



Lincolnshire Partnership
NHS Foundation Trust



Healthy Minds Lincolnshire

Toolkit for
Education Staff



Contents

Part 1 – Guidance on emotional wellbeing

Emotional wellbeing – what’s it got to do with schools?

National guidance

Whole school approach

NCB Partnership for wellbeing and mental health in schools - framing principles

Fear of the unknown

When to refer to Healthy Minds Lincolnshire

Checklist for schools

Who is eligible for Healthy Minds Lincolnshire?

Emotional Wellbeing – Looking after yourself

Training offer for Lincolnshire schools

Resources for education staff

Resources for young people

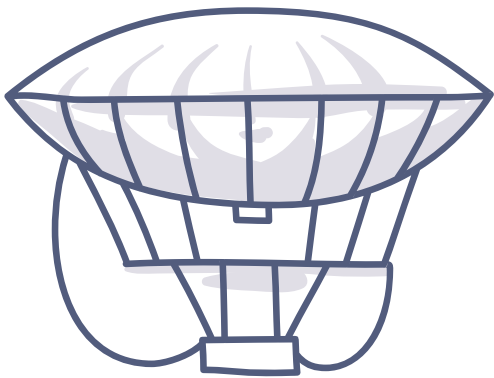
Resources for parents

Part 2 – Healthy Minds Lincolnshire Tools

Early Intervention Support Model

Screening tools and models

Feelings thermometer – How am I feeling now?



4

4

5

6

6

9

10

11

12

14

17

19

19

20

22

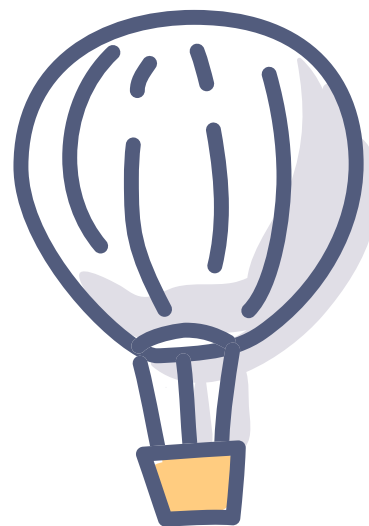
23

24

25



| | |
|---|----|
| Education setting: guide to supporting young people with low mood | 26 |
| Education setting: guide to supporting young people with worries/mild anxiety | 28 |
| Education setting: guide to supporting young people who self-harm | 31 |
| Education setting: guide to supporting young people with trauma or Adverse Childhood Experiences (ACES) | 35 |
| Relaxation and mindfulness for children and young people | 37 |
| Meditation and mindfulness | 37 |
| Mood/thought diary | 38 |
| Activity planner | 39 |
| Worry monster action plan | 41 |
| Staying Well Plan | 37 |



Part 1 – Guidance on emotional wellbeing

Emotional wellbeing – what has it got to do with schools?

When Healthy Minds Lincolnshire have delivered emotional wellbeing training to teachers and student teachers, it is not uncommon for us to receive feedback stating “ This is not relevant to us, as a Teacher I don’t deal with mental health problems”

Healthy Minds Lincolnshire believe that education staff are ideally placed to listen to young people and identify emotional wellbeing problems. It is normal to experience emotional wellbeing issues as a child. With the right support and coping skills these issues usually self-resolve, however some children and young people do not have the resources in place to cope with emotional wellbeing issues. Education staff can offer non-stigmatising advice and guidance, be a positive adult role model and know when to refer for specialist advice.

Did you know?

- Half of all mental health conditions are established before the age of 14. ¹
- 20% of adolescents may experience a mental health problem in any one year. ²
- 10% of children and young people (aged 5-16 years) have a clinically diagnosable mental health problem ³, yet 70% of children and adolescents who experience mental health problems have not had appropriate interventions at a sufficiently early age. ⁴

Teaching staff often deal with large class numbers who will all be dealing with their own individual issues. In an average class of 30, 15-year-old pupils:

- three could have a mental health disorder ⁸
- ten are likely to have witnessed their parents separate ⁶
- one could have experienced the death of a parent ⁷
- seven are likely to have been bullied ⁷
- six may be self-harming. ⁸



National guidance

Several national guidance documents have been published in the last few years which have brought together studies about the emotional wellbeing of children and young people. *Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing* (2015) sets out a number of proposals that the government wishes to see implemented by 2020. These include:

- Tackling stigma and improving attitudes to mental illness.
- Introducing more access and waiting time standards for services.
- Establishing 'one stop shop' support services in the community.
- Improving access for children and young people who are particularly vulnerable.

This is to be achieved through improved joint working between different services such as NHS, local authority and schools.

Transforming children and young people's mental health provision: a green paper (2017) sets out measures to improve mental health support for children and young people. The focus of the green paper is on earlier intervention and prevention, especially in and linked to schools and colleges. The proposals include:

- Creating a new mental health workforce of community-based mental health support teams.
- Every school and college will be encouraged to appoint a designated lead for mental health.
- A new four-week waiting time for NHS children and young people's mental health services to be piloted in some areas.

All of the guidance clearly identifies the need for early intervention to prevent problems from escalating into adulthood. Young people with mental health problems are more likely to experience problems in their future employment with various longitudinal studies suggesting long term impact on economic activity, receipt of benefits, income and continuous employment.

There is clear evidence that schools and colleges can and do play a vital role in identifying mental health and emotional wellbeing needs at an early stage and are in an ideal place to support young people experiencing problems without the stigma of mental health services.

Children and young people who experience mental health problems are more likely to experience increased disruption to their education, take time off school and be subjected to exclusions than children with no mental health problems.



Whole school approach

The way in which schools support the emotional wellbeing of its students and staff is central to the overall culture and success of the students. Children with higher levels of emotional, behavioural, social and school wellbeing, on average, have higher levels of academic achievement and are more engaged in school, both concurrently and in later years (Gutman L and Vorhaus J 2012).

NCB Partnership for wellbeing and mental health in schools - framing principles

The NCB paper provides a comprehensive self-assessment and improvement tool for school leaders 'A whole school framework for emotional wellbeing and mental health. Supporting resources for school leaders' (National Children's Bureau)

Adopt whole-school thinking

- Take a whole school approach and implement it carefully.
- Start with a positive and universal focus on wellbeing.
- Develop a supportive school and classroom climate and ethos.
- Identify difficulties and intervene early.
- Take a long term approach.
- Promote the wellbeing of staff and tackle staff stress.

Engage the whole community

- Promote pupil voice and peer learning.
- Involve parents, carers and families.



Prioritise professional learning and staff development

- Understand risk and resilience.
- Respond actively to problems and difficulties.
- Understanding child and adolescent development.
- Help all pupils with predictable change and transition.

Implement targeted programmes and interventions (including curriculum)

- Use a range of leaders for specific programmes.
- Teach social and emotional skills.

Develop supportive policy

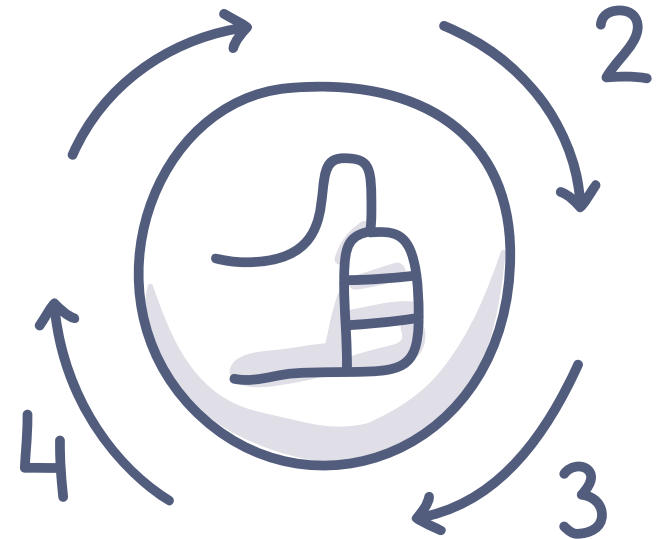
- Provide clear boundaries and robust policies.

Connect appropriately with approaches to behaviour management

- Understand the causes of behaviour and respond wisely.

Implement targeted responses and identify specialist pathways

- Provide more intense work on social and emotional skills development for those with difficulties.
- Use specialist staff to initiate innovative and specialist programmes.
- Provide clear pathways of help and referral including CAMHS.



The model below is from 'Promoting children and young people's emotional health and wellbeing. A whole school and college approach' (Public Health England 2015). It demonstrates how schools can affect positive change to achieve a whole school approach to emotional wellbeing and good mental health.



Model - Eight principles to promoting a whole school and college approach to emotional health and wellbeing. Public Health England



Fear of the unknown

It is common for professionals to be worried about talking to people regarding their mental health/emotional wellbeing. These are some of the concerns that we have heard:

- What if I say something that makes the problem worse?
- I don't know anything about mental health, what if I can't answer their questions?
- What if they get really distressed and I don't know how to help them?
- What if I say something which 'opens a can of worms' and I won't know what to do?

Think about a time when you have struggled emotionally – what is it that you needed from others at that time? Most people just want someone to listen to them, really listen – to validate that they are struggling, not to make judgements and not to make assumptions about how they feel.

Supporting people with emotional needs is not about having the answers and solutions to their problems; it is about providing a safe space and enabling the young person to find solutions that work for them.

If you don't know the answer to something, admit that you don't know. There are lots of agencies that can offer support to you or the child/young person if they need specialist advice.

Remember there are no magic words to make someone feel better. It can take time for someone to cope and find resolutions to the situation they are in before they feel differently emotionally.

