

# Senior Mental Health Leads Training for schools in B&NES, Swindon and Wiltshire

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Bath & North East  
Somerset Council

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Improving People's Lives



**Wiltshire Council**



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## A WHOLE SCHOOL APPROACH TO MENTAL HEALTH



Bath and North East Somerset,  
Swindon and Wiltshire  
Clinical Commissioning Group

# Senior Mental Health Leads Training

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Details to quote to the DfE when asked, following your claim for £1,200 grant:

Course code: **SMHL001**

Title: Senior **Mental Health Leadership in B&NES, Swindon and Wiltshire**

Training Provider: **Bath & North East Somerset**

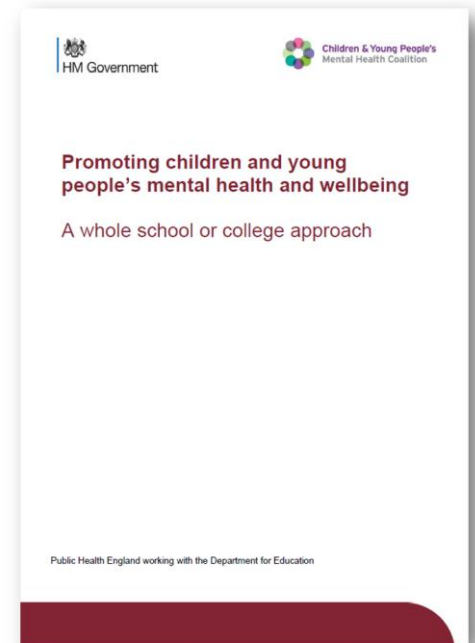
You should have a confirmation email from your LA lead with these details.

## **Facilitators:**

Clare Laker (B&NES), Surbdeep Rai (Swindon), Nick Bolton (Wiltshire).

With additional input from Oxford Health/CAMHS.

DfE Senior Mental Health Lead Training BSW : Wiltshire Healthy Schools



# Learning Outcomes

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## **By the end of the course you will have:**

- Understood the role of the Senior Mental Health Lead
- Explored personal attitudes and values and examined local data
- Identified those issues pertinent to the pupils in your school and be able to plan to meet these
- Gained confidence to embed a whole school approach to mental health in school
- Considered services and provisions within the Local Authority

## **Learning outcomes for senior mental health leads in schools and colleges**

June 2021

# Format of Course

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## 1.5 training days

- Session 1: Full day - Thursday 20<sup>th</sup> January 2022. 9-5pm
- Session 2: Half day follow up – Thursday 23<sup>rd</sup> June 2022. 9-12:30am
- Course materials: [BSW SMHL training resources Jan 2022 : Wiltshire Healthy Schools](#)

## 3 network meetings (3:30-5pm)

- Wednesday 30<sup>th</sup> March 2022
- Wednesday 21<sup>st</sup> September 2022
- Wednesday 17<sup>th</sup> December 2022

# Programme for Day 1

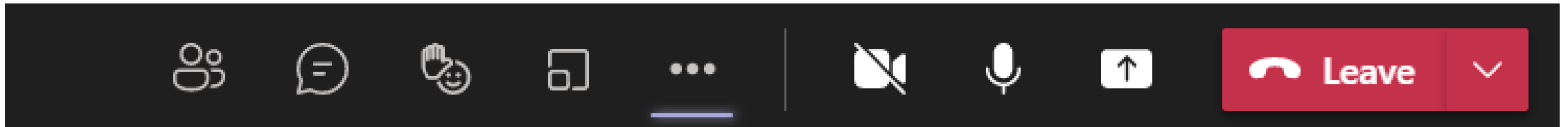
9:00	Welcome and Introductions	13:00	Support from your LA
	The role of the Senior Mental Health Lead	14:00	Screen break
	Course group work	14:10	Targeted support an overview of CAMHS
	Getting started conversations		Scenarios
	Levels of need and examining local data	15:10	Screen break
	Screen break		Share presentations
	What is a whole school approach to mental health and wellbeing?		National resources and programmes
	Pupil Voice		Consolidating learning – Q & A
11:10	(15 min) Tea/Coffee break		Next steps
	Parents and Carers		Goodbyes
	Consolidating learning – Q & A	16:30	Close
12:20	(40 mins) Lunch		



**Bath and North East Somerset,  
Swindon and Wiltshire**  
Clinical Commissioning Group

# Using Microsoft Teams

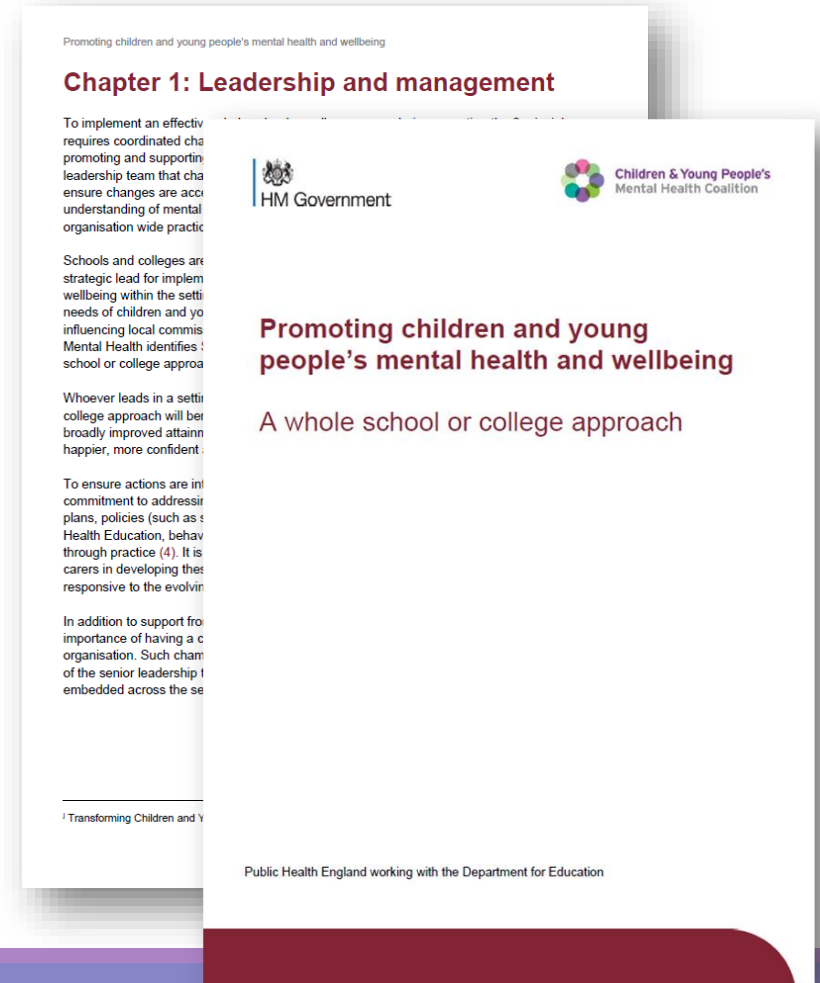
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- Use mute / unmute and camera controls
- Unmute when you would like to speak
- Turn your camera on when you speak, and in the smaller break out rooms
- We will be using the chat function for questions, comments and some activities
- You can also put up a digital hand for attention
- Use the original joining link, if you unexpectedly leave or become lost!
- Access resources during the course (click direct course page link in chat)

# The Role of the Senior Mental Health Lead

- Coordinate change in your setting, involving all staff
- Champion efforts to promote mental health and wellbeing
- Secure the support of senior leaders
- Identify and work with a key governor (desirable)
- Lead on strategic implementation
- Advocate for the needs of young people
- Explain the benefits of a whole school/college approach
- Ensure actions are integrated, sustained and monitored
- Involve pupils and students, staff and parents/carers

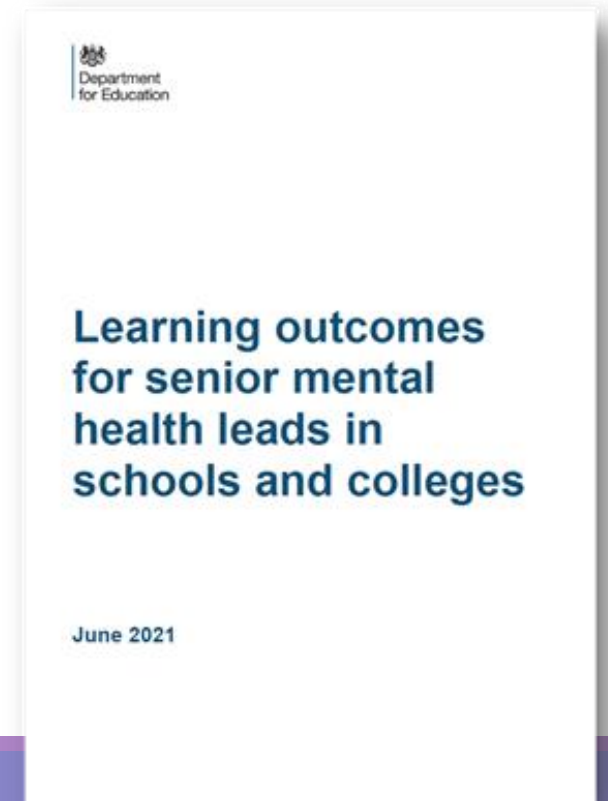


# The Role of the Senior Mental Health Lead

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Learning outcomes that will enable a senior mental health lead to implement and sustain an effective whole school or college approach to mental health and wellbeing in their setting, aligning to the 8 principles outlined in *Promoting children and young people's emotional health and wellbeing* (PHE, 2021).

