

# Young people with mental health problems

## A toolkit for school nurses, primary care and community professionals



Primary Care Partners



Mental Health Foundation

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## Acknowledgements

This toolkit has come about through a number of young people and primary care health professionals coming together to work on the problem many young people face. That is the problem of getting help for a young person to get through a few of life's problems, or a complicated home situation, which if not done, may end in a difficult and long mental health problem.

Catherine and Mike's stories are inside and this book is dedicated to all the young people, like Catherine and Mike, whose life may be hard, usually through no choice of their own, and need a hand along the way.

We hope to have written down some of the stories and lessons learnt and passed on, together with the hopes within and care taken.

Particular thanks, appreciation and acknowledgment goes to:

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### **More information**

For more information on the toolkit and training available, please contact [admin@cwmt.org](mailto:admin@cwmt.org) and/or Maryanne Freer at [maryanne.freer@pcpartners.org](mailto:maryanne.freer@pcpartners.org)

## 1 Is this toolkit for you?

Meet Catherine:

***Catherine is 15 years old and she is struggling. The other day she stormed out of chemistry lesson getting into a lot of trouble for disrupting the class. Her mother is at her wits end and says that something is amiss, but Catherine won't talk to her and goes out all the time with her friends. Catherine's GCSEs are approaching. She is a bright, young woman and expected to do well, but now the teachers have their worries. Her teacher asks the school nurse to see her.***

Meet Mike:

***Mike is 16 years old. Mike has been looking worse and worse recently. He seems to be exhausted, finds it hard to concentrate in class, is beginning to miss school and is very isolated, whereas before he always had his friends. He is a young man who is known to always try his best and help anyone out any time. The head teacher is worried. So is the school nurse. They all know that Mike has a very difficult home life, which has been looked into a couple of times before. There is current domestic violence going on but no action can be taken as the situation falls beneath the child protection criteria. His father also drinks a lot. It is a very hard situation for Mike.***

Do Catherine and Mike sound familiar to you? Probably so, and it's also likely that you will be working with a number of young people in similar situations.

The help needed may be fairly simple. Or it may be hard and you may be the only one around who the young person sees...regardless. The young person may have seen you around for years in their school and trust you. It may be where they come from is a rural area, where you are the only person to be seen in the school day without having to get on a bus and make long journeys that their parents are bound to find out about. It may be that other services have said that their problem doesn't meet their specialist service criteria. There is no choice, you have to do something.

And, at the same time, you are a generalist, not a specialist in mental health or child protection. As a generalist you are providing an open access service to all, and what with 1 in 5 young people having mental health issues. (*Young Minds* 2005), that can be a lot.

What to do?

This toolkit will show you simple and practical ways which can be used to help. They are evidence based and represent good practice. This is in the form of a type of very simple, cognitive behavioural therapy (CBT), skills which have been used well by generalists in brief patient contacts for many years now.

The toolkit is aimed for young people between **the ages of 13 and 18** years. It is written for generalist practitioners who are not mental health specialists, working in universal services; this includes GPs, health visitors, school nurses, teachers, social workers, youth justice workers, voluntary agencies, with an emphasis on school nurses. It is for practitioners who are able to offer general advice and treatment for young people's less severe problems, contribute towards mental health promotion, identify problems early, and refer to more specialist services. Sometimes this gets referred to as CAMHS tier 1.

The toolkit will help you with those young people:

- Whose problems are more on a day-to-day basis and are important and may build up. The young people you find it difficult to know how to deal with when you have

very limited time, with so much of your time having to be spent on very complicated cases.

- In a very difficult home life. CAMHS and child protection have said they couldn't take the young person on and you are the only person around who the young person knows and is coming to find.

The toolkit will help you:

- Keep in role as a generalist and not a specialist mental health worker.
- Feel clear and purposeful and that you have done as much as you can, as good practice dictates.
- Give you a view that things can and are changing in a young person's life for the better, even if they have a very hard home life.
- Give a clear framework for dealing with the issues, put a start and stop to the work and provide better time management and planning.
- Feel more confident about risk and clinical safety.
- Ensure that the quality and access to your service is young-people friendly and meets Your Welcome Standards (DOH 2007).