If you feel the young person is a risk to themselves or others, you should advise the young person that you need to make a plan to keep them safe. This would involve informing carers, ensuring the young person is kept safe until a carer can arrive, suggesting distracting techniques that the young person may find useful (listening to music, playing computer games, looking at YouTube videos). Professionals can contact CAMHS Professional Advice Line 01522 309120 for advice, if it is an emergency contact 999.



When to refer to Healthy Minds Lincolnshire

Children and young people start to learn how to deal with their emotions and build resilience from an early age. Children learn appropriate responses to emotions and problem solving skills from those closest to them. Resilience is built by having good emotional responses, a reliable support network, being adaptable and having clear direction/purpose about what you want to achieve. Children and young people spend a considerable amount of time in the school environment and education staff play a significant role in the development of children and young people's emotional wellbeing.

Most children and young people will experience emotional issues during their lifetime and this is perfectly normal. Most emotional issues will self-resolve and it is important to normalise these emotions. With younger children, support should be given so that they recognise their own emotions and understand what an appropriate response is. Referrals for professional help can stigmatise young people and teach them that they cannot resolve their own problems without professional help every time.

The first action should always be to support the young person to problem solve their own issues as this builds confidence and resilience. Most people just need someone to listen to them and offer assurance that they are doing the right thing. There are also lots of self-help websites and resources available if the young person wants more information. The **emotional wellbeing pathway** has been created to offer self-help advice for the children and young people of Lincolnshire. This is an excellent resource and guide to finding the right support. www.lincolnshire.gov.uk/ewb

Sometimes the young person, teaching staff or parents/carers need more support and a referral to Healthy Minds Lincolnshire can be made. Healthy Minds Lincolnshire offer consultation to parents and teachers and brief interventions of between one and six sessions, using evidence based interventions with children and young people. This delivery method of the sessions will be determined by the Healthy Minds Lincolnshire service but may be in a small workshop setting or on a one to one basis. School staff can attend Healthy Minds Lincolnshire training events and ask for bespoke training within the school to support understanding and management of emotional wellbeing.



Referrals must be as a result of an early help assessment (EHA) where an emotional wellbeing issue has been identified in that assessment. Give a brief synopsis of the young person's issues and a clear understanding of what the emotional wellbeing need is, for example; exam stress or poor self-esteem. What the school have already tried and what the expected outcome is should be included. Parental consent where appropriate is needed on the EHA.



Checklist for schools

- ☐ Look at and signpost to the emotional wellbeing pathway for self-help information and referral guidance to different services **www.lincolnshire.gov.uk/ewb**
- ☐ Is it a behaviour problem? Follow the Lincolnshire Ladder of Behavioural Intervention and use the **[Lincolnshire Inclusion Toolkit](#)** for schools. Is the young person at risk of exclusion – consider a referral to Behaviour Outreach Support Services (BOSS).
- ☐ Social communication or learning needs in school? The working together team supports schools by providing expertise and practical specialised assistance.
- ☐ Follow the School Guidance Emotional Wellbeing **[flowchart](#)**
- ☐ Use the Healthy Minds Early Intervention Support **[Model](#)**
- ☐ Use a **[SDQ or RCADS](#)** screening tool if appropriate
- ☐ Support referral to Kooth (11-19 on-line support/counselling) **www.kooth.com**
- ☐ Use the Healthy Minds Lincolnshire education support guides for low mood, worries and **[self-harm](#)**
- ☐ Complete an Early Help Assessment within the Team Around the Child (TAC) process. The Early Help Assessment offers an opportunity for the school and parents to explore any unmet needs for the young person as well as identifying their strengths. Whilst completing the assessment, discuss what intervention would be best for the child/young person? Who knows the young person best and would be best placed to offer an intervention? What does the young person want? If a referral to Healthy Minds Lincolnshire is agreed - clearly identify what the emotional wellbeing concern is and what has been tried already?
- ☐ Is this a common issue in the school? Would a workshop supporting a small group be more beneficial than one to one?
- ☐ Need support or advice from Healthy Minds Lincolnshire – call the duty line 01522 307999 (9:30-4:30)

Completed EHA forms should be sent to Healthy Minds at Lincolnshire Partnership NHS Foundation Trust (LPFT) Single Point of Access: **lincs.spa@nhs.net**

A copy should be sent to the TAC administrator: **tacadmin@lincolnshire.gcsx.gov.uk**



Who is eligible for Healthy Minds Lincolnshire?

Healthy Minds Lincolnshire supports all Lincolnshire children and young people up to the age of 19 (25 if they have special educational needs/disability or are leaving care) who:

- Are ordinarily resident in Lincolnshire or attend a Lincolnshire preschool, maintained school or academy.
- If the person has a Lincolnshire GP they must also either attend school in Lincolnshire or be ordinarily resident in Lincolnshire.

If a child is in reception year or below and there is an emotional wellbeing concern, a referral should be made in the first instance to the 0-19 team to be seen by a health visitor. The health visitor will seek support from Healthy Minds Lincolnshire if required. Contact the Single Point of Access (SPA) line on 01522 843000

Healthy Minds Lincolnshire offer early intervention for the least intrusive period of time. If the young person is already seeing a similar or specialist service for emotional wellbeing concerns, for example counselling, Child and Adolescent Mental Health Service (CAMHS) or Behaviour Outreach Support Services (BOSS) they will not be eligible to be seen by our service.

Healthy Minds Lincolnshire offer brief interventions for low level emotional wellbeing concerns such as low mood, worries, self-esteem issues and exam stress using a cognitive behavioural model or solution focused therapy to recognise emotional wellbeing concerns and teach coping mechanisms.

The service does not provide diagnosis or a prescribing service. We cannot review medication.

The service is not able to support with moderate to severe mental health conditions or entrenched self-harm. Referrals for these issues need to be made to CAMHS Lincolnshire, CAMHS Crisis Team or the Lincolnshire grief and loss service.

The service does not accept referrals for behaviour alone. There must be a low level emotional wellbeing issue identified that can be addressed within the parameters of Healthy Minds Lincolnshire's remit.



For Safeguarding contact 01522 782111

Lincolnshire's philosophy states that in promoting children's emotional wellbeing, support should be provided using a range of interventions within a child centred approach as early as possible. It is important that all practitioners working with children, families and adults are able to make an assessment of needs.

- Complete an Early Help Assessment. Consider:
- Who is best placed to provide support?
- What does the young person want?
- Has consent been gained from parent/ carer/young person?
- What support has been given? already?

Emotional wellbeing concerns - most children and young people thrive and cope with the normal difficulties and challenges of life and growing up. They usually cope by using their own resilience and problem solving skills with the support of family and friends. The child/young person may be in need of further support to manage mild/moderate difficulties impacting on relationships and daily activities.

What can the school/college do?

- Promote the three foundations of healthy emotional wellbeing – eating, sleeping and exercise
- Follow the emotional wellbeing pathway and support the young person to follow self- help advice www.lincolnshire.gov.uk/ewb
- Utilise the Healthy Minds Lincolnshire toolkit and school support guides
- Support self-referral to www.kooth.com (age 11-18)
- Contact Healthy Minds Lincolnshire for professionals training on how to support children and young people – **01476 858277** Petula Price (lead administrator)

For further support and guidance contact Healthy Minds Lincolnshire duty advice line on **01522 309777**.

For children in reception year or younger contact 0-19 Team single point of access **01522 843000**

Once a referral has been agreed with Healthy Minds Lincolnshire: an Early Help Assessment must be completed and emailed to lincs.spa@nhs.net and a copy sent to TACadmin@lincolnshire.gcsx.gov.uk at the same time.

Significant mental health needs. Difficulties may be impacting on activities of daily life which may be persistent and of a moderate to severe nature.

What should the school/college do?

Continue to utilise school based interventions and the Emotional wellbeing support model as well as consulting the CAMHS professional advice line for guidance and referral advice (not suitable for Healthy Minds Lincolnshire).

Concerning weight loss should be immediately assessed by a GP to rule out a physical cause.

**For advice contact
CAMHS Professional
Advice Line (PAL)**

01522 309120

Urgent mental health support may be needed for an urgent mental health crisis (e.g. psychosis, suicidal ideation or significant self -harm)

What should the school/college do?

Contact CAMHS professional advice line on 01522 309120 to request advice from CAMHS Crisis Team. Out of hours contact A&E

CAMHS crisis screening – internal referral process



Emotional wellbeing – looking after yourself

For you to be able to support others with their emotional wellbeing you need to be able to look after your own. Like anything else worth having, maintaining good emotional wellbeing takes effort.

The basics

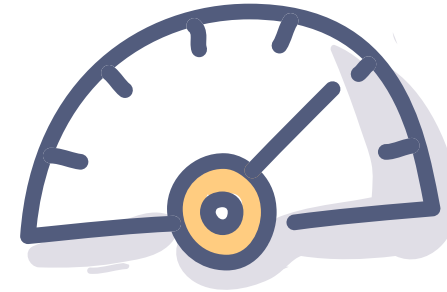
Are you getting enough sleep?

Are you getting enough exercise?

Are you eating a balanced diet?

Are you moderating your alcohol/caffeine/sugar consumption?

If not this could have a significant effect on your own emotional wellbeing.



Support network

What are your relationships like? Are there things you could do to improve your relationships? Who would you talk to if you needed support?

Coping skills

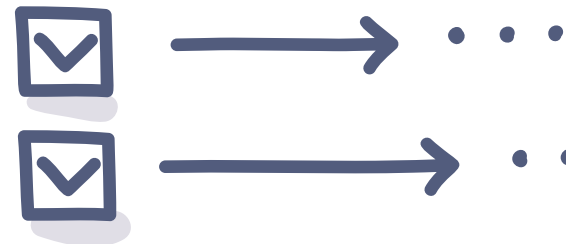
How do you deal with stress, or unexpected problems?