- 1 Leadership and management
- 2 Identifying need and monitoring impact of interventions
- 3 Targeted support and appropriate referrals
- 4 Staff development
- 5 Creating an ethos and environment
- 6 Enabling the Student Voice
- 7 Working with parents, families and carers
- 8 Curriculum, teaching and learning



# Group work today

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You will be working in groups at various points today

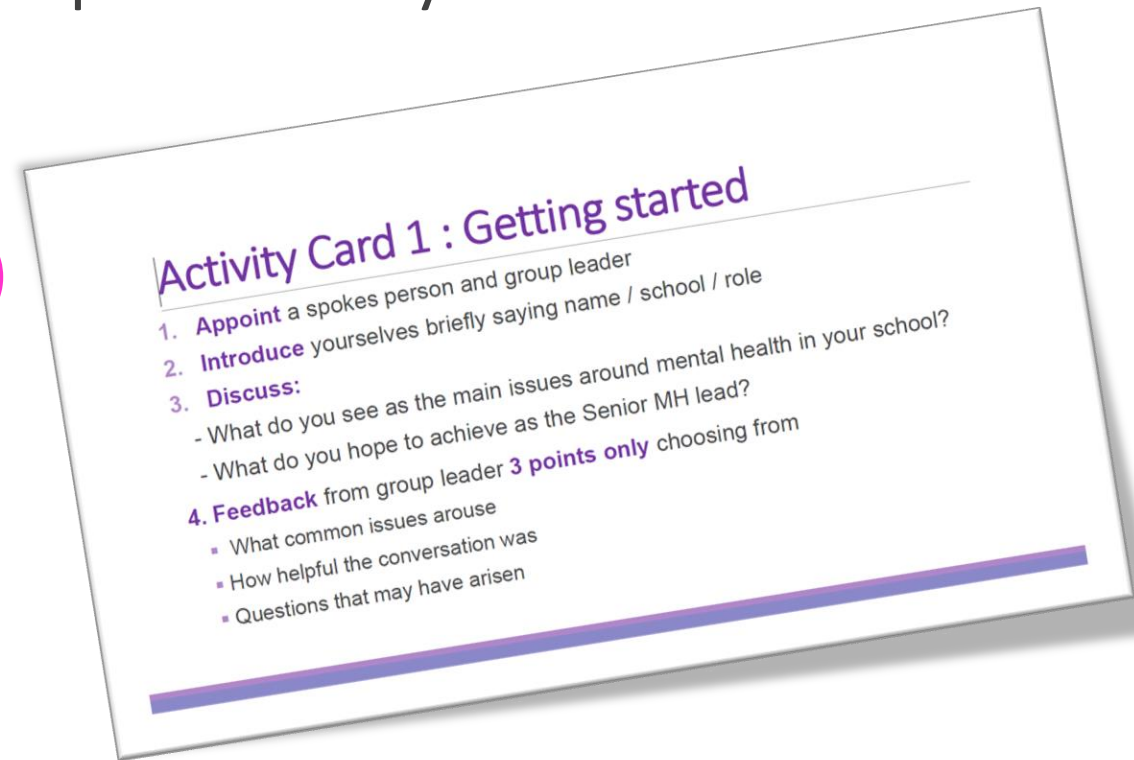
Share the activity slide

(found at course web page – see chat)

Appoint a group leader to

- Take notes
- Feedback to the whole group

**First group activity: 20 minutes**



# Activity Card 1 : Getting started

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1. **Appoint** a spokesperson and group leader
2. **Introduce** yourselves briefly saying name / school / role
3. **Discuss:**
  - What do you see as the main issues around mental health in your school?
  - What do you hope to achieve as the Senior MH lead?
4. **Feedback** from group leader **3 points only** choosing from
  - What common issues arouse
  - How helpful the conversation was
  - Questions that may have arisen

# Accessing data about CYP mental health

- Own school records & surveys
- Local Authority Health and Wellbeing Surveys
- NHS Digital
- PHE Fingertips tools



# Children & young People mental health.

Data quiz  
Grab a pen and paper  
and decide if the  
answer is higher /  
lower or the same

## Some facts

## Mental Health of Children & Young People 2017 & 2020 follow up NHS Digital

1	Rates in 2020 compared to 2017
2	Rates in boys compared to girls
3	Rates 11-16 year olds compared to 17 – 19 year olds
4	Rates in CYP identifying as LGBTQ+ compared to those not
5	Rates in white British CYP compared to Black/Black British or Asian/ Asian British
6	Those with a SEND compared to those not
7	Rates as a result of pandemic



1. Higher

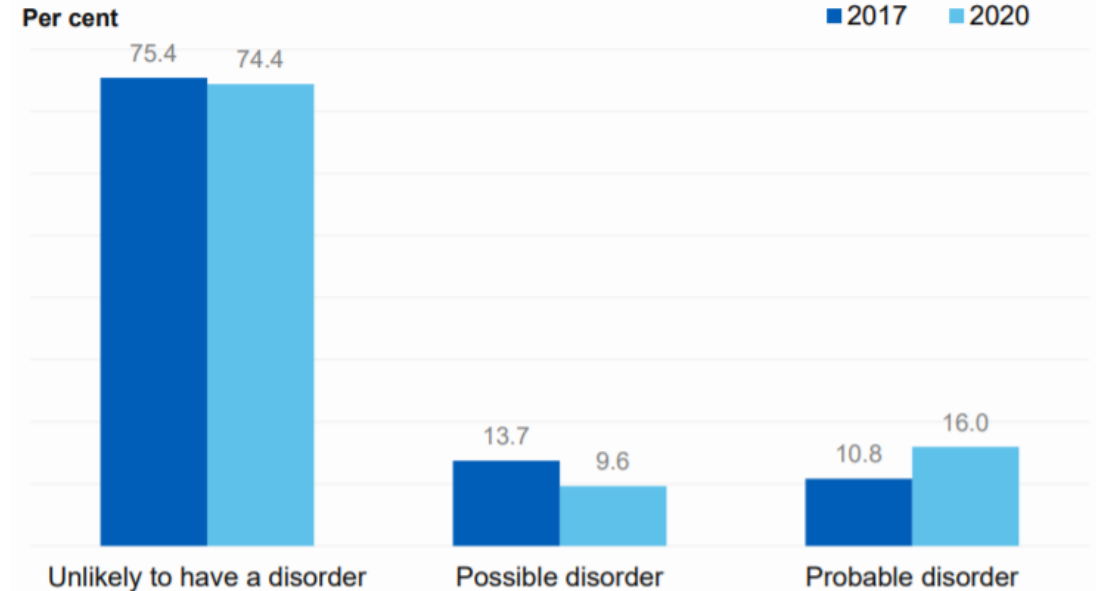
# 1. Rates in 2020 compared to 2017



Rates of probable mental disorders have increased since 2017. In 2020, one in six (16.0%) children aged 5 to 16 years were identified as having a probable mental disorder, increasing from one in nine (10.8%) in 2017. The increase was evident in both boys and girls

**Figure 1.1: Percentage of children with an unlikely, possible and probable mental disorder, 2017 and 2020**

Base: 5 to 16 year olds



Source: NHS Digital

# Rates in boys compared to girls - over all much the same but depends on age

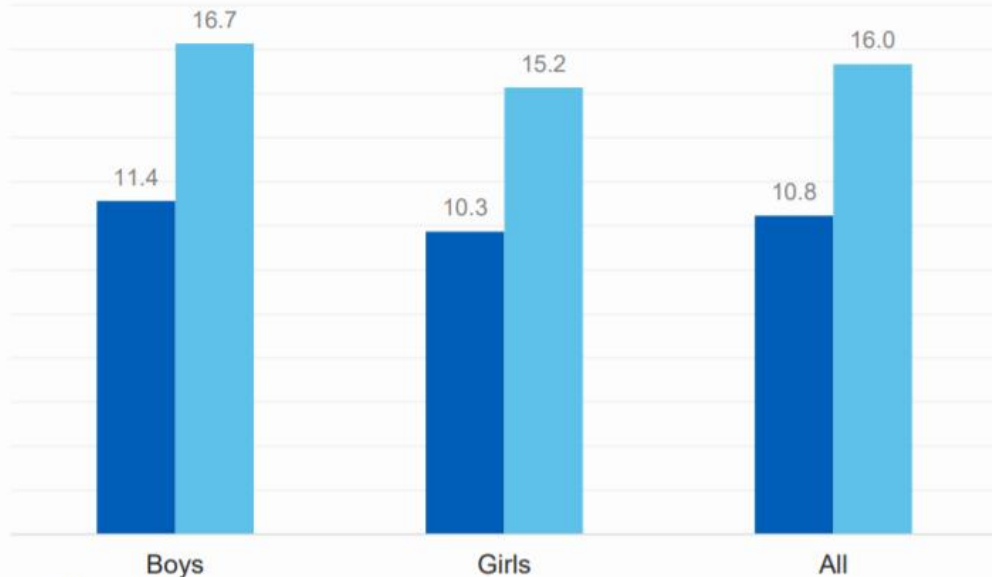
2. Same

**Figure 1.2: Percentage of children with a probable mental disorder, by sex, 2017 and 2020**

Base: 5 to 16 year olds

Per cent

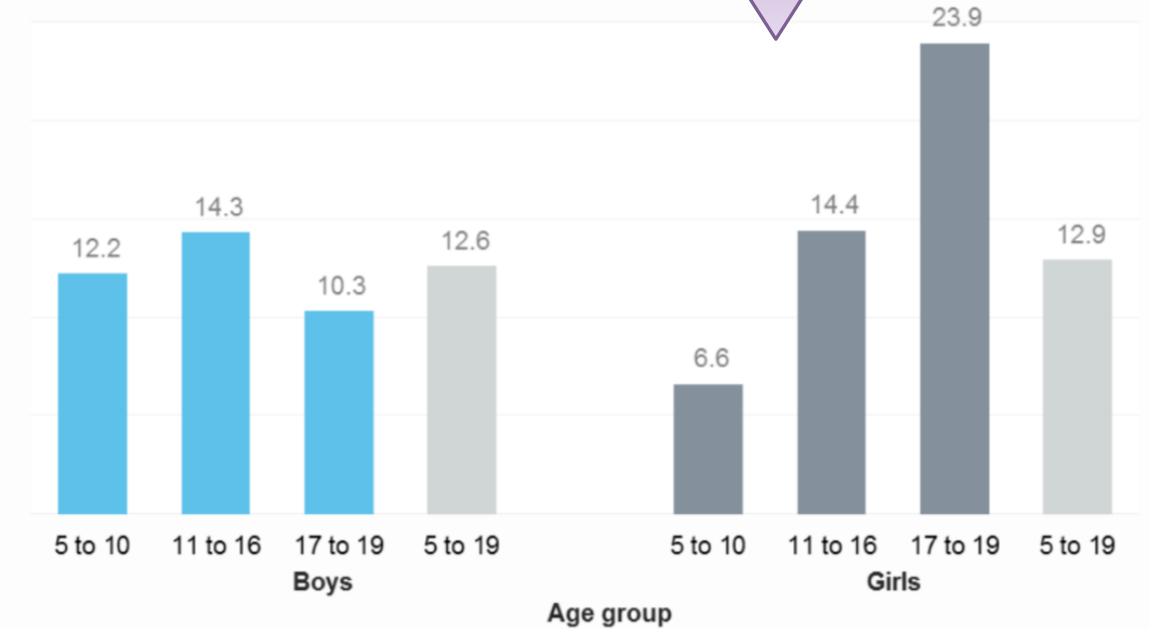
■ 2017 ■ 2020



Source: NHS Digital

3. Lower

Base: 5 to 19 year olds  
Per cent



Source: NHS Digital

# Other indices

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**4. Sexuality** Over a third (34.9%) of respondents aged 14 – 19 who identified as LGBT or other had a mental disorder compared to 13.2% of those identifying as heterosexual

**5. Ethnicity** White British 5-19 yr olds (14.9%) 3 times more likely than Black/Black British (5.6%) or Asian/ Asian British (5.2%) to have a disorder

**6. Higher - SEND Health** Higher rates for those with poor general health / SEND / Parent with poor mental health/ Parent in receipt of disability related benefit



4. Higher



5. Lower

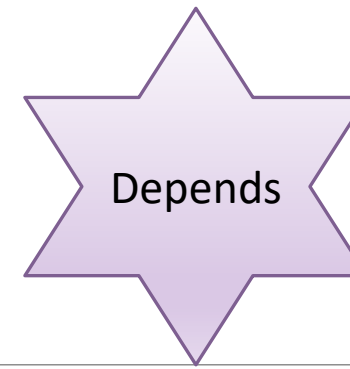


6. Higher

# Other groups that appear to be disproportionately affected

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- Looked after children
- Economically disadvantaged
- Pre-existing mental health needs / Already in Mental health services
- With physical health needs
- Parents with mental health / physical health problems
- Experienced family relationship issues / including breakdown and bereavement
- Prone to anxiety
- At risk of loneliness



## 7. As a result of pandemic

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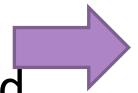
[Covid-19-mental-health-and-wellbeing-surveillance-report/7-children-and-young-people](#)

March to September 2020 life satisfaction and happiness was relatively stable. Females and those with pre-existing mental health issues experienced more negative impacts

September 2020 – January 2021 saw a decline in wellbeing with increased anxiety as a key impact

January 2021 – June 2021 reduced data available but the evidence available showed an increase in behavioural, emotional, and restless/attentional difficulties in January.