At the heart of the toolkit is a young person being guided to help themselves and build their confidence in their everyday life. Inside too, you will find a set of young people's criteria which, if met, young people feel would help them get the help they need. They reflect the standards a young person would love to receive.

The guide has been written based around the stories and cases of young people. The toolkit goes through these stories bit by bit, so that you can teach yourself some of the simple ways within, and then pass them on to the young people you are working with.

We hope that it is easy to learn from and will carry you along easily, as you read though and have a go at using some of the tools in your working day. It takes into account that people may not have time to read a lot of material and may want to do something as quick and simple as possible. You don't need to know a lot about mental health to use the toolkit, but you may think about asking your local CAMHS worker to help you learn from it or give some clinical support and supervision.

## 2 The facts on young people and mental health

A large number of young people have mental health difficulties. Young people don't necessarily see this in the same way as adults and professionals do. To a young person a mental health difficulty may range from not feeling great, not having a boyfriend, having no money, being bullied, stopping smoking, not getting on with parents, worrying about exams to feeling depressed or strange and weird. To a professional, young people's mental health difficulties may range from stress, transition issues, loss, depression, and anxiety through to drink and/or drug problems, emerging psychosis, domestic life and home life. Mental health is also about mental well being and what protects and builds a positive sense of self – mental health promotion. This includes friendships, money, education and exercise for example.

Here are some statistics:

### **Up to 20% of young people have a mental health problem**

As many as 1 in 5 children and young people experience mental health problems which significantly affect their ability to get on with their lives and reach their full potential. (*Young Minds* 2005)

### **10% of young people have serious mental health problems**

(*Mental Health of children and adolescents in Great Britain*, Office for National Statistics (ONS) 2000).

### **Suicide rate is increasing with 16-25 year-olds most vulnerable**

There have been significant increases in suicide and self-harm rates in young people. A 118% increase in suicide attempts by young men in the last 10 years with a 110% increase in actual suicides in the last 20 years. (*Young Minds* 2005)

### **30% of 13 year-olds drink once a week**

The use and abuse of drugs and alcohol becomes a significant issue among young people. 29% of 13 year-olds report drinking alcohol once a week. (*Young Minds* 2005)

### **16% of 16 year-olds use solvents or drugs**

16% of 16 year-olds regularly use solvents or illegal drugs, with 17% of older teenagers using cannabis. (A 15-year longitudinal study, Silva, 1990)

### **80% of professionals have no mental health training**

Many professionals who work with young people do not receive any training in mental health. (*Young Minds* 2005)

A *Young Minds* training-needs-analysis report found that in one area, 4 out of 5 people working with young people had no training in child and adolescent mental health (Training Needs Analysis: Sefton Child and Adolescent Mental Health Services, *Young Minds*, 2000)

### 3 Getting help (access)

*Remember Catherine? Here's the start of her story.*

***Catherine is 15. She is stressed. She has her GCSEs in the next 2 weeks. She has just walked out of chemistry class for the second time this week: stormed out in a cloud. She doesn't want to go back in. She could be seen as "disruptive". Actually, she has something on her mind.***

***Remember Mike. Here's the start for Mike***

***Mike is 16. His life is very difficult. There is domestic violence at home. He looks after his younger brother a lot. You know this because his case has been discussed twice now, but falls beneath child protection criteria. This last week he has looked exhausted. He is falling asleep in class and his school work is dropping off. He's keeping himself to himself.***

#### **What can Catherine and Mike do?**

This is no easy thing for Catherine or Mike.

- They may not realise they have a problem
- They may not know where or who they can talk to
- They might be scared to talk to somebody. They could feel that they may be judged or they could be scared of others finding out, such as peers, parents, teachers. This is more apparent in rural areas as young people's GPs may be a family friend.
- They might also be scared of the result of telling someone. What will happen next? What treatment will be used? Where will they be referred?
- When they need help, they may well need help right then.