Be solution focused, not problems focused.

What are your strengths? How have you achieved things before?

Make your own action plans – keep on track.

Ask for help if you need it.



What is resilience?

The ability to mitigate the effects of stress i.e. factors such as emotional, cognitive, psychological, behavioural responses to work, the work environment or the organisation. (Levi, 2000 EU Guidance on Work Related Stress)

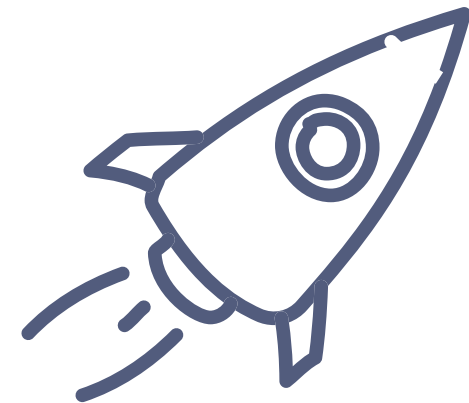
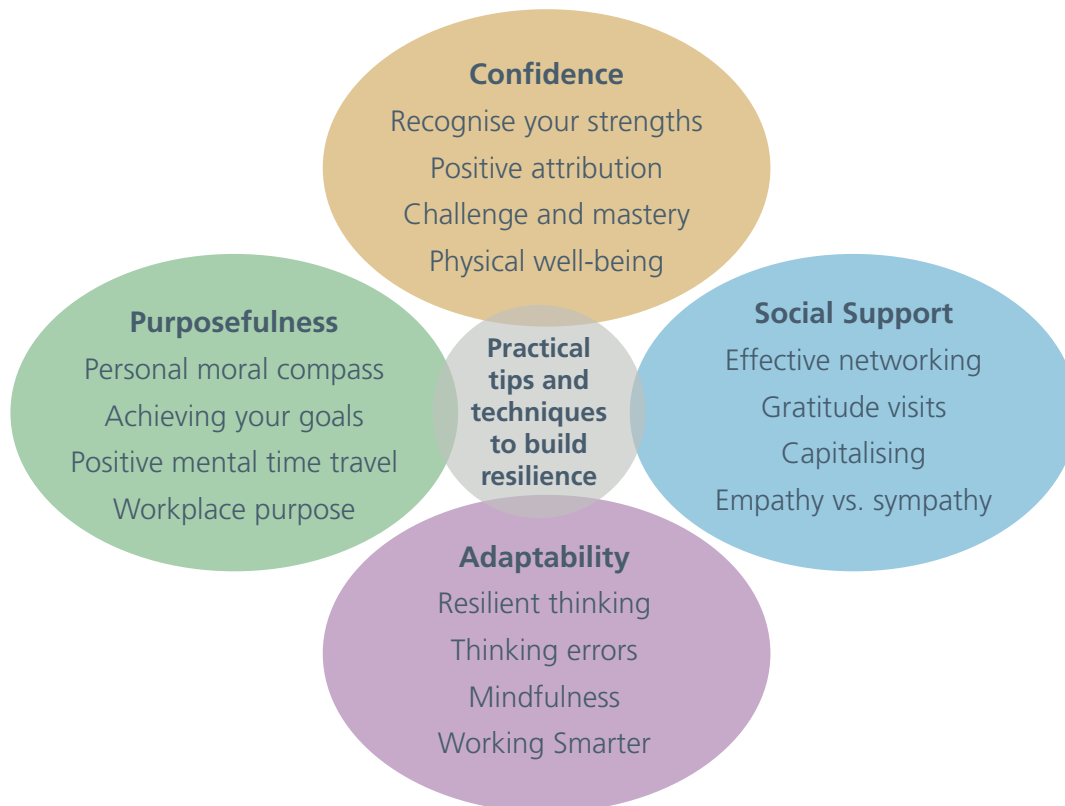
Are you resilient?

How do you cope with unexpected issues?

Do you have good understanding of your life and what needs to improve to become more resilient?

Robertson Cooper Model for Resilience

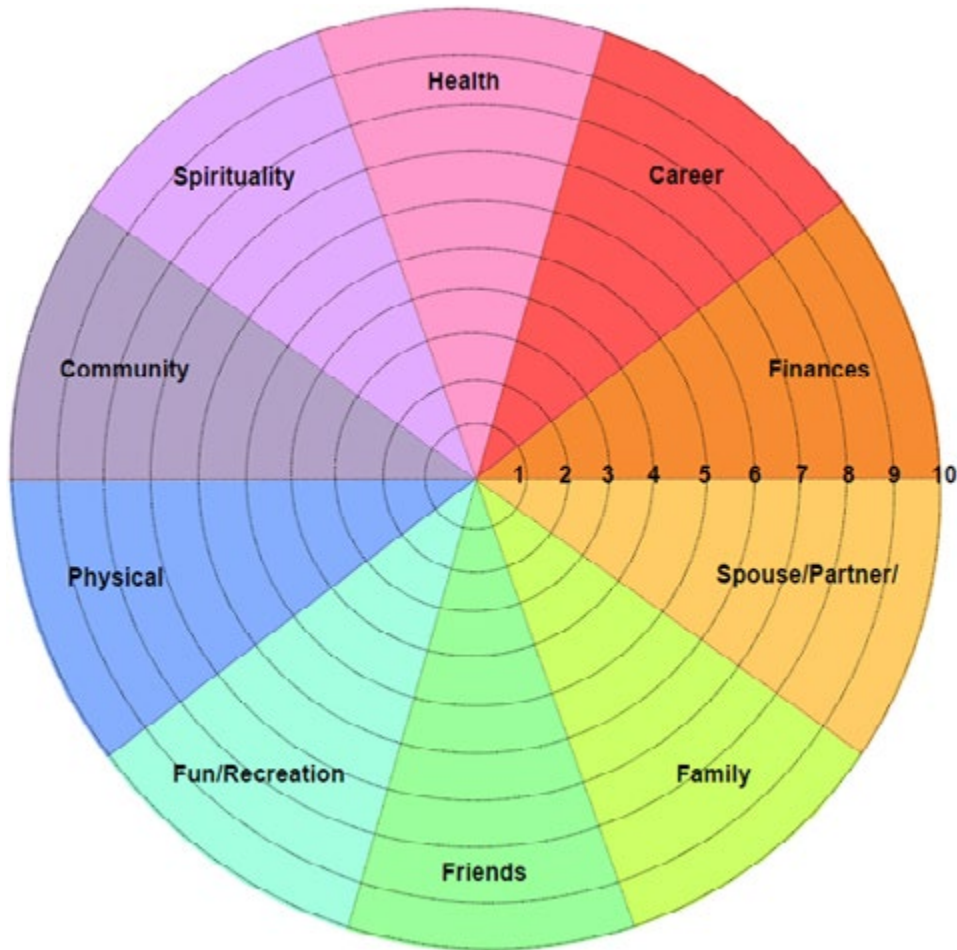
This model explores four areas that are considered necessary to be resilient to life's stressors.



Resilience Work Wheel and Resilience Life Wheel

These are both simple self-reflection tools that you can use to examine your own resilience in relation to work or your life. Very simply score each area on a scale of 0-10 and join up the dots to create a current pattern. You can then plot a chart of where you would like to see yourself in the future and make a plan of what you need to do to reach your goals.

Resilience Life Wheel



Resilience Work Wheel



Training offer for Lincolnshire schools

Healthy Minds Lincolnshire have been commissioned by Lincolnshire County Council to provide training to build the knowledge and capacity of the school workforce in order to support the emotional wellbeing of the children and young people they work with. The training will upskill the workforce to promote positive mental health, emotional resilience, early intervention and prevention and reduce stigma. All training sessions will be adapted to meet the needs of the individual school/education facility.

All queries please contact lead administrator, lhnt.trainingrequest.hml@nhs.net

01476 858277 / 07966181231 or speak to the practitioner who is assigned to your school.



Professionals training – available for education staff in Lincolnshire state schools and academies (up to 30 for workshops style training)
Please prioritise training requests. Multiple requests will need to be discussed with the trainer.

Core training Emotional Wellbeing (1 hour)

All training will be adapted and agreed for nursery, primary or secondary age groups.

Course overview

- Brief overview of emotional wellbeing
- Information about Healthy Minds and processes.
- Emotional wellbeing strategies:
 - Identifying emotional wellbeing concerns in the classroom
 - Early Intervention Support Model
 - Emotional Wellbeing Pathway
 - Where/how to seek advice?
 - Helpful tools to use with young people
 - Working with PSHE (mental health and emotional wellbeing)

Additional training that can be requested in addition to the above.

- Supporting children and young people with anxiety/worries.
- Supporting children and young people experiencing low mood.
- Recognising self-harm and offering support.
- Supporting children and young people during transitions.
- Supporting children and young people through exam stress.
- Supporting children and young people experiencing low self-esteem.
- Supporting children and young people to regulate emotions.
- Body Image/recognising eating disorders.

Workshops available for primary and secondary schools in Lincolnshire. Length of session 45 mins to 1 hour (up to 12 for workshop style training, other workshops will be delivered presentation style)

- Exam stress
- Transitioning to a new school
- Healthy relationships/ bullying
- Dealing with low mood
- Dealing with worries
- Dealing with low self-esteem
- Body image/eating issues
- Health and wellbeing
- Peer support
- Identity
- Managing emotions/coping skills

Grief forums can be arranged to support groups following the loss of a teacher or pupils.