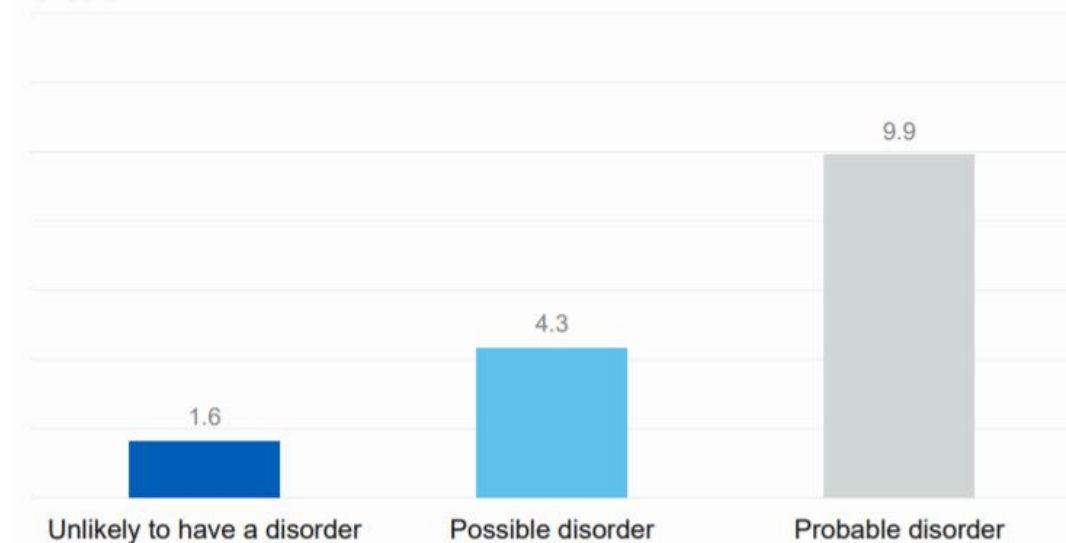
This had subsequently decreased by March 2021. All children also appeared to have experienced a reduction in mental health symptoms as restrictions eased in March 2021



**Figure 5.2: Percentage of young people living in a household that could not afford to buy enough food or had to use a foodbank, by mental health of young person, 2020**

Base: 17 to 22 year olds

Per cent

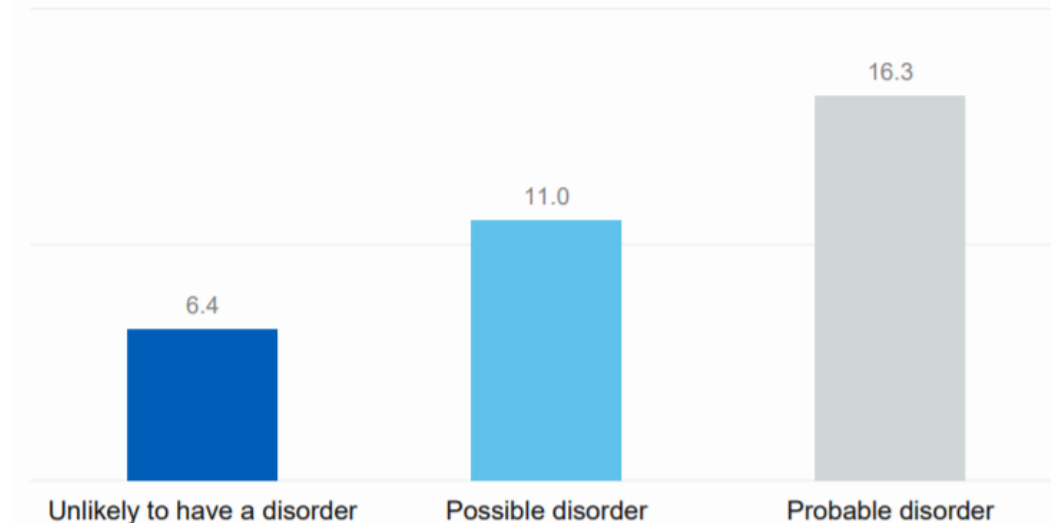


Source: NHS Digital

**Figure 5.1: Percentage of children living in a household that fell behind with payments during the pandemic, by mental health of child, 2020**

Base: 5 to 16 year olds

Per cent

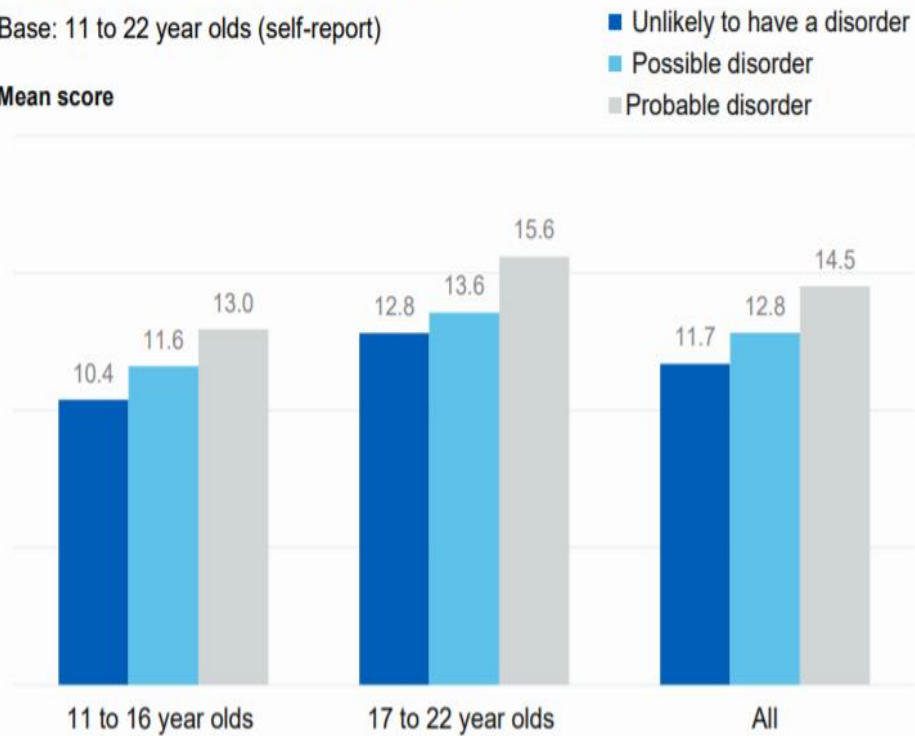


Source: NHS Digital

**Figure 3.1: Mean total pandemic anxiety score, by mental health of child or young person, 2020**

Base: 11 to 22 year olds (self-report)

Mean score

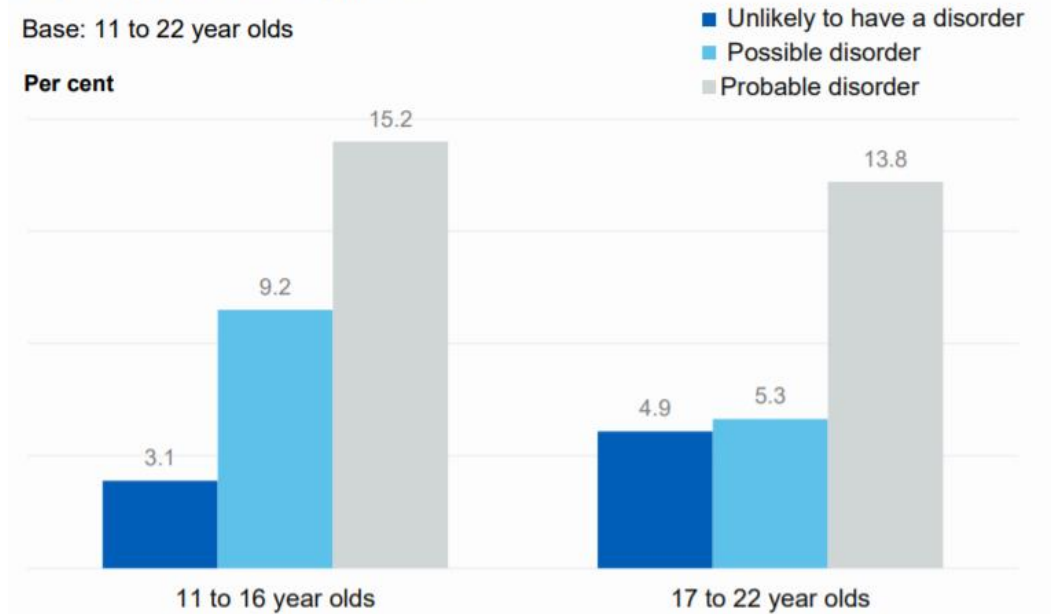


Source: NHS Digital

**Figure 5.4: Percentage of children and young people who felt life got much worse under lockdown, by mental health of child or young person and age, 2020**