Once Catherine and Mike have decided to talk to a school nurse or a professional, then they have to work out who that person is, when they are around, where their room is and how to make an appointment. This is a lot of work, especially if it's taken a lot of courage to decide to talk in the first place. It can put a lot of young people off before they have even tried to talk. The time and place to see a professional can be a problem. Some schools only have a school nurse for one day a week which translates into a young person's available time at school, ie two 15-minute breaks and a 45-60 minute lunchtime. Then this is spread between all the young people in each school, which can be between 750 and 5,000 young people in a secondary school and up to 750 in primary schools. This doesn't give much time for each young person to access their school nurse. A private room is then needed, so that a young person isn't expected to have a conversation a corridor.

These are some of the young person's views and some of the things a young person is up against. **How can we help?**

Try this out as a quick way to help improve access.

Fill in the grid below rating yourself against what young people say will help (the young people criteria). See which of the things you could do. Usually it's getting use of the confidential room or publicising yourself. Some examples of a poster, information leaflet, school logging system and confidentiality policy follow the grid.

### Self-assessment grid 1 – ACCESS

<b>What young people say will help. (The young people's criteria)</b> <b>A young person will know...</b>	<b>Good Practice Examples</b>	<b>Self-assessment of how much you meet the YPC Score 1-5</b> <b>1 = not at all</b> <b>5 = completely</b>
What information is known and who will get to see it	Confidentiality <sup>1</sup> information displayed.  The professional will always explain confidentiality and its limits before you tell her anything.	
If in serious danger or harm information will be passed on.*	The professional will always explain the limits of her confidentiality	
The professional is knowledgeable of mental health issues.	Resources available on smoking, drugs, mental health, sexual relationships etc.	
A confidential room is available.	A secure room is required.	
The room is available in break times or before and after school.	The room needs to be easy to open and available out of hours.	
What time the professional is available.	The professional will have advertised when she is available: <ul style="list-style-type: none"> <li>• Posters in reception</li> <li>• School Diary</li> <li>• Assembly</li> <li>• PSHE Lessons</li> <li>• School Newsletters</li> <li>• Note sent round in log book</li> </ul>	
How to make an appointment to see the professional.	<ul style="list-style-type: none"> <li>• Confidential appointment system</li> <li>• Young person is able to make appointment at reception</li> <li>• Advertised drop-in sessions</li> </ul>	
What the professional looks like.	<ul style="list-style-type: none"> <li>• Introduction in assemblies</li> <li>• Participation PSHE lessons</li> </ul>	
What the professional does.	The professional will let it be known what she does through: <ul style="list-style-type: none"> <li>• Assemblies</li> <li>• PSHE programme in school.</li> <li>• Information up in reception</li> <li>• Note sent round in log book</li> <li>• Use of school nurse information sheet – see tools</li> <li>• Use of young people question sheet – see tools</li> </ul>	

**<sup>1</sup> CONFIDENTIALITY FOOTER:**

'Your information will be kept private and confidential. It will not be shared without your permission. If you are being harmed or are aware others are being harmed, information may be shared with other agencies with or without your permission. You will always be informed first.'

