid emotional exhaustion.
15) Using your sense of humour.
16) Being able to ignore or challenge unfair criticism.
17) Deliberately avoiding stressful situations or stress-inducing people.
18) Ability to be persistent.
19) Doing things for others.
20) Eating regular balanced meals.
21) Getting enough sleep and rest.
22) Regular physical exercise.
23) Practising relaxation techniques.
24) Preparing thoughts and ways of dealing with potentially stressful situations in advance.
25) More training to cope with current job.
26) Social support from partner or family.
27) Supportive supervision at work.

Which strategies do you already use and could use more?
Which strategies could you try?
### APPENDIX C

**Key Telephone Contacts & Websites**

#### Northamptonshire Contacts

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bodywise Outreach provides information for teenagers about health issues</td>
<td>01536 493236/7</td>
</tr>
<tr>
<td>Child, Adolescent and Family Services for professionals concerned about 4-19’s mental health</td>
<td>For North of County 01536 313850 For South of County: 01604 604608</td>
</tr>
<tr>
<td>ChildLine free helpline for children and young people in the UK. Children and young people can call 24 hours a day, seven days a week to talk about any problem. Trained counsellors are always there to help.</td>
<td>24-hour helpline: 0800 1111</td>
</tr>
<tr>
<td>Children &amp; Young Person’s Bereavement Service</td>
<td>01604 545131</td>
</tr>
<tr>
<td>Children &amp; Young People’s Service – Inclusion for Educational Psychologists, Educational Welfare Officers, Behaviour Curriculum and Inclusion Teams &amp; Additional Needs Teachers</td>
<td>Daventry/SW 01604 857382 Kettering/Corby 01536 533930 Northampton 01604 630082 Wellingborough / NE 01933 440 289 Hospital &amp; Outreach Education 01604 239730</td>
</tr>
<tr>
<td>Children &amp; Young People’s Service – Safeguarding Children for Duty Social Workers</td>
<td>Wellingborough/ NE 01933 220700 Northampton 01604 411911 Daventry/S. Northants 01327 300567 Corby/Kettering 01536 313000</td>
</tr>
<tr>
<td>Connexions</td>
<td>Ring 01604 630033 or 01933 222626 for local Office</td>
</tr>
<tr>
<td>Cruse Bereavement Helpline for concerns about adults’ bereavement</td>
<td>01604 416800</td>
</tr>
<tr>
<td>GP for concerns about family health including mental health</td>
<td>See local GP.</td>
</tr>
<tr>
<td>Guidance and Advocacy Service for Black Young Persons provide support and inclusion guidance for young person possibly at risk of exclusion</td>
<td>01933 226809</td>
</tr>
<tr>
<td>MIND for Mental Health provide support, advice, counselling and where to seek further help for any person from late teens upwards</td>
<td>01536 523216 01933 223591 01604 634310</td>
</tr>
<tr>
<td>National Autistic Society provides support for people with ASD and their carers</td>
<td>08450704004 Helpline 9am-4pm <a href="mailto:nas@nas.org.uk">nas@nas.org.uk</a> <a href="http://www.autism.org.uk">www.autism.org.uk</a> <a href="http://www.info.autism.org.uk">www.info.autism.org.uk</a></td>
</tr>
<tr>
<td>Service Description</td>