Base: 11 to 22 year olds

Per cent

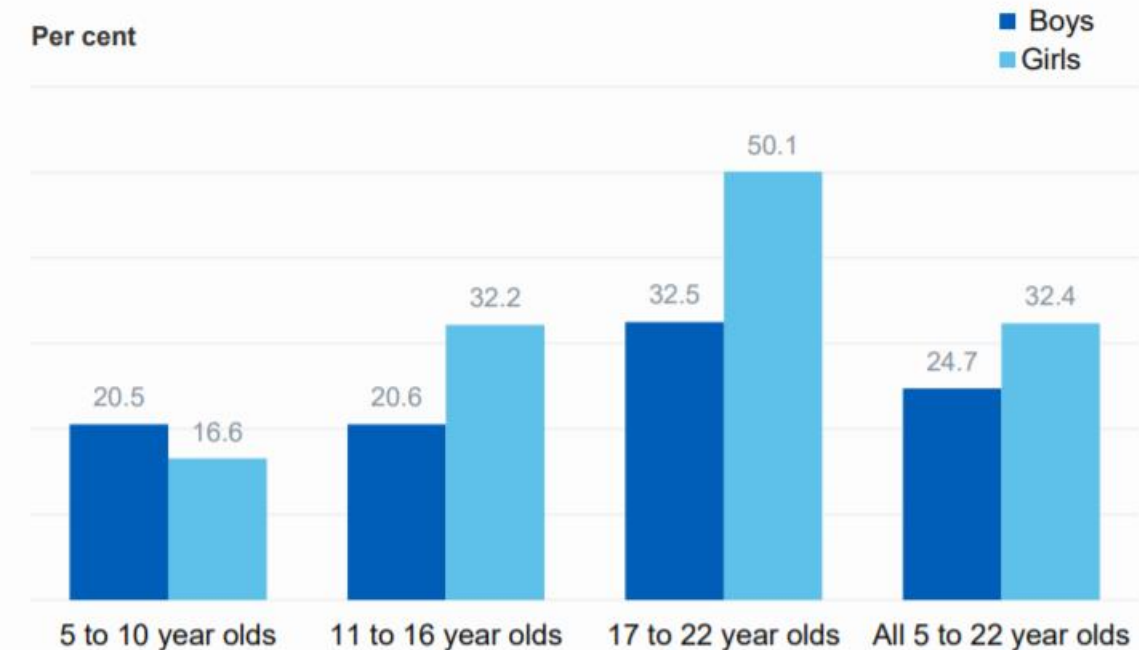


Source: NHS Digital

# A few other key findings ... 2020 Sleep

**Figure 3.6: Whether child or young person had sleep problems in the past 7 days, by age and sex, 2020**

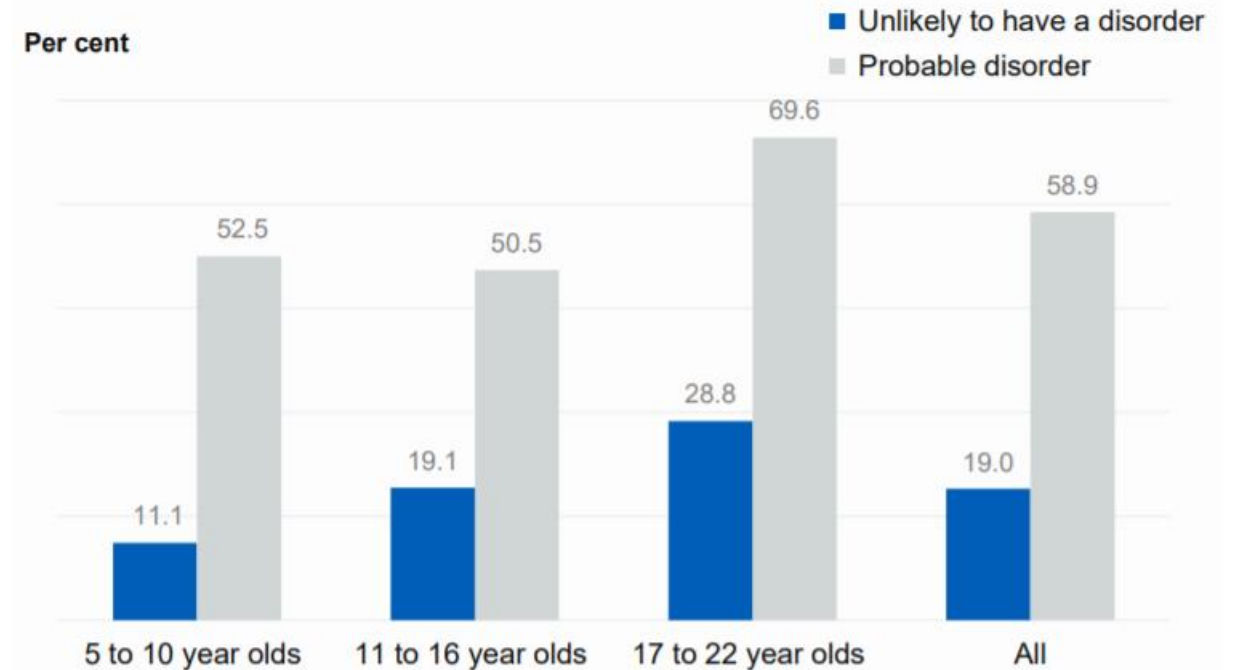
Base: 5 to 22 year olds (parent report 5-10 year olds; self report 11-22 year olds)



Source: NHS Digital

**Figure 3.7: Whether child or young person has had sleep problems in the past 7 days, by mental health of child, 2020**

Base: 5 to 22 year olds (parent report 5-10 year olds; self-report 11-22 year olds)



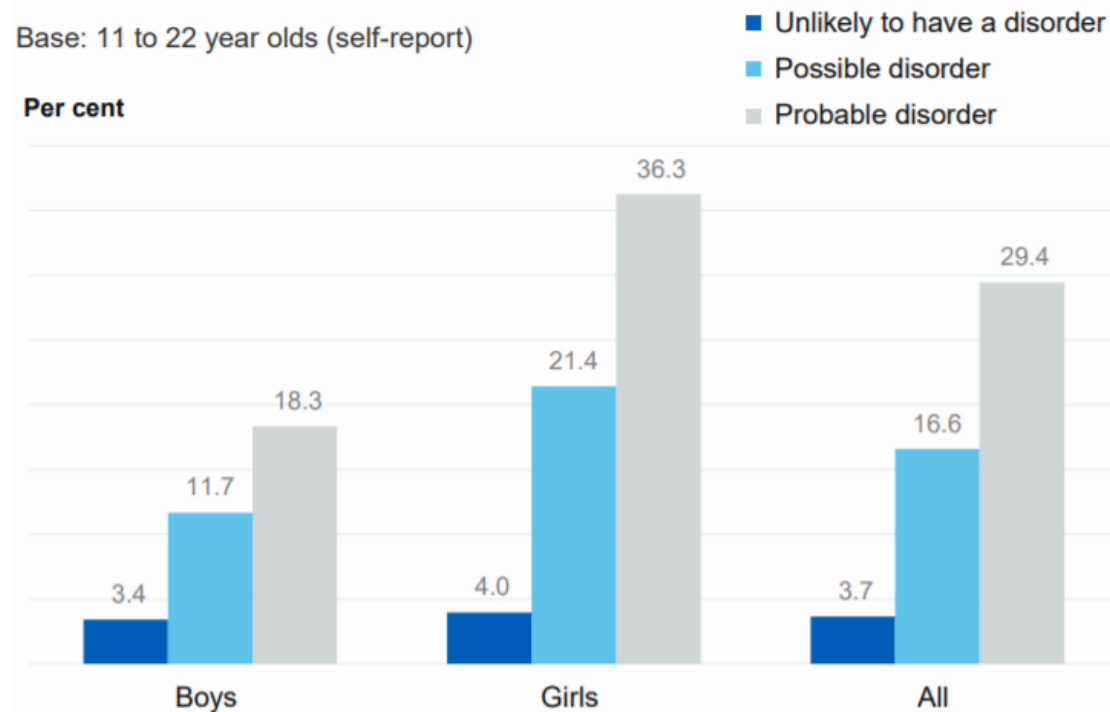
Source: NHS Digital

# A few other key findings ... 2020 loneliness

**Figure 3.8: Percentage often or always feeling lonely, by mental health of child and sex, 2020**

Base: 11 to 22 year olds (self-report)

Per cent



Source: NHS Digital

## 2017 : CYP with mental health disorder were more likely than those without to have:-

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Been bullied and bullied others, on/ offline