## TOOL 1

### Information sheet for young people on school nurse

- i) School Nurses may be located in a number of settings:
  - Health Centres
  - GP Practices
  - Primary Care Settings
  - Hospital bases
  - Child Health Centres
  - Extended and Full Service Extended School Centres
  - Children's Centres
  - Integrated Team Locations
- ii) School Nurses may operate from:
  - Any of the above
  - School and School Drop-Ins
  - Youth Clubs
  - Community Young Person's Services (Drop-In Clinics)
  - Family Planning Sessions
- iii) Who else may know who the School Nurse is:
  - Health Visitors
  - GP and Health Centre Receptionists
  - Safeguarding Children's Team
  - Social Services
  - Educational Welfare Services
  - Accident and Emergency Departments
  - Community Beat Manager (Police)
- iv) For a young person there are several routes to contact the School Nurse:  
(This section also matches with the grid on the next page.)
  - Contact information may be in school planner/diary (telephone number etc)
  - Can turn up at a Drop-In session of their choice
  - Can leave a note at School Reception with how the School Nurse can get in touch with them (school secretary will give them an envelope to maintain privacy).
  - Telephone number of School Nurse, Drop-In times may be displayed on posters around school and in the local community.
  - Can contact School Nurse at her base, if they know it.
  - Young person can choose a route through school staff, eg ask a Pastoral Leader to make a contact for them or for contact details.
  - Youth Workers and Connexions Advisers will know who the School Nurse is or can contact her, on their behalf.
  - School Nurse contact details may be on school web site.
  - GP Practices should know who the School Nurse is (via the Health Visitor).
  - School Nurse may have provided a Referral System (form) to GP Practices and the school. This may also be on a website (or will be in the near future).
  - School Nurse may provide contact information in School Newsletter.
  - A parent can support them in making an appointment.
  - School Nursing may have a website.
- v) Once a young person has made contact for the first time, future contacts may be made by:
  - Appointments given at the time
  - Drop-In opportunities
  - Letter (appointments) to home, school or other venues, as directed.
  - Mobile phone calls, or text messaging (if nurse has been equipped with a mobile phone).
  - E-mail (if nurse has this equipment).
  - Landline phone calls to a young person's landline number or mobile phone number, once agreed.

**TOOL 2**  
**Young people's questions sheet – access**

This information can be displayed on notice boards around the school, used as a discussion point during PSHE, or could be given to every student at the beginning of a school year. It would be a useful addition to any school perspective pack. Information could also be displayed within the local community, eg library, GP surgery, youth clubs.

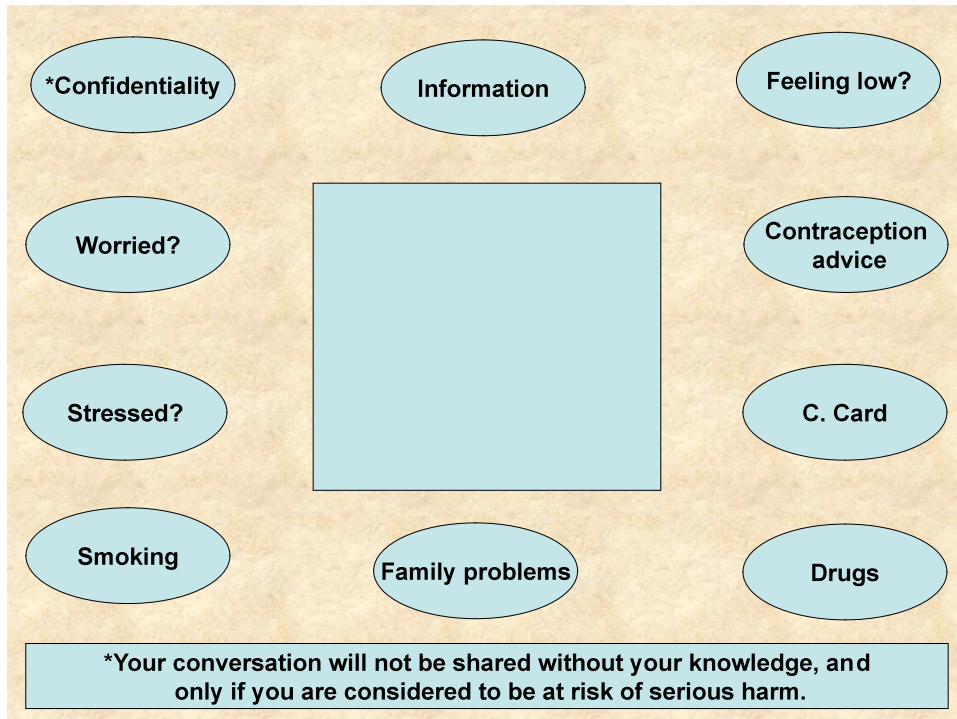
<b>QUESTION</b>	<b>CRITERIA</b>	<b>GOOD PRACTICE</b>
Will it be safe?	Know what information will be passed on.	Confidentiality information displayed. School Nurse will always explain confidentiality and its limits before you tell her anything.
When might information be passed on?	If you are in serious danger of harm.*	School Nurse will always tell you if she is concerned and why, and will support you through any events which may lead to other agencies becoming involved.
What does the School Nurse know?	School Nurse has a broad knowledge of young people's issues.	She will have resources available on smoking, drugs, mental health, sexual relationships etc She will come into assembly and tell you about the service. She will be part of the PSHE programme in school.
What if I need further help?	School Nurse can access and/or refer you to a number of different services.	School Nurse will explain the systems and support you through them. You can make choices.
Where do I see her?	Confidential Room	School Nurse will have a secure base within the school.
When do I see her?	Confidential Service during lunch or break times	She will have advertised when she is available: <ul style="list-style-type: none"> <li>• Posters</li> <li>• School Diary</li> <li>• Assembly</li> <li>• PSHE Lessons</li> <li>• School Newsletters</li> </ul>
How do I see her?	Appointment or Drop-In	School Nurse will offer both: <ul style="list-style-type: none"> <li>• Drop-Ins advertised</li> <li>• Appt. via school reception</li> </ul>