<td>Contact Information</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>NSPCC Child Protection Helpline offers advice and support to anyone concerned about</td>
<td>24-hour helpline: 0808 800 5000</td>
</tr>
<tr>
<td>the welfare of a child. The Helpline is open 24 hours a day, seven days a week.</td>
<td></td>
</tr>
<tr>
<td>Calls are dealt with by NSPCC Helpline counsellors, who are all trained child</td>
<td></td>
</tr>
<tr>
<td>protection officers. You can telephone, email or write to them for information and</td>
<td></td>
</tr>
<tr>
<td>advice, or to report concerns about a child at risk of abuse.</td>
<td></td>
</tr>
<tr>
<td>Northamptonshire Review and Conference Service For consultation and advice about</td>
<td>01604 654040</td>
</tr>
<tr>
<td>concerns related to a ‘child in need’ or ‘in danger of significant harm’.</td>
<td></td>
</tr>
<tr>
<td>NYPDS – Northants Young People’s Drug Service Provide support for young people up</td>
<td>01536 577002 01604 544530 01933 274797</td>
</tr>
<tr>
<td>to age 19 who are experiencing drug and substance misuse</td>
<td></td>
</tr>
<tr>
<td>Race Equality Council provide advice and support to those who want to report and</td>
<td>01933 278000 01604 603868 01536 534230</td>
</tr>
<tr>
<td>seek justice on racial discrimination and/or harassment</td>
<td></td>
</tr>
<tr>
<td>Relate provide Couple and Family Counselling</td>
<td>01604 634400</td>
</tr>
<tr>
<td>Samaritans provide comfort and emotional support for people experiencing feelings</td>
<td>08457909090</td>
</tr>
<tr>
<td>of distress including those that may lead to suicide</td>
<td></td>
</tr>
<tr>
<td>Solve-It : for concerns about Volatile Substance Abuse provide counselling for</td>
<td>01536 510010</td>
</tr>
<tr>
<td>parents and young people</td>
<td></td>
</tr>
<tr>
<td>School Nurses provide support and advice for Children and Young People &amp; Families</td>
<td>For local nurse obtain details via school</td>
</tr>
<tr>
<td>from the ages of 4-18</td>
<td>Or ring 01536 494714 or</td>
</tr>
<tr>
<td>SNIP Special Needs Involving Parents provide information and impartial advice for</td>
<td>North of County 01933 271673 South of</td>
</tr>
<tr>
<td>parents of children with SEN</td>
<td>County 01604 636111</td>
</tr>
<tr>
<td>Sunflower Centre: support for those affected by domestic violence</td>
<td>01604 233684 <a href="http://www.sunflower-centre.org">www.sunflower-centre.org</a></td>
</tr>
<tr>
<td></td>
<td>01536 204691 <a href="mailto:info@sunflowercentre-northern.org">info@sunflowercentre-northern.org</a></td>
</tr>
<tr>
<td>Young Carers support the needs of carers of all ages</td>
<td>01604 232500</td>
</tr>
<tr>
<td>Youth Counselling provide counselling information and advice for all 12-25 year</td>
<td>Kettering Youth Information: 01536 510089</td>
</tr>
<tr>
<td>olds</td>
<td>Wellingborough/NE: Service Six 01933 226615</td>
</tr>
<tr>
<td></td>
<td>Lowdown (Northampton) 01604 634385</td>
</tr>
<tr>
<td></td>
<td>Time 2 Talk (Daventry) 01327 706706</td>
</tr>
<tr>
<td></td>
<td>(also outreach at Towcester and Brixworth</td>
</tr>
<tr>
<td></td>
<td>CHAT (Oundle) 01832 274422</td>
</tr>
</tbody>
</table>
### National Contacts