Please speak to lead administrator for further details.



Resources for education staff

www.mentallyhealthyschools.org.uk – Checklist for schools to achieve a whole school approach to mental wellbeing.

www.pshe-association.org.uk – Teacher guidance: preparing to teach about mental health and emotional wellbeing.

www.minded.org.uk – Great source of online training and resources.

www.kidsskills.org – Supporting children to learn new skills rather than fix problems

www.elsanetwork.org/resources/free-resources - Emotional literacy resources

www.cwmt.org.uk – Charlie Waller Memorial Trust Depression let's get talking. Free resources for schools.

www.saferinternet.org.uk – Links to the publication 'So you got naked online' a resource to support young people about sexting as well as sexting guidance for schools.

www.wearecamhslincs.nhs.uk – Lincolnshire CAMHS advice and support for children and young people, parents and professionals.



Resources for young people

www.kooth.com – Online support for young people age 11-19 in Lincolnshire.

www.rcpsych.ac.uk/expertadvice – Self-help and information about common mental health disorders for children and young people, families and professionals.

www.youngminds.org.uk – Lots of advice for children and young people.

www.getselfhelp.co.uk – Loads of cognitive behavioural therapy resources and self-help information for all ages.

www.wearecamhslincs.nhs.uk – Lincolnshire CAMHS advice and support for children and young people, parents and professionals

www.childline.org.uk – Helpline 0800 1111

www.moodjuice.scot.nhs.uk – self-help guides



Digital apps

Calm Harm – NHS recommended app to help people resist or manage the urge to self-harm

Mindful Gnats – designed to teach young people simple mindfulness and relaxation skills

Resources for parents

[Youngminds.org.uk](https://www.youngminds.org.uk) – Parent help line

www.kidsskills.org – Supporting children to learn new skills rather than fix problems.

www.wearecamhslincs.nhs.uk - Lincolnshire CAMHS advice and support for children and young people, parents and professionals.



References

1. Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. (2005). Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62 (6) pp. 593-602. doi:10.1001/archpsyc.62.6.5
2. WHO (2003). Caring for children and adolescents with mental disorders: Setting WHO directions. [online] Geneva: World Health Organization. Available at: http://www.who.int/mental_health/media/en/785.pdf [Accessed 14 Sep. 2015]
3. Green,H., McGinnity, A., Meltzer, Ford, T., Goodman,R. 2005 Mental Health of Children and Young People in Great Britain: 2004. Office for National Statistics
5. Gutman L and Vorhaus J (2012). The Impact of Pupil Behaviour and Wellbeing on Educational Outcomes. London: DfE
6. Langford R., Bonell C., Jones H., Poulou T., Murphy S., Waters E., et al. (2014) The WHO health promoting school framework for improving the health and well-being of students and their academic achievement. *Cochrane Database of Systematic Reviews* 4, CD008958.
7. Health Behaviour of School Age Children. *Health behaviour in school-aged children: world health organization collaborative cross-national survey*. www.hbsc.org.
8. Faulkner, J. (2011) *Class of 2011 yearbook: how happy are young people and does it matter*, Doncaster: Relate.
Children's Society (2008) *The Good Childhood Inquiry: health research evidence*. London: Children's Society.
xiv Green H., McGinnity A., Meltzer H., Ford T., Goodman R. (2005) *Mental health of children and young people in Great Britain 2004*, London: Palgrave.
www.robertsoncooper.com/6-essentials-of-workplace-wellbeing

Documents

1. Future in Mind (2015),
2. Five year forward view (2016), Promoting children and young people's emotional health and wellbeing – A whole school and college approach (Public Health England 2015),
3. Transforming children and young people's mental health provision – A green paper 2017
4. A whole school framework for emotional wellbeing and mental health. Partnership for mental health and wellbeing in schools. National Children's Bureau www.ncb.org.uk



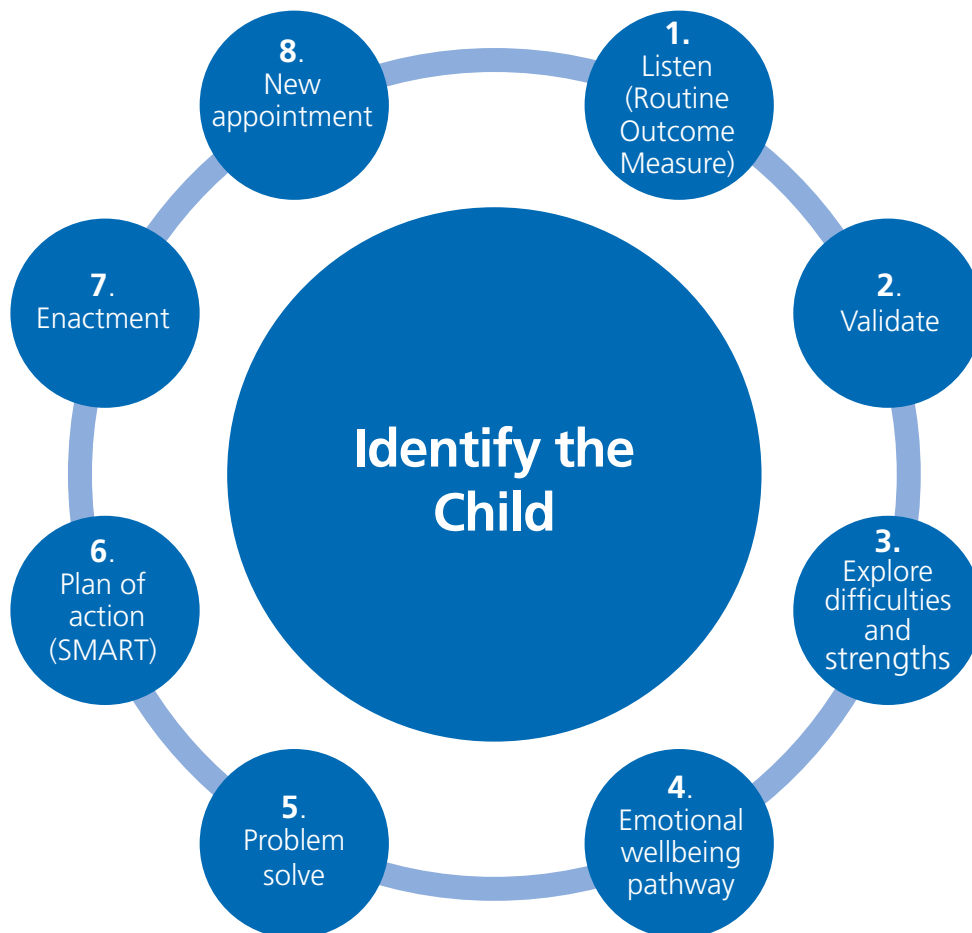
Part 2

Healthy Minds Lincolnshire Tools



Early Intervention Support Model

Healthy Minds Lincolnshire recommend using this model to explore emotional wellbeing concerns with children and young people and support them to problem solve.



1. Listen to the young person and really hear what they are worried about. Conduct an outcome measure if needed, complete an Early Help Assessment to look at what the needs are (see page 24 for guidance).
2. Recognise that this worry is real for them; do not dismiss it as being silly or that it will go away.
3. Explore the young person's strengths as well as their difficulties. It is their strengths that they will draw on to solve problems.
4. Seek support from the emotional wellbeing pathway www.lincolnshire.gov.uk/ewb.
5. Is it a practical worry? Look at how you can support the young person to problem solve that worry. Signpost the young person to self-help advice, www.kooth.com (online support).
6. Put a plan of action in place, ensure it is SMART (specific, measurable, achievable, relevant, timebound).
7. Allow the set time for the young person to make changes.
8. Arrange a time to review the plan with the young person.



General wellbeing for the young person

Promote the three foundations of healthy emotional wellbeing – eat, sleep and exercise. Is the young person always tired or avoiding PE lessons? This should be raised in the early help assessment (EHA) and discussed with parents/carers if concerned.

Screening tools and models

There are several screening tools available to use with the child/young person or from your own experiences of the young person to support you to get a better understanding of the presenting problem. At Healthy Minds Lincolnshire we do not diagnose and therefore do not generally use mental health screening tools. We do however value the use of Child Outcome Rating Scales (CORS) and Session Rating Scales (SRS) and these are used with children and young people at each session.

Child Outcome Rating Scales enable the young person to rate how they feel in relation to their own lives, school, family etc. and allows the young person and the practitioner to evaluate both the interventions and the progress the young person is making. Rating scales are a simple way to gauge current feelings and progress. For example – on a scale of 0-10 (10 being highest), how would you rate your happiness in school? On a scale of 0-10 How would you rate your relationships with others in school? These scores can then be compared at a follow up session. The results can be used in a solution focused approach or motivational approach to ask questions such as 'what changes would you need to make to score a 6 instead of a 4?' 'What are you already doing to achieve a 3 instead of a 0?'

The CORC website lists all evidence based screening tools and advises if they require a licence. The scales listed below are examples of tools that are free to use.