Experienced adverse life events

Low levels of social support

Self harmed at some point in their life

Not participated in clubs and organisations

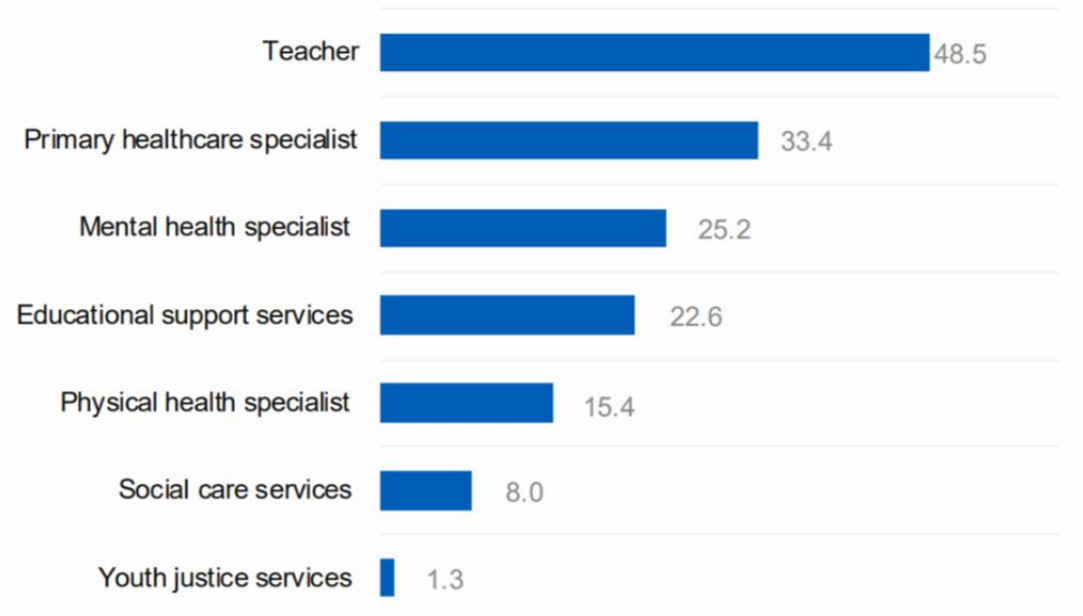
Not as physically active

Tried alcohol, illicit drugs and tobacco / e-cigarettes

# Type of professional contact for a mental health reason in past year.....

Base: 5 to 19 year olds with a disorder

Types of professional service



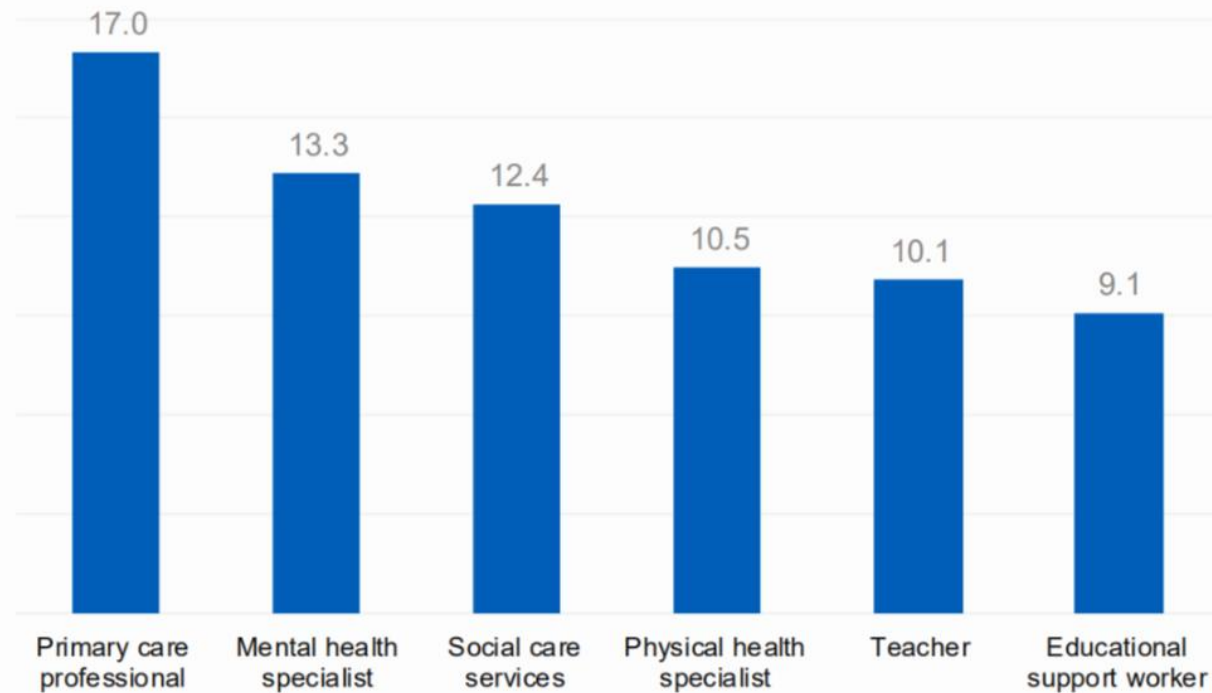
Source: NHS Digital

Per cent

.....and whether that was ‘**un**helpful’ or ‘very **un**helpful’

Base: 5 to 19 year olds with a disorder and service contact

Per cent



Source: NHS Digital

What are the take homes for  
your school from these data  
headlines?

Feel free to share in the chat box

Screen Break

# Promoting children and young people's emotional health and wellbeing A whole school and college approach

Updated September 2021

- ✓ **Prevention** – An environment where mental health problems are less likely to happen and students equipped to be resilient
- ✓ **Identification** – recognising emerging issues as early and accurately as possible
- ✓ **Early support** – Helping students to access evidenced informed support & interventions
- ✓ **Specialist support** – Working effectively with external agencies to provide access and referrals to support needed

# Eight domains for a holistic approach



# Pupil Voice

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A whole school or college approach means listening to the voices of everyone in the school community.

This includes children and young people as well as parents and carers, and school staff.

Involving students in decisions that impact on them can benefit their mental health and wellbeing by helping them to feel part of the school, college and wider community and to have some control over their lives.

# Pupil Voice – key principles

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Pupils need to know that:

- it is safe
- it is important for them to share their views on what happens at school
- what they say is valued
- what they say will be listened to and considered

# Activity Card 2 : Pupil voice

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## 1. Discuss:

- How can you ensure the views of all pupils and students are heard?
- What about the younger, more vulnerable (e.g. SEND, LAC, LGBT, FSM), and/or quieter pupils and those who don't enjoy school?

## 2. Feedback from group leader **3 points only** choosing from

- What opportunities can be provided for pupil voice?
- On which aspects of school life can pupils and students share their views?
- How will you know that pupil voice has been effective?

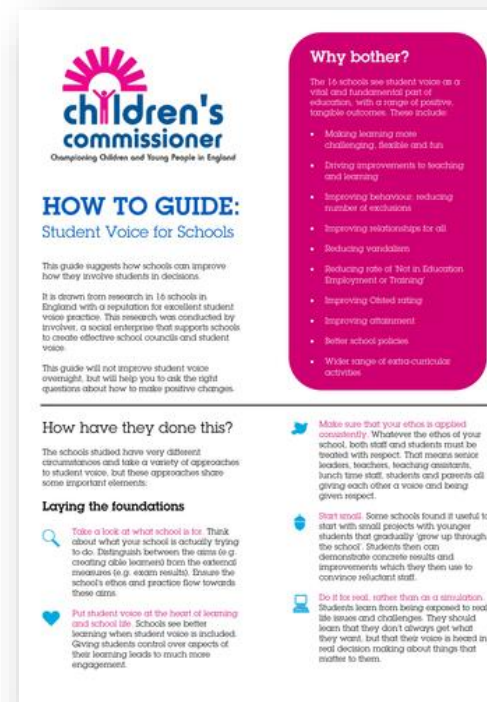
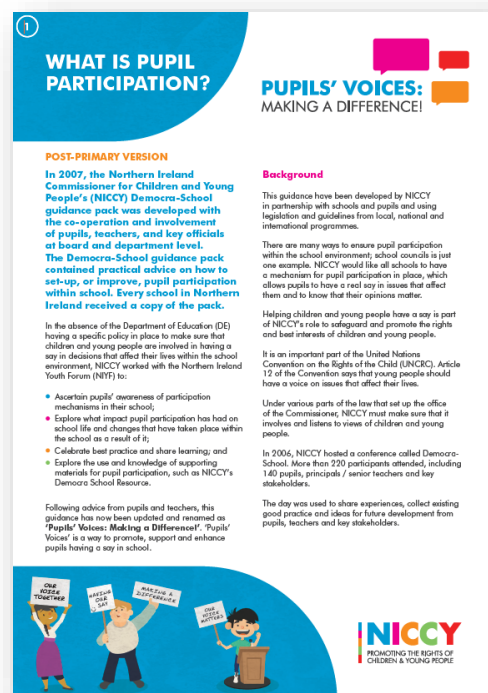
# Pupil voice in practice

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- Ensure all children and young people are heard
- Make sure consultation is varied and includes many different aspects of school life
- Consultation must have clear published actions
- Embed children and young people's participation into all aspects of school life, rather than just seeing it as an add-on.
- Ask pupils the best way to promote participation and ensure their voices are heard within the school and wider community.
- Review regularly; something that worked once might not be working now.

# More Pupil Voice ideas and resources

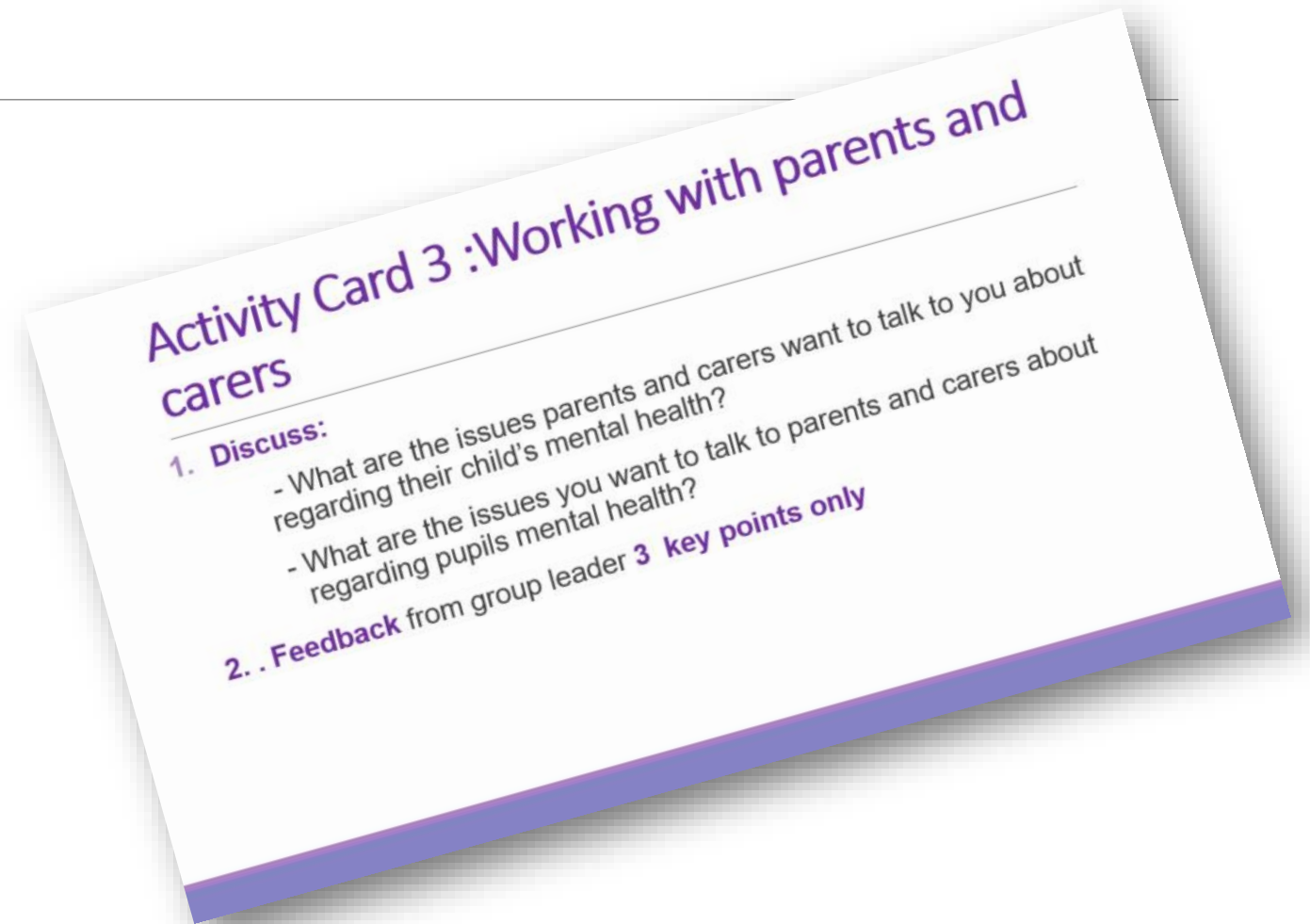
More ideas and related resources can be found here: [Pupil voice : Mentally Healthy Schools](#)



# After the break

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Have activity card  
3 ready to use



Tea/coffee Break

# Working with parents and carers

( you will need a smart phone or device for this slot )

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## Activity card 3 group activity

( 10mins in group)

### 1. Discuss:

- What are the issues parents and carers want to talk to you about regarding their child's mental health?
- What are the issues you want to talk to parents and carers about regarding pupils mental health?