<table>
<thead>
<tr>
<th>Service Name</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advisory Centre for Education (ACE)</td>
<td><a href="http://www.ace-ed.org.uk">www.ace-ed.org.uk</a></td>
</tr>
<tr>
<td>Independent national advice centre for parents - provide a sympathetic ear about children’s problems at school and information on the law.</td>
<td></td>
</tr>
<tr>
<td>ADDISS ADHD charity for advice</td>
<td>020 8906 9068 <a href="http://www.addiss.co.uk">www.addiss.co.uk</a></td>
</tr>
<tr>
<td>Alcohol Concern</td>
<td>0207 928 7377</td>
</tr>
<tr>
<td>Anti-Bullying Network</td>
<td>0131 651 6100</td>
</tr>
<tr>
<td>Anxiety Care</td>
<td>020 8478 3400</td>
</tr>
<tr>
<td>BBC Online</td>
<td><a href="http://www.bbc.co.uk">www.bbc.co.uk</a></td>
</tr>
<tr>
<td>Advice for parents and children about divorce, using search facility</td>
<td></td>
</tr>
<tr>
<td>Britkid (e.g. via Young Minds links)</td>
<td><a href="http://www.britkid.org">www.britkid.org</a></td>
</tr>
<tr>
<td>An interactive site game that deals seriously with the issues of race and racism in today’s Britain</td>
<td></td>
</tr>
<tr>
<td>Bully Online</td>
<td><a href="http://www.successunlimited.co.uk">www.successunlimited.co.uk</a></td>
</tr>
<tr>
<td>Lots of information re bullying – for children, parents, teachers, and also adults in the workplace.</td>
<td></td>
</tr>
<tr>
<td>ChildLine</td>
<td><a href="http://www.ChildLine.org.uk">www.ChildLine.org.uk</a></td>
</tr>
<tr>
<td>Free helpline for children and young people in the UK. Children and young people can call 24 hours a day, seven days a week to talk about any problem. Trained counsellors are always there to help.</td>
<td>0800 1111</td>
</tr>
<tr>
<td>Children and Young People, Mental Health</td>
<td><a href="http://www.mindinfo.co.uk">www.mindinfo.co.uk</a></td>
</tr>
<tr>
<td>Depression Alliance</td>
<td>020 7633 0101</td>
</tr>
<tr>
<td>Divorce &amp; Separation Issues for children and young people</td>
<td><a href="http://www.itsnotyourfault.org">www.itsnotyourfault.org</a></td>
</tr>
<tr>
<td>Eating Disorders Association</td>
<td><a href="http://www.edauk.com/">www.edauk.com/</a></td>
</tr>
<tr>
<td>Help on Bulimia and Anorexia Nervosa, and binge eating disorder.</td>
<td></td>
</tr>
<tr>
<td>ERIC: Enuresis Resource and Information Centre</td>
<td><a href="http://www.eric.org.uk">www.eric.org.uk</a></td>
</tr>
<tr>
<td>Useful site for parents, professionals and young people where there are concerns about wetting or soiling - four age groups: - under 5’s, 6-8, 9-12, teenagers; also information for professionals.</td>
<td></td>
</tr>
<tr>
<td><strong>FRANK [Drugs]</strong></td>
<td><strong>0800 776600</strong> <a href="http://www.talktofrank.com">www.talktofrank.com</a></td>
</tr>
<tr>
<td>-------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Health and safety executive</td>
<td>For guidance about maintaining staff well-being.</td>
</tr>
<tr>
<td>Healthy Schools (Northamptonshire Award Scheme) or Healthy Schools Standard</td>
<td>With sections for young people about: Emotional Health and Well-being, Sex &amp; Relationships, Drugs, Smoking and Alcohol.</td>
</tr>
<tr>
<td>Kidscape</td>
<td>Advice re bullying and protecting children and young people from abuse; aimed at parents and teachers.</td>
</tr>
<tr>
<td>Kidshealth</td>
<td>Information and advice about many health and growing-up worries, separation, divorce and emotions and behaviour raised by these life-changes</td>
</tr>
<tr>
<td>Mental Health Foundation</td>
<td>Information re specific mental health problems e.g. self-harm, depression, anxiety disorders, stress disorders, personality disorders, eating disorders, ADD, ADHD. Many resources for promoting mental health in schools.</td>
</tr>
<tr>
<td>Mind</td>
<td></td>
</tr>
<tr>
<td>Mind, body and Soul (via YoungMinds links)</td>
<td>Health related information for the 14-16 year old age group</td>
</tr>
<tr>
<td>National Family Mediation</td>
<td>Mediation re marital problems, separation and divorce</td>
</tr>
<tr>
<td>National Self-Harm Network</td>