For use with the young person or for parents - Revised Children's Anxiety and Depression Scale (RCADS)
www.corc.uk.net/outcome-experience-measures/revised-childrens-anxiety-and-depression-scale-and-subscales/

For parents, young people and teachers - The Strengths and Difficulties Questionnaire (SDQ)
www.corc.uk.net/outcome-experience-measures/strengths-and-difficulties-questionnaire/



Feelings thermometer – How am I feeling now?

| | | |
|---|---|---|
| Rage, furious |  |  |
| Angry, Mad |  | <p>Take five deep breaths</p> <p>Change what you are doing</p> <p>Go to your calm place</p> <p>Ask for help</p> |
| Frustrated, confused, annoyed, very sad |  | <p>Take a break</p> <p>Count to 10 and try again</p> <p>Take three deep breaths</p> <p>Ask for help</p> |
| Nervous, worried, anxious or upset |  | <p>Be positive</p> <p>Say 'I can do this' or It's okay</p> <p>Think of something good or plan your favourite activity</p> |
| Happy, calm, pleased, OK |  | <p>Well done</p> <p>Everything is good</p> <p>You are relaxed calm and focused</p> |



Education setting: guide to supporting young people with low mood

Low mood is a very common and normal emotion and is a natural reaction to disappointment, sadness and loss. Low mood can often be managed by putting problems into perspective and with the support of others the feelings are usually short lived. Sometimes, however, the low mood does not lift and the young person may feel like this for an extended period of time.

Is low mood impacting on the young person's daily life?

- Loss of motivation or interest in activities they used to enjoy.
- Withdrawal from peer groups and social activities.
- Appears low in mood for long periods of time.
- Reduced self-confidence/self-esteem.
- Lack of self-care.

Is the person complaining of physical symptoms

- Changes to sleep pattern – lack of sleep, or excessive sleep.
- Lack of energy.
- Increased patterns of illness.
- Headaches.



What causes low mood?

Physical health problems – It is always important to consider that physical health problems may be the reason for the change of mood. There are many illnesses and vitamin deficiencies that can affect your mood and the parents/carers should be asked to take the young person to the GP to rule these out.

Life events – Such as bereavement, loss of friendship/relationship, moving away from friends/family, being bullied and illness usually leave people feeling low in mood for a period of time and again this is a normal reaction. If the young person continues to feel low in mood for a longer period of time and this is impacting on their daily activities and relationships they may need support to address it.

Thinking styles and behaviour – How we think and behave affects our emotions and becomes a cycle of negative thoughts and feelings. Therefore if you think negatively about a situation it will make you feel sad. i.e. a young person thinks that his friend must hate him because he didn't speak to him at lunchtime, rather than thinking that the friend may have not noticed him or was otherwise occupied. This same young person may then avoid going to the social event with the friend because of his negative thought patterns.

Activity level – Lack of meaningful activity can also lead to low mood because we generally enjoy socialising, and having activities to look forward to. If a young person is excluded from school or stuck in a hospital bed the lack of meaningful activity can also lead to low mood. Exercise generally benefits our mood and self-esteem.



What keeps the low mood going?

Healthy Minds Lincolnshire recommends using the five areas cognitive behavioural model to understand and explain to the young person why they are feeling low in mood and what they need to do to break the cycle. It can be difficult for people to recognise their thoughts and feelings to start with, an explanation of the difference can be useful. Ask the young person to keep a diary to jot down negative thoughts and how this makes them feel.

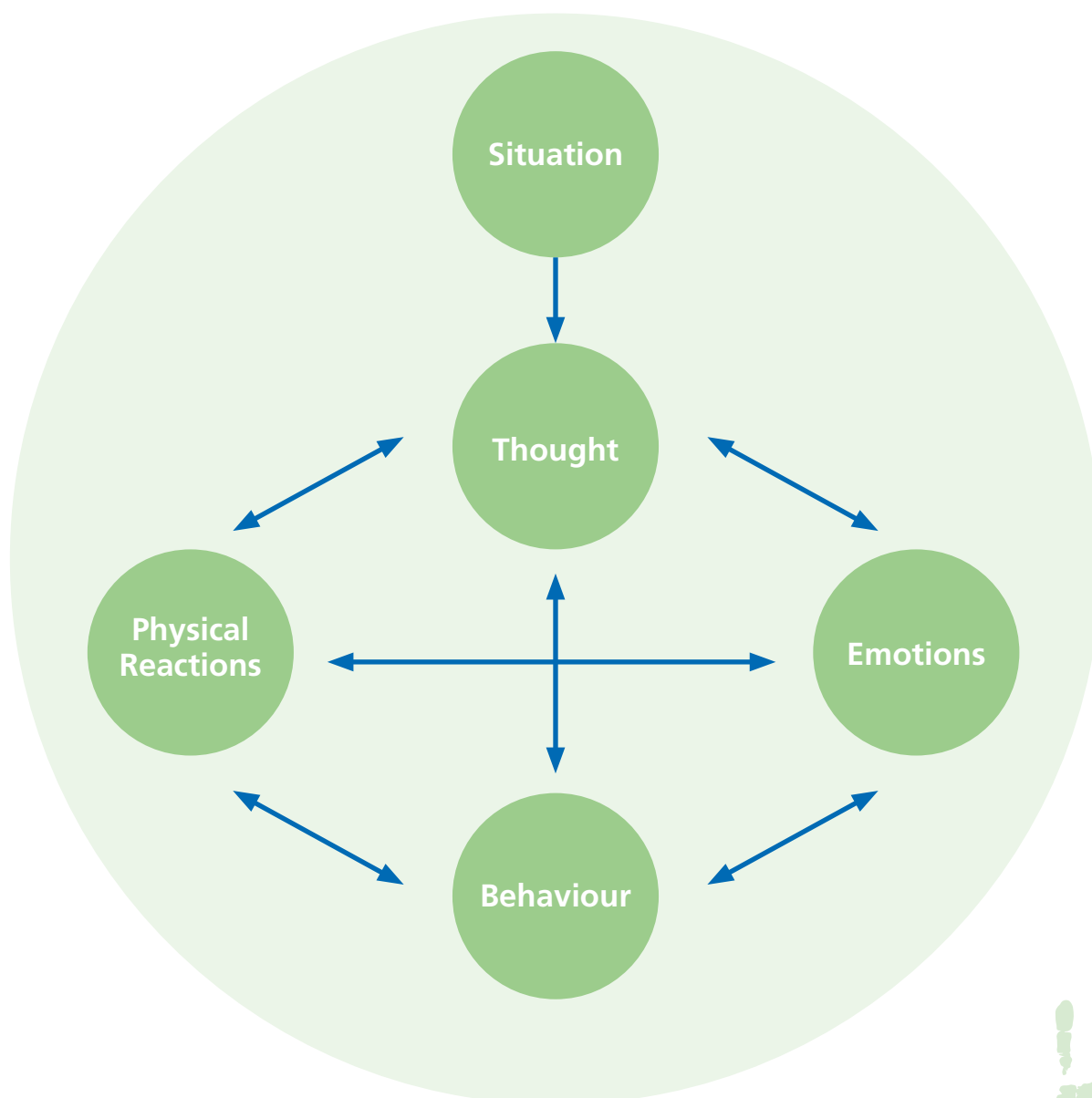
Situation – Explore what the situation is that the young person has experienced or is avoiding.

Thoughts – Can the young person recognise the thoughts that they are having in relation to that situation?

Emotions – are they feeling sad, lonely, angry, disappointed?

Physical reactions – do they feel tired, generally unwell, suffer from frequent headaches and often feel sick?

Behaviour – what is the resulting behaviour? Are they avoiding situations, have they stopped doing activities they used to enjoy.



Education setting: guide to supporting young people with worries/mild anxiety

Childhood can be challenging for many young people as they face many new or unfamiliar situations. Feeling worried and anxious about these things is a normal emotion. Worries can be formed around many things including relationships/bullying, school pressure, stress at home and illness.

Sometimes the young person needs support to recognise their emotions and understand how they can cope better with worries.

Are worries impacting on the young person's daily life?

- enjoying hobbies
- socialising
- school work
- family relationships
- sleeping
- appetite

Is the young person complaining of physical symptoms?

- upset stomach
- nausea
- pounding heart
- dizziness
- headaches



What causes worries/anxieties?

Worries usually occur as a result of experiencing a challenging life event such as changing school, moving house, making new friends and exams.

Worries will often manifest as behaviours – for example a young person may feel anxious and avoid school if they are experiencing bullying.

Anxiety is the body's natural response to a perceived threat. When we are faced with danger our bodies will release adrenaline into the bloodstream increasing our heart rate and breathing. This then provokes blood and oxygen to be pumped around the body to our muscles which enables us to 'fight or flight'. As well as being useful to escape danger, this reaction is also really beneficial when competing in sporting events, completing exams or performing in front of others. It enables us to perform in a way that can far exceed what we can normally do.



What keeps the anxiety going?

Five Areas Model

Healthy Minds Lincolnshire recommends using the five areas model – cognitive behavioural model to understand and explain to the young person why they are feeling worried and what they need to do to break the cycle. It can be difficult for people to recognise their thoughts and feelings to start with, an explanation of the difference can be useful. Ask the young person to keep a diary to jot down negative thoughts and how this makes them feel.