**2. Feedback** from group leader **3 key points only**

# Working with parents and carers

( you will need a smart phone or device for this slot )

**What are the  
issues for  
schools?**

Absenteeism  
Abuse  
Academic stress  
Alcohol / drugs  
Behaviour  
Bullying  
Domestic abuse  
Friendships  
Loneliness / isolation

SEND  
Sleep  
Stigma  
Parental anxiety  
Parental mental health  
Parenting styles  
Physical health  
Poverty  
Transition

**The family & the  
school have the  
greatest impact on  
MH**

**Good  
partnerships  
enable pupils  
to thrive both  
academically  
& emotionally**

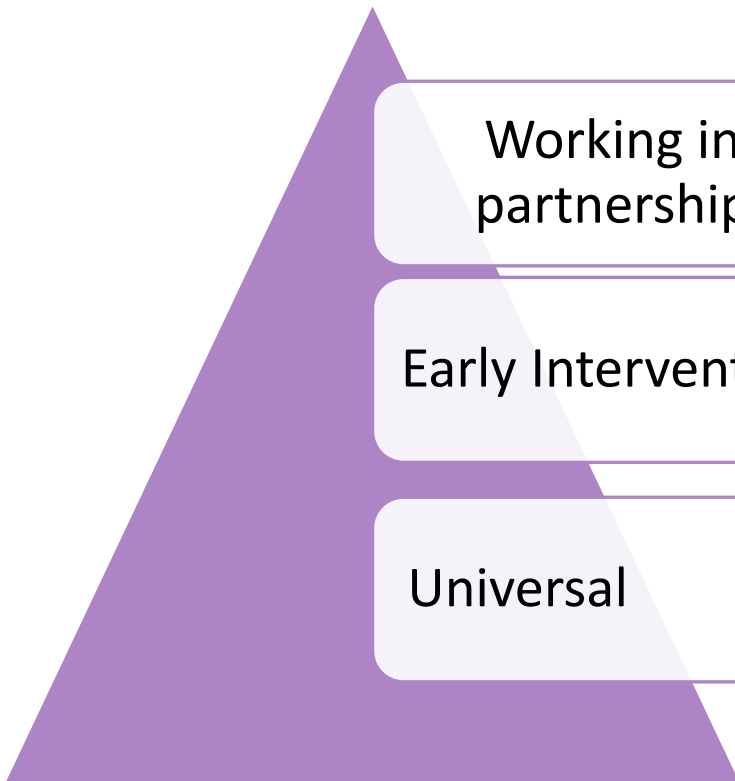
# The Basics [www.annafreud.org/parents-and-carers](http://www.annafreud.org/parents-and-carers)



- ☐ Broader relationship. Leadership team & governors. How approachable are you?
- ☐ Providing information and signposting
- ☐ Sitting in the parent/carers seat. What is going on for them?
- ☐ Getting the best out of difficult conversations
- ☐ Addressing issues for staff
- ☐ Parent champion scheme

# Good practice: Parents and carers are...

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Working in  
partnership

- Involved in any support provided by the school or decisions about their child with regard to mental health **Specialist engagement in school & referrals**

Early Intervention

- Regularly offered opportunities to participate in events at school that will deepen their understanding on mental health and wellbeing and support their parenting and family life **targeted engagement. Workshops / forums/ 1-1s reports etc**

Universal

- Regularly provided with accessible information about mental health and wellbeing policies, procedures and how to access services **school events /websites/ news/ social media /timely info**

# Having a conversation with parents and carers



## Top tips



### Top tips for meeting with a parent/carer

Guidance for meeting with a parent/carer to discuss mental health and wellbeing, with tips for before, during and after the meeting.

[Download](#)



# Demonstrating your school's commitment

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- The parent's role in supporting school requirements
- The school's role in helping parents support their child
- Sharing learning about mental health and wellbeing
- How to access help when it is needed both in school and from other services

# Demonstrating your schools commitment

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Your child's  
health &  
wellbeing

## Mental health and wellbeing: information for parents and carers

Enter your **school / college name** take the emotional health and wellbeing of every child seriously. We believe that the school can help pupils build resilience and support them to be mentally healthy. Our mental health and wellbeing policy sets out how we do this. **(Add hyperlink to your policy)**

We all have ups and downs in life but in childhood it can be particularly hard to cope with sad feelings and worries that arise when things are hard or scary. There may be times when your child is unhappy or struggling emotionally. You may notice that they seem low or worried or that their behaviour changes. We may notice that they seem withdrawn or upset at school.

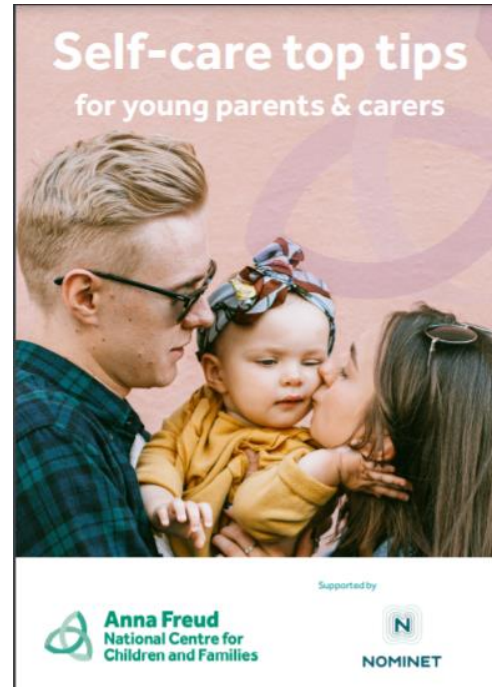
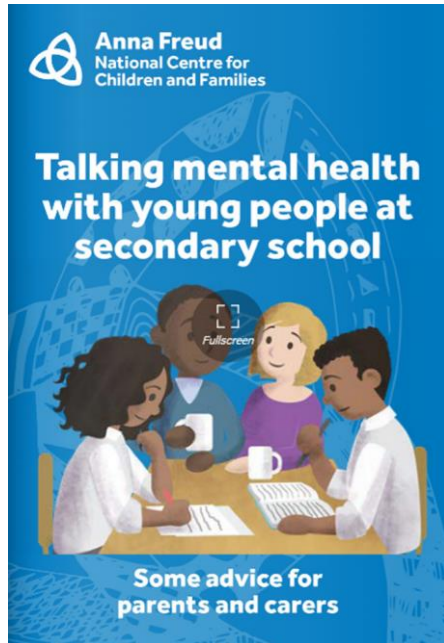
If you are worried about your child's mental health then you are not alone. Many parents and carers have similar worries and stresses. There is good support available from local and national organisations. The sooner you seek help the better for your child and you.

The leaflet: [\*Mental health problems in children and young people: guidance for parents and carers\*](#) provides some useful tips for helping your child plus links to local and national services.

## Local services for children & young people

- **The School**  
Please talk to us about your concerns, so that we can work together to help your child feel better. **Add here info about who to contact in the first instance and how to do this.**
- **Your GP**  
A GP can check any physical symptoms linked to your child's health and talk with you about their emotional well-being making a referral to a specialist service if necessary.

# Resources



**We've produced a series of expert podcasts to help parents understand and manage child and family mental health problems.**

# Resources



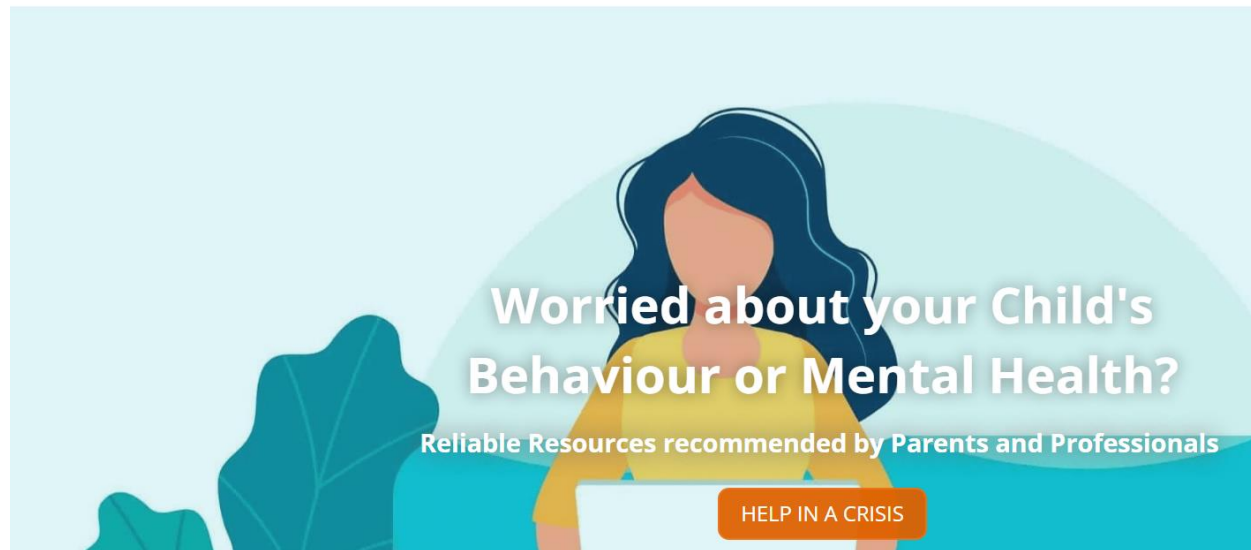
You are not alone.

Thousands of parents contact us every year and get the help they need.

T: 0808 802 5544  
E: [parents@youngminds.org.uk](mailto:parents@youngminds.org.uk)  
W: [youngminds.org.uk/parents](http://youngminds.org.uk/parents)



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## Supporting your child's mental health



Parenting a child with issues



Top parenting tips



Setting up a parent support group



Parenting in a digital world



Talking to my child or teenager



Keeping ourselves strong



Everyday parenting



Building confidence and resilience

# Consolidating learning

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- Key points from the morning
- Questions and answers from chat

## After lunch - Support from your LA

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You will be working in a Local Authority breakout room:

- B&NES
- Swindon
- Wiltshire

See email invite for your new joining link, from your local lead. Use this new link, for the hour session from 1pm.