<td></td>
</tr>
<tr>
<td>NSPCC [National Society for the Prevention of Cruelty to Children]</td>
<td>The NSPCC Child Protection Helpline offers advice and support to anyone concerned about the welfare of a child. The Helpline is open 24 hours a day, seven days a week. Calls are dealt with by NSPCC Helpline counsellors, who are all trained child protection officers. You can telephone, email or write to them for information and advice, or to report concerns about a child or young person at risk of abuse.</td>
</tr>
<tr>
<td>Parentline</td>
<td></td>
</tr>
<tr>
<td>Protective Behaviours UK</td>
<td>National Office</td>
</tr>
<tr>
<td>Royal College of Psychiatrists</td>
<td><a href="http://www.rcpsych.ac.uk/mentalhealthinformation/childrenandyoungpeople.aspx">www.rcpsych.ac.uk/mentalhealthinformation/childrenandyoungpeople.aspx</a></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------------------------------------------------------------------</td>
</tr>
<tr>
<td>Good list of leaflets and fact sheets re mental health - available to print off</td>
<td></td>
</tr>
<tr>
<td>Samaritans</td>
<td>08457 909090&lt;br&gt;www.samaritans.org.uk</td>
</tr>
<tr>
<td>Student Health</td>
<td><a href="http://www.studenthealth.co.uk">www.studenthealth.co.uk</a></td>
</tr>
<tr>
<td>Useful information on a variety of areas for students (applicable to adolescents). Areas include, healthy eating, sexual health, mental health-anorexia, anxiety, self-harm etc.</td>
<td></td>
</tr>
<tr>
<td>Teacher support network:</td>
<td><a href="http://www.teachersupport.info">www.teachersupport.info</a>&lt;br&gt;Helpline: 08000 562 561</td>
</tr>
<tr>
<td>For guidance about maintaining staff well-being.</td>
<td></td>
</tr>
<tr>
<td>The Site</td>
<td><a href="http://www.thesite.org">www.thesite.org</a></td>
</tr>
<tr>
<td>TheSite.org aims to be the first place all young adults turn to when they need support and guidance through life.</td>
<td></td>
</tr>
<tr>
<td>YoungMinds</td>
<td><a href="http://www.youngminds.org.uk">www.youngminds.org.uk</a>&lt;br&gt;020 7336 8445</td>
</tr>
<tr>
<td>Useful information advice (and booklets to print off) re mental health for children, adolescents, their families and professionals</td>
<td></td>
</tr>
<tr>
<td>Young Minds Parent Information Service</td>
<td>0800 018 2138</td>
</tr>
<tr>
<td>Youth Involvement Project</td>
<td><a href="http://www.rd4u.org.uk">www.rd4u.org.uk</a></td>
</tr>
<tr>
<td>(Cruse Bereavement Care) Bereavement support for 12-18 year olds</td>
<td></td>
</tr>
<tr>
<td>Winston’s Wish</td>
<td><a href="http://www.winstonswish.org.uk">www.winstonswish.org.uk</a></td>
</tr>
<tr>
<td>Child bereavement support; also recent research information.</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX D

Useful Resources

**National Guidance**


Young Minds in Our Schools by P. Wilson, Young Minds (2003)

Staff Health and Well-Being National Healthy School Standard DoH/DfES


A Bright Future for All (2003) The Mental Health Foundation

Promoting Children’s Mental Health within Early Years and School Settings (2001) DfES


**Local Guidance**

Anxiety – Tackling it Together, Northamptonshire County Council (2006)

Guidance on Planning and Implementing Effective Provision for Pupils with Special Educational Needs (Northamptonshire County Council 2006)

Including all Young Children in Northamptonshire (Northamptonshire County Council 2005)

Northamptonshire Interagency Child Protection Procedures (2006) produced by the Northamptonshire Area Child Protection Committee / Local Safeguarding Children Board Northamptonshire


**Other Useful Ideas and Resources**

The Mental Health Handbook (Spiral-bound) by Trevor J. Powell Speechmark Publishing


Strength Cards for Kids available with other strength based materials from Incentive Plus

A Bright Future for All (2003) The Mental Health Foundation
Northamptonshire County Council
Children and Young People’s Service
PO Box 93
County Hall
Northampton
NN1 1AN
Telephone: 01604 237627
Email: adooley@northamptonshire.gov.uk