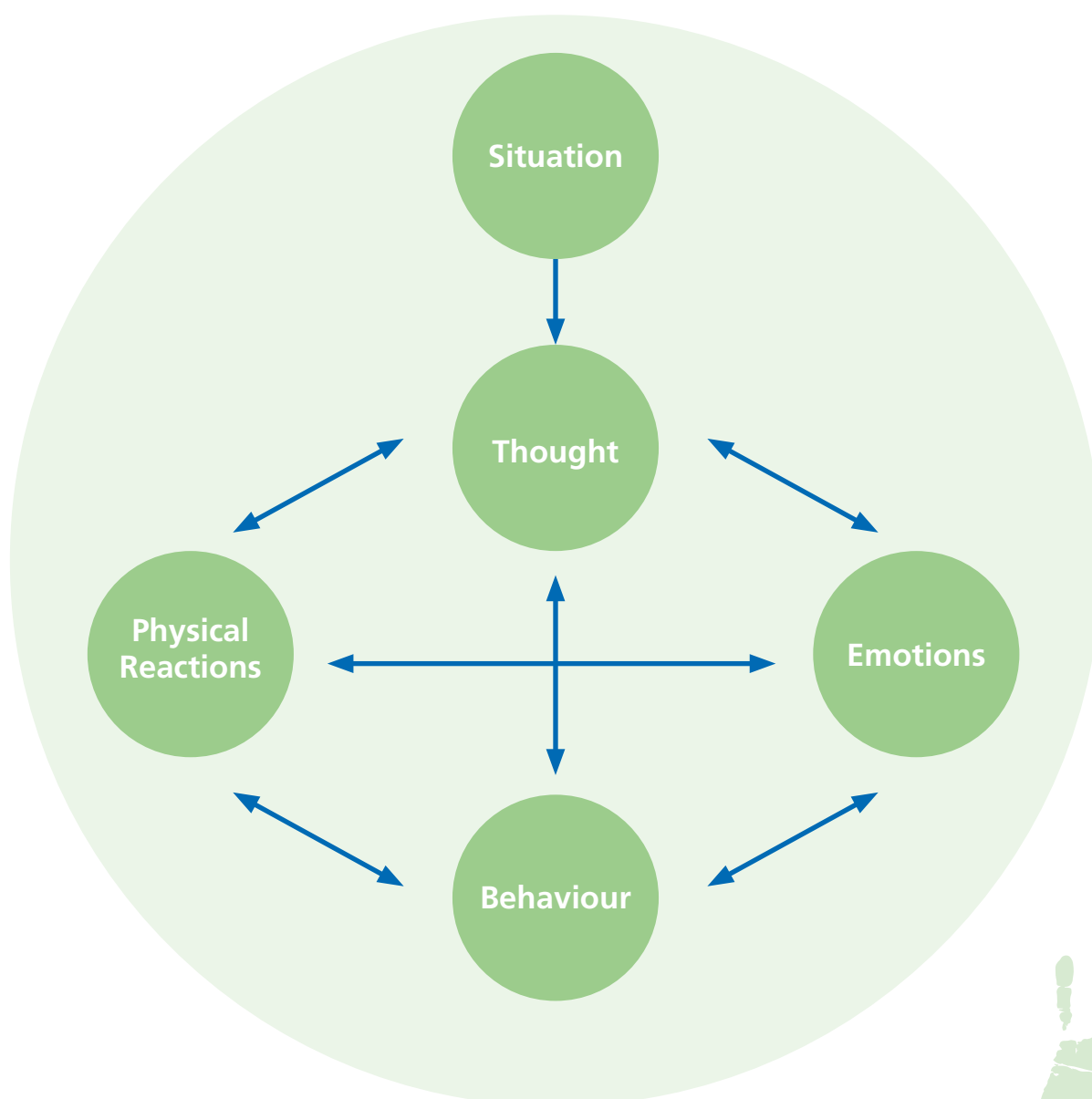
Situation – Explore what the situation is that the young person has experienced or is avoiding.

Thoughts – Can the young person recognise the thoughts that they are having in relation to that situation?

Emotions – are they feeling scared, angry and lonely?

Physical Reactions – do they feel sick, dizzy, pounding heart?

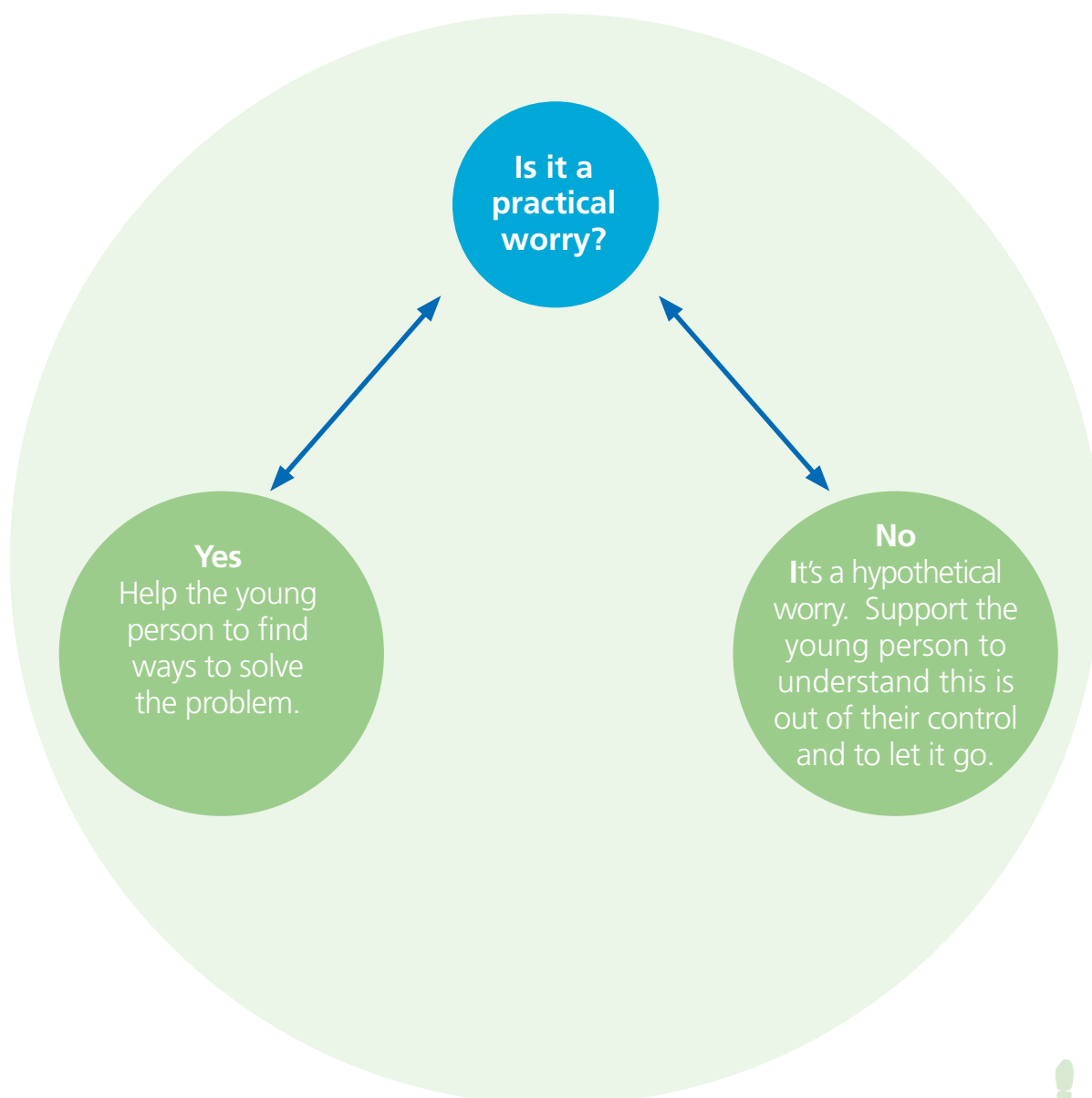
Behaviour – what is the resulting behaviour? Are they avoiding situations? How are they avoiding situations – are they acting out, withdrawing, making excuses?



Is it a practical or hypothetical worry?

Practical worries are worries that can be solved – use a worry diary to identify issues, consider tools such as planners to manage time worries.

Hypothetical worries are things that we cannot control (it might rain, I might get sick, mum and dad might get divorced) and the young person needs to be able to identify the worry and distinguish it from other thoughts. Find ways to look at worry management techniques for hypothetical worries, such as talking about worries and identifying whether they are practical or hypothetical, set pre-planned worry time to limit the amount of time spent on worrying, learn to challenge worries and avoid the cycle of worry that impacts on wellbeing by looking the five areas model.



Education setting: guide to supporting young people who self-harm

Self-harm is rarely a stand-alone issue. Young people who self-harm are often struggling to deal with difficult thoughts and emotions. (**See 5 areas model**) It is helpful to remember that the majority of people who self-harm have no intention of ending their lives.

How do people self-harm?

- cutting
- scratching
- burning
- hair pulling
- ingesting poisonous substances – including drugs/alcohol
- head banging
- asphyxiation
- ligaturing



Why do people self-harm? How does it make them feel?

If a young person is feeling constantly low in mood and numb, inflicting pain can make them feel something – feel alive.

It can be a coping strategy to help manage difficult emotions such as anger, anxiety or low mood. People feel that this is the only way to end the intensity of their emotions.

It can be an act of desperation and desire to get someone to help them when they feel they cannot ask for help in any other way.

It can be an act of self-loathing and the resulting scars and damage can justify to that young person that they are ugly or disgusting and unworthy of love.