Lunch Break

# Support from your LA – after lunch

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You will be working in a Local Authority breakout room for the next hour (1-2pm):

- B&NES
- Swindon
- Wiltshire

See email invite with the Teams link from your local lead

Screen Break

# Targeted Support from CAMHS

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Support across the BSW area

And time for questions

# Mental Health Support Team



Mental Health  
Support Team  
Bath and North East Somerset

<b>Schools we currently offer intervention</b>	<b>Schools from January 2022</b>	<b>Consultation only</b>
Chew Valley School	St Martin's Garden Primary School	Aspire Academy
Castle Primary School	St Mary's Church of England Primary School	Three Ways School
St Mark's C of E	Bath College City Centre Site (full time syllabus Under 18s)	
Oldfield School	Fosse Way School	
Mendip Studio School	Ikb Academy	
Roundhill Primary School	Longvernal Primary School	
St John's Church of England Primary	Marksbury CofE Primary School	
St Johns Catholic Primary	Moorlands Junior School	
Combe Down CofE Primary	Mulberry Park Educate Together Primary Academy (ii)	
Moorlands Infant	Oldfield Park Infant School	
St Keyna Primary School	Ralph Allen School	
Peasdown St John Primary	Saint Gregory's Catholic College	
St Andrews C of E	Shoscombe Church School	
Oldfield Park Junior	Somerdale Educate Together Primary Academy (iii)	
St Michael's CofE Junior School	St Julian's Church School	
Pensford Primary	Westfield Primary School	
St Mary's Church of England Primary	Whitchurch Primary School	
Bath College (Radstock Site)		
Broadlands Academy		
St Nicholas CofE Primary		
St Philip's CofE Primary School		
Trinity Church School		
Twerton Infant School		
Writhlington School		

Calne Primary Schools	Calne Secondary School	Salisbury Primary Schools:	Salisbury Secondary Schools:
*Marden Vale C of E Academy	*Kingsbury Green Academy	Harnham Infants School	Salisbury 6th Form College
*Priestley Primary School		Harnham Junior School	Sarum Academy
Chippenham Primary Schools:	Chippenham Secondary Schools:	Manor Fields Primary School	South Wiltshire University Technical College
Charter Primary School	Abbeyfield School	Pembroke Park Primary School	St Joseph's Catholic School
Frogwell Primary School	Hardenhuish School	Sarum St Paul's C of E Primary School	Wiltshire College - Salisbury Campus
Ivy Lane Primary School	Sheldon School	St Mark's C of E Junior School	Wyvern St Edmund's School
Queens Crescent School	Wiltshire College - Chippenham Campus	Saint Martin's C of E Primary School	
St Mary's RC Primary School		St Osmund's Catholic Primary School	SEN Schools Salisbury:
St Nicholas Church of England VC Primary School, Bromham	SEN Schools Chippenham:	St Peter's C of E Primary Academy School	Exeter House Special School
St Paul's Primary School	St. Nicholas' School	Woodlands Primary School	
St Peters C of E Academy		Wyndham Park Infants School	
Devizes Primary Schools:	Devizes Secondary Schools:	Trowbridge Primary Schools:	Trowbridge Secondary Schools:
Five Lanes Primary School	Devizes School	Bellefield Primary School	St Augustine's Catholic School
Southbroom Infants School	Lavington School	Holbrook Primary School	The Clarendon Academy
Southbroom St James Academy		Grove Primary School	The John of Gaunt
St Joseph's Catholic Primary School		Newtown Community Primary School	Wiltshire College Trowbridge
The Trinity Primary School	SEN Schools Rowde (Nr Devizes)	Oasis Academy Longmeadow	
Wansdyke School	Silverwood School – Rowde Campus (Formerly Rowdeford School)	Paxcroft Primary School	
		St John's Catholic Primary School	SEN Schools Trowbridge:
		Studley Green Primary School	Silverwood School – Trowbridge Campus
Melksham Primary Schools	Melksham Secondary School	Westbury Primary Schools:	Westbury Secondary Schools:
*River Mead School	*Melksham Oak Community School	Bitham Brook Primary School	Matravers School
*Seend Church of England Primary School		Dilton Marsh C of E Primary School,	
*St Nicholas Church of England VC Primary School Bromham		Westbury Infants School	
*The Manor School		Westbury C of E Junior School	
		Westbury Leigh Primary School	
Pewsey Primary School	Pewsey Secondary School	Wootton Bassett Primary Schools:	Wootton Bassett Secondary Schools:
*Pewsey Primary School	*Pewsey Vale School	*Longleaze Primary School	*Bradon Forest School (Purton)
*St Sampson's C.E. Primary School, Swindon		*St Bartholomew's Primary Academy	*Royal Wootton Bassett Academy



# Who do the teams work with?

The objective is to work with the CYP whose needs do not require specialist CAMHS, but where early intervention can be beneficial.

In their first year of training	As their experience grows - please discuss these cases with us	The team cannot work with these
<ul style="list-style-type: none"> <li>- Low mood</li> <li>- Stress</li> <li>- Generalised anxiety / worry</li> <li>- Panic / phobias</li> <li>- Sleep problems</li> <li>- Behavioural difficulties</li> </ul>	<ul style="list-style-type: none"> <li>- Anger difficulties</li> <li>- Low self esteem</li> <li>- Mild social anxiety disorder</li> <li>- Compulsory behaviours</li> <li>- Mild health anxiety</li> <li>- Friendship difficulties / bullying</li> <li>- Self-harm</li> </ul>	<ul style="list-style-type: none"> <li>- Conduct disorder</li> <li>- Anger management</li> <li>- Treatment of parental anxiety or depression</li> <li>- Chronic depression</li> <li>- Social anxiety disorder</li> <li>- Extensive phobias</li> <li>- Severe, active and high-risk self harm</li> <li>- PTSD, trauma and nightmares</li> <li>- Relationship problems</li> <li>- OCD moderate / severe</li> <li>- Assessment and diagnosis of neurodevelopmental disorders and LD</li> <li>- Pain management</li> <li>- Historic and current abuse / violence</li> <li>- Attachment - moderate to severe</li> </ul>

# What do we do?

**1. Evidence based interventions for mild-moderate mental health issues.** (face to face work, group work and working with parents)

**2. Supporting the senior mental health lead in each school or college to introduce or develop their whole school or college approach.**

**3. Giving timely advice to school and college staff, and liaising with external specialist services,** to help children and young people to get the right support and stay in education.

- Promoting Positive Wellbeing
  - 5 sessions in total (1 hour sessions)
  - Themes include friendships, managing emotions, self-esteem, positive communication
- Body Image
  - 4 session workshop (1 hour sessions)
  - Psychoeducation and CBT techniques to challenge negative thoughts
- FRIENDS
  - For primary-age pupils (ideally Year 5 & 6)
  - 9 sessions in total (1 hour sessions)
  - Can be delivered to a whole class or select group of pupils
  - Focus on managing anxiety and building resilience and self-esteem
- Resilience Lab
  - Y5 and above
  - 4 sessions in total (1 hour sessions)
  - Can be delivered to a whole class or select group of pupils
  - Focus on stress, self-care, what is resilience and how to get help
- Parenting Group
  - 7 week intervention
  - For parents of children age 5-11
  - Focus on learning about their children and their behaviour, enhancing relationships, building self-esteem, using routines and boundaries, reducing problematic behaviour and support emotional regulation.

- Promoting Positive Wellbeing
  - 5 sessions in total (1 hour sessions)
  - Themes include friendships, managing emotions, self-esteem, positive communication
- Body Image
  - 4 session workshop (1 hour sessions)
  - Psychoeducation and CBT techniques to challenge negative thoughts
- Resilience Lab
  - Y5 and above
  - 4 sessions in total (1 hour sessions)
  - Can be delivered to a whole class or select group of pupils
  - Focus on stress, self-care, what is resilience and how to get help
- Mind and Mood Group
  - 6 week workshop for students who are having difficulties with stress, anxiety and/or low mood
  - Teaching CBT techniques
- Anxiety Management
  - 4 session workshop (50 minute per session)
- Exam Stress
  - 3 workshop sessions
- Self esteem
  - 4 session workshop for secondary students
  - CBT based
- Anger Management
  - 4 session workshop
  - CBT based

- Introduction to Mental Health
  - 50-minute session for secondary school and college students to increase knowledge, challenge misconceptions and where to get help.
  - 30-minute session for primary school students covering who the MHST are, feelings, emotions and facilitating a discussion around mental health and where to get help.
- Transition from Primary to Secondary School
  - 45 minute session including information on emotions during transition, top tips and self help techniques
- Parent Sessions
  - Anxiety support for your young person
  - Exam stress support for your young personBoth 60 minutes
- Assemblies

Examples of assemblies we have facilitated

  - Social Media
  - Sleep Hygiene
  - The Teenage Brain
- Staff Training
  - Managing Pupil's Anxiety in School50 minute session
  - Staff wellbeing presentation50 minute session

# What we look for in a referral – Top tips

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## **Problem clearly identified**

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The impact the difficulties have on the young person

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Length of time the difficulties have been present

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## **An idea of what the young person/family/school wish could be different for the young person**

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Risks (or lack of) clearly outlined

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## **What has been tried before**

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Relevant history e.g diagnosis

# How to refer

Your allocated EMHP can provide you with a referral form or you can email:

B&NES

[banesmhstreferrals@oxfordhealth.nhs.uk](mailto:banesmhstreferrals@oxfordhealth.nhs.uk)

Wiltshire

[mhstwiltsreferrals@oxfordhealth.nhs.uk](mailto:mhstwiltsreferrals@oxfordhealth.nhs.uk)

Swindon

[Referrals.swindontrailblazer@barnardos.org.uk](mailto:Referrals.swindontrailblazer@barnardos.org.uk)

# Bath and North East Somerset Community CAMHS Team

## **Who are we?**

- We are a Multi-Disciplinary Team comprising of Psychiatrists, Learning Disabilities and Mental Health Nurses, Occupational Therapists, Psychotherapists, Social Workers, Clinical Psychologists, Family Therapists, students of various disciplines and a fantastic admin team!

## **Who do we see?**

- We support children and young people aged up to 18 years who are experiencing significant concerns around their mental health and wellbeing which are significantly impacting on their functioning.
- We also support children and young people who are experiencing Eating Disorders and Moderate to Severe Learning Disabilities.

## **What do we do?**

- We work within a THIRIVE Framework, which is a needs led approach to delivering mental health services for children, young people and families.
- We offer routine assessments, advice and intervention using a variety of therapeutic interventions (e.g, Cognitive Behaviour Therapy, Family Therapy, Psychological support) advice and consultation, training and signposting to other services.
- Care plans are co-produced with the child, young person and family in the centre.
- We also deliver daily urgent assessments at the Royal United Hospital, seeing Young People who may have presented in Accident and Emergency engaged in self-harming behaviours.
- The team have a daily Duty Clinician to offer support and advice to parents/carers and external partners on a variety of mental health concerns.
- We work in partnership with other agencies to ensure we are delivering a joined-up approach.