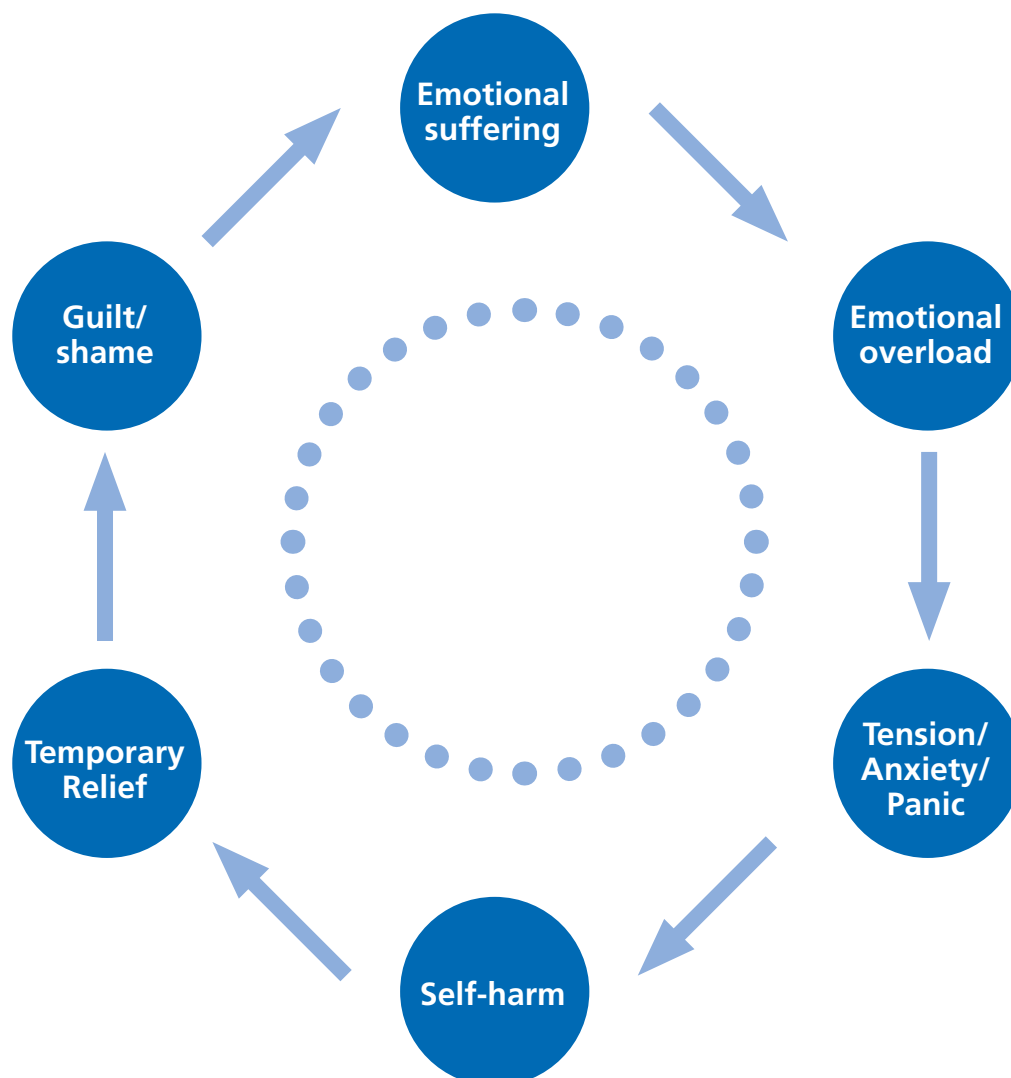
Self-harm can be a very private thing that causes embarrassment to the young person or they may instead tell lots of people in an attempt to get someone to listen to them.

Self-harm can be an outward show of distress that the young person is struggling to express in other ways.



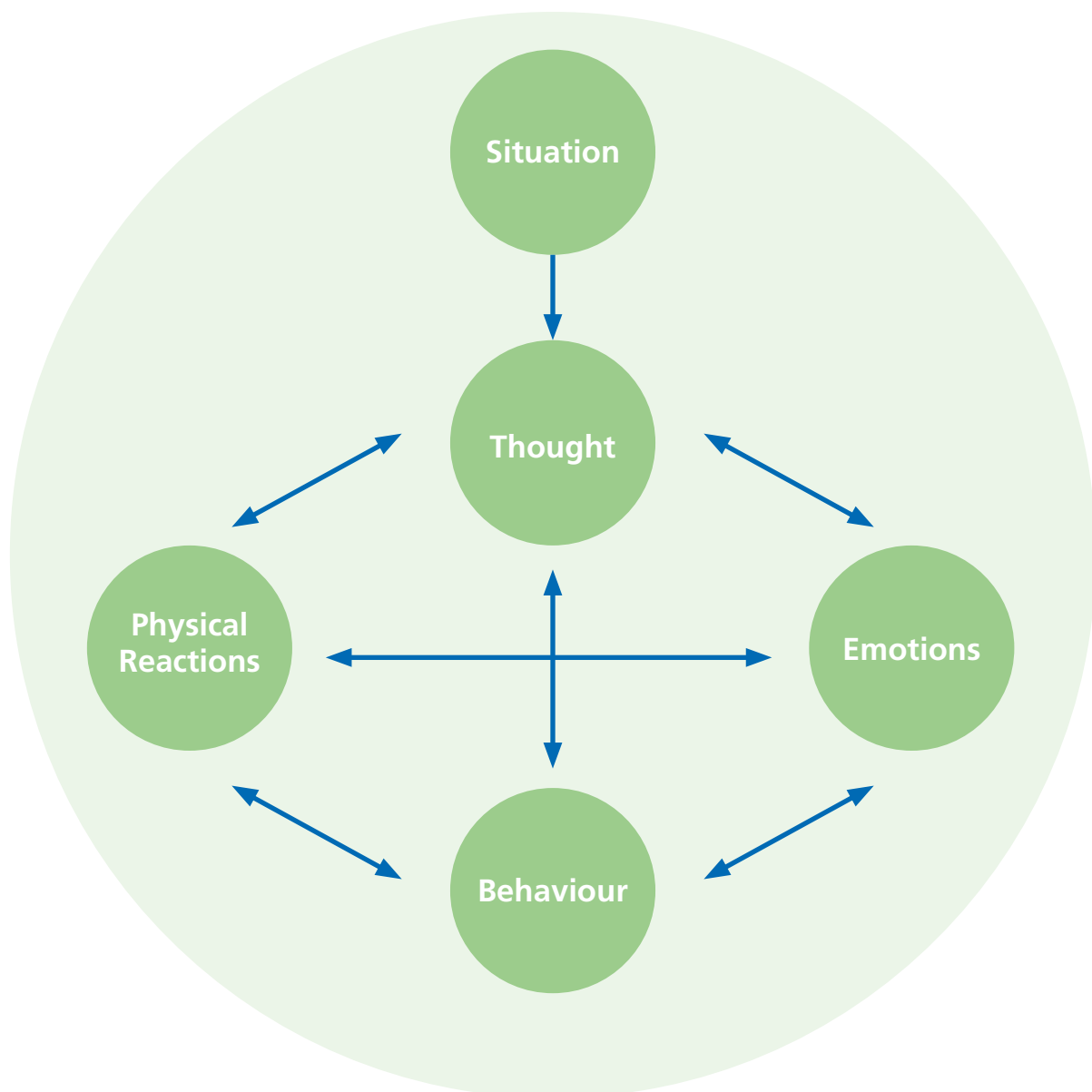
Why does it continue? Cycle of self-harm

Young people will often seek support from staff at the guilt/shame to emotional overload stages.



Healthy Minds Lincolnshire recommends using the five areas cognitive behavioural model to understand and explain to the young person what emotions they are feeling and why they are self-harming. The model will support you to explain what they need to do to break the cycle. It can be difficult for people to recognise their thoughts and feelings to start with, an explanation of the difference can be useful. Ask the young person to keep a diary to jot down negative thoughts and how this makes them feel.





Situation – Explore what the situation is that the young person has experienced or is avoiding.

Thoughts – Can the young person recognise the thoughts that they are having in relation to that situation?

Emotions – are they feeling sad, lonely, angry, disappointed?

Physical Reactions – do they feel tired, sick, dizzy, heart pounding?

Behaviour – How and when are they self-harming? Are there other behaviours such as avoidance, withdrawal from activities etc?



How do staff react to self-harm?

It can be difficult to understand why someone would self-harm and this can lead to frustration, inadequacy, panic (overreacting) or avoidance.

If a young person approaches you about self-harm, feel flattered that they trust you enough to disclose their emotions. Be non-judgemental and empathetic in your approach. Follow the steps in the **Early Intervention Model**.

If the self-harm is current and becoming more frequent and/or it presents a significant risk to the young person's physical health or life then advice should be sought from the CAMHS crisis team via the CAMHS Professional Advice Line 01522 309120

Please refer to the Lincolnshire's Self-Harm Initial Response Pathway for guidance and a list of services to support with self-harm.



Education Setting: Guide to supporting young people with trauma or Adverse Childhood Experiences (ACES)

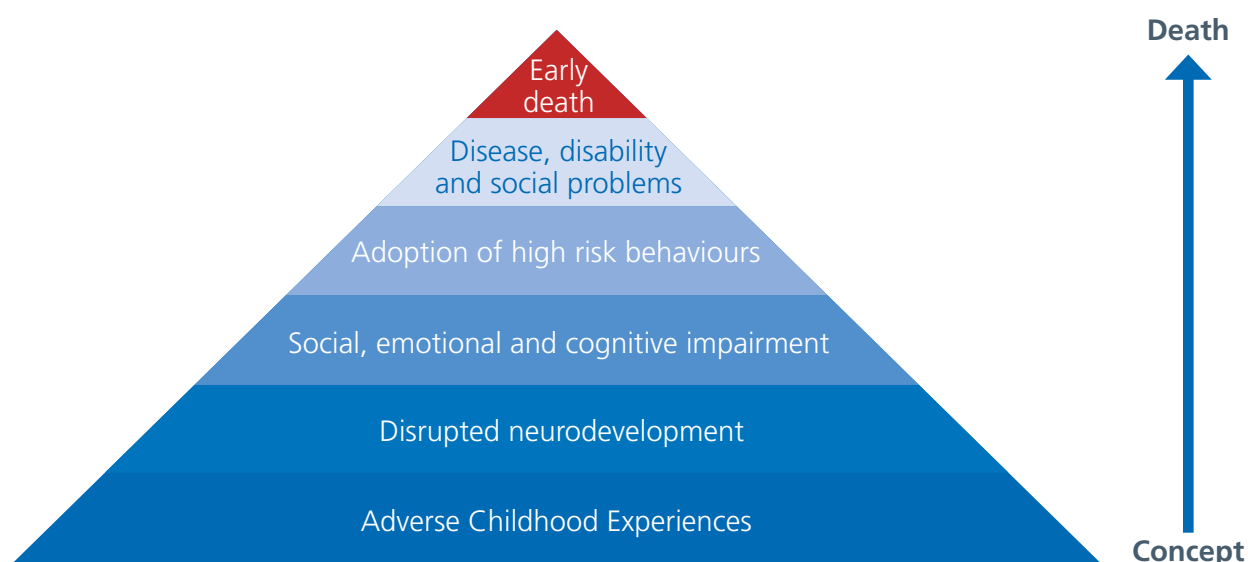
Adverse childhood Experiences (ACES)

ACES are traumatic experiences that occur before the age of 18 and are remembered throughout adulthood. These experiences range from suffering verbal, mental, sexual and physical abuse to being raised in a household where domestic violence, alcohol abuse, parental separation or drug abuse is present.