## **How to make a referral**

- Referrals can be made using the following link:  
[CAMHS Referral Form - Oxford Health NHS Foundation Trust](#)
- Referrals to the Eating Disorder Service (TEDS) have an urgent pathway we typically ask GP's to undertake some physical observation prior to making a referral, but do contact the team if you are concerned.
- Do contact the team duty clinician if you are considering making a referral to the team and would like to think this through first.

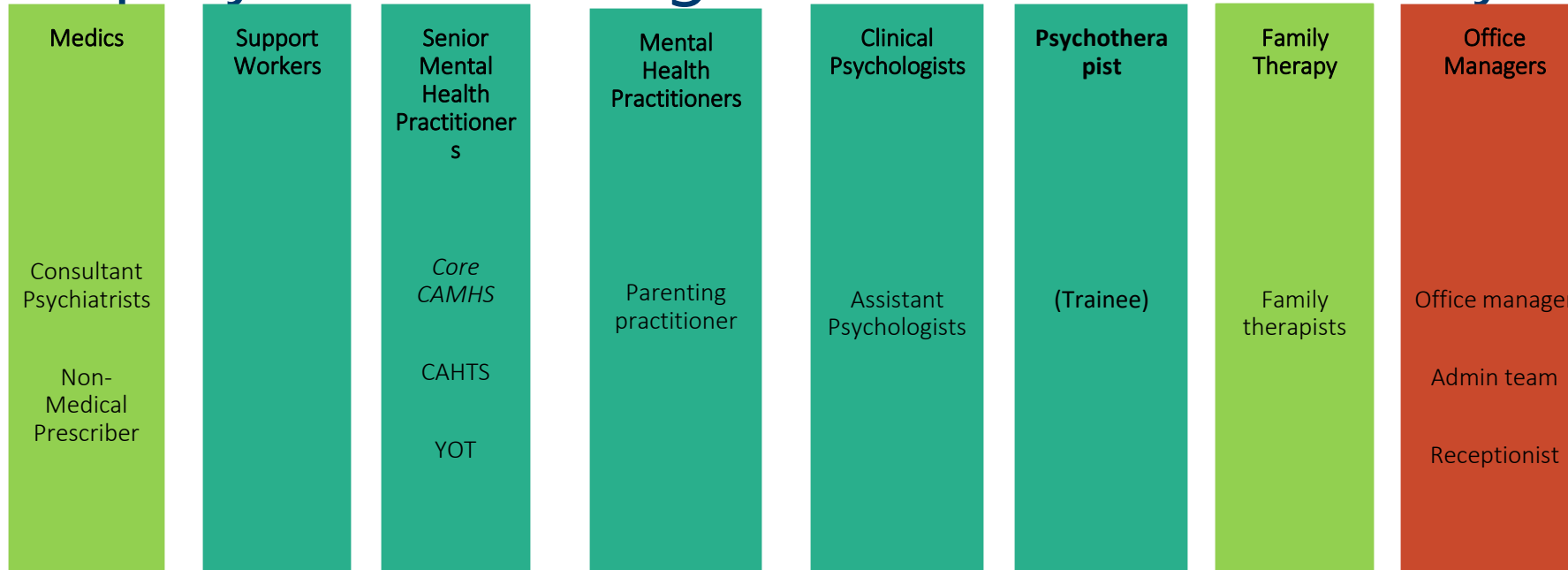
## **Our Three Top tips for making a good quality referral are:**

- Please include the contact details of the Child/Young person's parents/carers.
- What are the specific difficulties you would like CAMHS to address
- What services have already been tried?

# Swindon Community CAMHS Team

# Swindon CAMHS Organisation chart – Clinical Team

- Clinical Team Manager - Becky,
- Deputy Team Managers - Kirk, Rachel, Tracey



# Referrals to Single Point of Access (SPA)

- All mental health referrals for CYP go to SPA which is coordinated in Swindon by TAMHS, to create a 'no wrong front door' approach
- Barnardo's (Trailblazers MHST's)
- TAMHS
- CAMHS
- Early Help Hub/MASH
- U-turn (substance misuse)

# Assessment accepted SPA or GWH

- Urgent assessments
- Routine assessment
- TEDS screening
- Safety planning and risk assessment
- Care planning

# What we offer

- CPA model, and reviews
- TEDS
- Duty – professional consultation, safety planning, risk review, contact with young people/families, urgent assessments
- Complex Case consultation clinic
- Family Therapy clinic
- LD CAMHS
- Psychotherapy
- Psychological interventions and treatments (CBT, DBT, IPT, DCBT)
- NDC
- YOT
- LAC
- Infant mental health pathway

# Partnership working

- Adjunct with E.I Team
- Adjunct with Specialist Perinatal Team
- Transition panel (MIND, recovery team, LIFT)
- Dual diagnosis interface meetings
- Student placements
- Training and CPD to partner agencies
- Links to FCAMHS
- MARPP, MARAC (partnership risk working), police high risk management plans
- Parenting support

# Partnership Continued

- Reflective case and risk review
- Participation from CYP
- Supervision (safeguarding, management, clinical, risk, peer)
- GWH interface meetings
- Staff wellbeing (wellbeing champion)

# Sessions

- Digital
- Face to face
- Telephone
- Outreach/home appointments
- In clinic
- Schools/community

# Tops tips for doing a good referral in Swindon

- Focus on the current mental health needs of the young person
- Explain what the risks are to the young person or their wider network
- What have you already tried and did it help?

# The Wiltshire Single Point of Access Service (SPA)

The service has two main functions:

1. The SPA service is a pathway for all:
  1. Enquiries/Signposting
  2. Referrals/Request for service
  3. Consultations for Children and Young People in Wiltshire.
2. Educational support to a number of secondary schools and colleges in Wiltshire; to contribute to mentally healthy education settings.

# The SPA team consist of:

Clinical Team Manager  
(1.0WTE) –  
Sarah Collins

Lead SPA Practitioners  
(1.7 WTE)  
Adrianna Klukowski-  
Walsh & Tracey Knights

SPA Practitioners  
( 3.2 WTE)

Admin Team

# The Wiltshire SPA vision:

The right help at  
the right time, first  
time around

Improved  
experience of  
services



Self-referrals from  
CYP and their  
families

Quicker  
response times

One front door

Improved  
flow

Effective signposting  
and supporting  
referrals to partners

## The SPA aims:

We aim to gather more information to support a request for service to ensure the appropriate recommendations are made.

Improve partnership working both internal and external partners and agencies

Timely response to urgent requests for services

Improved access to services whereby CYP, Parent/Carers can speak to someone and have a voice

Seamless access to Community CAMHS teams.

## If thinking about a referral:

- Please take a look at <https://www.oxfordhealth.nhs.uk/camhs/self-care/> for more information about self-care to consider before a referral.
- Phone enquiries: 01865 903330 – Monday to Friday 9-5pm
- Online requests/referrals via our Oxford Health Website <https://www.oxfordhealth.nhs.uk/camhs/support/referral/>



# Questions?



# Scenarios

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Working in groups you will be allocated a scenario that matches your room number.

Locate the scenario template on the delegate website link and as a group discuss

- **What issues does this raise?**
- **What do you think needs to happen?**
- **What resources will you use?**

Be ready to feedback your 3 top tips in 30 mins

**S1. Highly anxious & protective parent**  
Mrs L regularly phones the school to explain that her son is not feeling well enough to come in today. She says that he is not coping with all the pressure of schoolwork and friendships. When saying "I can't cope, I'm ill!"  
*Discuss*  
What issues does this raise?  
What do you think needs to happen?  
What resources will you use?

**S2. Pupil saying they are too anxious to attend a lesson**  
Tasha and her friends can sometimes be a bit noisy in lessons. Every Wednesday the class has a lesson on...  
*Discuss*  
What issues does this raise?  
What do you think needs to happen?  
What resources will you use?

**S3. Pupil having a panic attack**  
Last term Flora had a nasty episode at home which her GP later diagnosed as a panic attack. Since then, she is starting to have attacks more frequently including when at school. She is very self-conscious of this and doesn't want people to know about it, however it is really affecting all aspects of her school life.  
*Discuss*  
What issues does this raise?  
What do you think needs to happen?  
What resources will you use?

**Feedback top 3 tips**

Screen Break

# Share scenario presentations

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## S1. Highly anxious & protective parent

Mrs L regularly phones the school to explain that her son is not feeling well enough to come in today. She says that he is not coping with all the pressure of schoolwork and friendships. When saying "I can't cope, he's ill"

### Discuss

What issues does this raise?

What do you think needs to happen?

What resources will you use?

## S2. Pupil saying they are too anxious to attend a lesson

Tasha and her friends can sometimes be a bit rough in lessons. Every Wednesday the class has a lesson and says she is too anxious to attend.

### Discuss

What issues does this raise?

What do you think needs to happen?

What resources will you use?

## S3. Pupil having a panic attack

Last term Flora had a nasty episode at home which her GP later diagnosed as a panic attack. Since then, she is starting to have attacks more frequently including when at school. She is very self-conscious of this and doesn't want people to know about it, however it is really affecting all aspects of her school life.

### Discuss

What issues does this raise?

What do you think needs to happen?

What resources will you use?

**Feedback  
top 3 tips**

# National and local programmes and resources for schools



- Mental Health in Schools Practitioner Programme
- Anna Freud Link Programme (Wiltshire only this year)
- Wellbeing in Education Recovery Programme
- [Relationship and Sex Education \(RSE\) and Health Education – statutory requirements](#)
- Free [MindED](#)
- Free [Psychological First Aid](#)
- DfE [Mental Health and Wellbeing Resources for Teachers and Teaching Staff](#)

B&NES [Public Health in Schools Programme](#)

Swindon [Emotional Health & Wellbeing : Swindon Healthy Schools](#)

Wiltshire [Emotional wellbeing and mental health : Wiltshire Healthy Schools](#)



# Consolidating learning

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- Key points from the afternoon
- Questions and answers from chat

# Next steps

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Next network meeting date:

**N1. Wednesday 30<sup>th</sup> March 2022 3:30-5:00pm**

Complete your local self assessment audit, ready to talk in March about what you have done and any gaps identified.

Identify 2 or 3 areas to work on.

All meeting dates, PowerPoints and other resources are available at course weblink (see link below, also link in chat during this session and emails)

[BSW SMHL training resources Jan 2022 : Wiltshire Healthy Schools](#)

# Next course dates

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**Day 2 Thursday 23rd June 2022, 9am-12:30pm**

Join with the same Microsoft Teams link as today

Focus: Staff wellbeing and monitoring

## Network dates:

N1. Wednesday      30<sup>th</sup> March 2022      3:30-5:00pm

N2. Wednesday      21<sup>st</sup> September 2022      3:30-5:00pm

N3. Wednesday      17<sup>th</sup> December 2022      3:30-5:00pm

And use the same joining link for the networks too