Evidence shows children who experience stressful and poor quality childhoods are more likely to develop health-harming and anti-social behaviours, more likely to perform poorly in school, more likely to be involved in crime and ultimately less likely to be a productive member of society.

It is possible to mitigate the harm from these experiences by building resilience and protective factors in the child or young person.

The [video produced by Public Health Wales](#) explores ACES awareness.



Trauma-informed practice

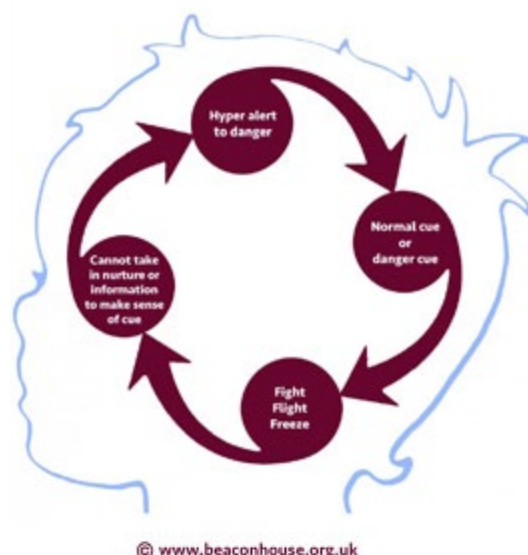
This information has been taken from '[The Repair of Early Trauma: "A Bottom Up" Approach](#)'. Please visit the website for the full guidance.

What is it?

The brainstem – the primitive part of the brain – is responsible for keeping us safe. It is the part that makes us run away from danger, fight for our life or freeze inside; and it keeps us alive. When a child lives with chronic stress, or has experienced relational trauma, their brainstem will constantly be in high alert. The problem for traumatised children is that when they transition into a safe environment, the child stays continuously in survival mode. Normal everyday events signal danger to the brain. The child is developmentally stuck in their brain-stem, very little information gets passed to the higher parts of the brain. Whilst they remain here, they cannot form secure attachments; manage their emotions or behaviour; think, learn or reflect because they are simply surviving in a world that feels dangerous.



Survival Loop



Trauma-informed practice capitalises on the fact that this damage can be repaired over time, through the experience of unconditional positive regard from attuned, responsive and reliable adults. In this, it is synonymous with attachment-aware practice.

Intended Outcomes

- Pupils within classes will feel more emotionally secure and have greater trust in the adults around them.
- Pupils who feel emotionally more settled will be able to give greater attention to their academic work.
- Adults in the school feel more confident in their responses to traumatised children.

Rationale

The relationships between adults in schools and their pupils are crucial to outcomes in terms of behaviour as well as learning. Teachers and teaching assistants can form transformative nurturing relationships with children, allowing them to trust adults and to feel emotionally secure.

Essential features of trauma-informed practice include:

- A multi-disciplinary approach. Home, school and child's support network must work together for intervention to be most effective.
- The first goal is to regulate the brain-stem. Traditional therapies usually do not work with children impacted by trauma as they simply cannot develop 'insight'.
- Consistent, caring, unconditional relationships need to be deliberately created with the role of key adult critical.
- Traditional behaviour management does not work with approaches such as 'emotions coaching' the appropriate way to manage incidents and reaffirm boundaries.
- Staff need to respond consistently to incidents, framing them as an opportunity for learning and emotional growth rather than as a power struggle (they need to think toddler – the child's developmental age in that moment).
- The emphasis must be not so much on use of consequences and rewards, but rather teaching about effective interactions through living and experiencing effective interactions. The more young people experience warm, kind interactions, the more this will become their 'norm'.

Bombèr, L.H. (2007) *Inside I'm Hurting: Practical Strategies for Supporting Children with Attachment Difficulties in Schools*. London: Worth Publishing.

Geddes, H. (2006) *Attachment in the Classroom: the links between children's early experience, emotional wellbeing and performance in school*. London: Worth Publishing.



Relaxation and mindfulness for children and young people

Breathing exercises

Children and young people can learn to relax by slowing down their breathing rate. This decreases the heart rate and normalises blood pressure. Great to practice to reduce nerves before exams or performances.

- Make sure the person is in a comfortable position.
- Take a deep slow breath, hold for couple of seconds and release slowly.
- Breathe from the abdomen and not the chest.
- Repeat for a couple of minutes. Practice regularly

Tip – If the young person is struggling to get to sleep, breathing exercises whilst counting slowly to 3 or 4 in and 3 to 4 out can be really effective in slowing down the body and mind enough to sleep. Really concentrate on the counting to block out intrusive thoughts.

Meditation and mindfulness

Mindfulness is the practice of focusing or being mindful of one thing, and being in the moment with that thing. This can be a very useful tool in learning to relax, building self-confidence and feeling more positive.

Tip 1: Breathing meditation – sit comfortably and concentrate on breathing in and out. Focus on how the breath feels coming in and out of the nose or mouth. Try not to allow your mind to let any other thoughts in. This takes practice and to start with you need to keep refocusing on your breathing.

Tip 2: Sit comfortably on a chair or lay on the floor. Focus on how each part your body feels as it touches the chair or floor. Again try not to allow your mind to let other thoughts in, keep refocusing.

Tip 3: Go outside; find something to look at, clouds, flowers, grass. Really focus on that one thing, what colour is it? What texture? Does it make a noise? Is it moving? Does it smell? How does it make you feel? Again - banish those intrusive thoughts.

Tip 4: Mindful eating – Ask the young person to eat their food item slowly, with minimal distractions. They need to really concentrate on how the food tastes on their tongue. Mindful eating is practiced in lots of workplaces now as it enables the staff to relax, really enjoy their food and stop thinking about work. A great practice food to use with a class are blueberries.

Tip 5: Use the 'Here and Now Mindfulness Card', what can you see, what can you hear, what can you smell, what can you feel what can you taste?

Music

Listening to music is a great way for a young person to relax and can be a useful tool to fight stress and forget worries. It needs to be the type of music they like. Ask the child to focus on the music and again not to let other thoughts in.



Mindfulness tool – staying in the here and now

Look around the room...

Name 5 things you can see



Name 4 things you can hear



Name 3 things you can feel



Name 2 things you can smell



Name 1 thing you can taste





Healthy Minds Lincolnshire

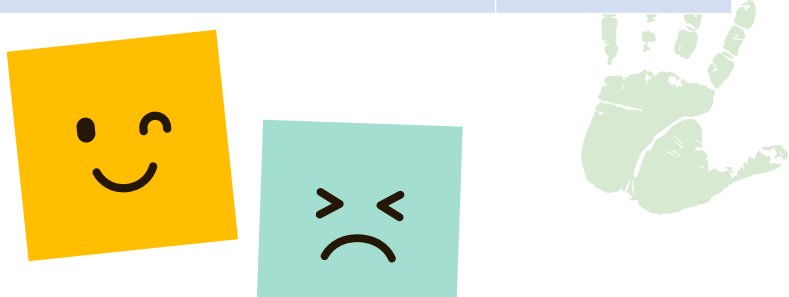
Mood diary

Use it to write your thoughts and what has happened each day. Scale your mood and sleep.

0 = worst mood/no sleep

10 = best mood/great sleep

| Day | Thoughts | Mood and sleep rating |
|-----------|----------|-----------------------|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |
| Sunday | | |



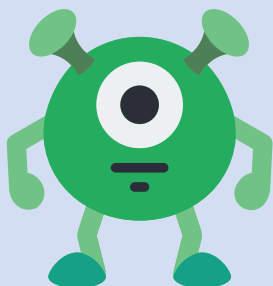


| | Morning | Afternoon | Evening |
|-----|---------|-----------|---------|
| mon | | | |
| tue | | | |
| wed | | | |
| thu | | | |
| fri | | | |
| sat | | | |
| sun | | | |



Worry monster action plan

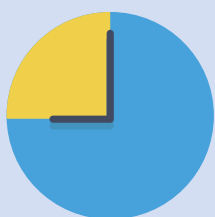
What's the worry?



What's the plan?



When can you do it?





Signs that things are going wrong:

Things that I can do to help myself?

Things that my family / carer can do to help?

Things that professionals can do to help?

People we / you should tell about it?

What else should we know? What makes things worse?



Healthy Minds Lincolnshire

The first step to accessing emotional wellbeing and behaviour support is the online portal:
www.lincolnshire.gov.uk/ewb

Advice line and self-referrals

01522 309777

Monday to Friday 9:30-4:30