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### TOOL 3 Drop In poster example

Why not make your own, with your contact details in the central box



### TOOL 4 Example of a confidential booking system

*Option 1* – If student has contacted Nurse directly, further appointments can be made by text messaging between the student and the nurse.

*Option 2* – If the student has contacted the Nurse directly, further appointments can be made by letter to a designated address. This could be home, a friend's address or via school, as the student wishes.

*Option 3* – If the student has become known to the Nurse through a teacher or parent, either option 1 or 2 can be used as appropriate.

*Option 4* – If a formal referral has been made to School Nursing using a recognised referral pathway or system, then that pathway would include routes to contact the student as above and would also already indicate who is aware of the referral.

## **TOOL 5**

### **The school log**

Obviously schools have slightly different systems. Access to the school nurse would need to be addressed in each school, in terms of whether the school nurse has permission to see students during designated lesson time, or can only see pupils in break times and lunchtimes.

This is preliminary work which is vital to make the system work. (*I have blanket permission to see students at any time because this has been negotiated with the school's senior management team.*) (School Nurse should never go to a classroom door to access a student).

In many schools now all teachers are equipped with a laptop to take the register etc and record and access other information; it may therefore be possible for the school log to include a request from the nurse (via school reception) to see the student via that e-mail system.

**Example** – School Nurse has an appointment with (*student's name*) on (*date*) at (*time*) in the (*location*). This could be a written note in other schools (put into the register for example). In the preliminary set up with the school staff, it is important that they realise we may not be able to tell school what the issue is and that this can only be done with the student's permission, but that without the support, the student may have continued or deteriorating difficulties.

## 4 The help given

So Catherine and Mark have managed to ask for help which is a really big thing. Once they have found the school nurse or other professional and are in the room, then what happens? A young person needs to feel as relaxed as possible and in capable hands, someone who can see things from their perspective and can help sort out the problems. Once a young person starts talking they don't want to be told that time has run out or to be 'passed on'. A young person needs to feel that they will get some time to begin to work things out and they can come back.

'It is important that the nurses themselves could help and that we are only referred if they were in need of specialist care.'

'You don't want to be passed around, so it's better if the school nurse goes and finds relevant information for you.'

'My experiences with school nurses have been fine. She had her own room and was very confidential, the only problem was she was only there one day a week.'

'The most important things are confidentiality, that the school nurse is polite, they are unpatronising, give you open choices, are sensitive, that you understand them and that they talk to you and don't direct questions at your parents or guardians.'

'Meetings with the school nurse should be informal, relaxed, no full names to be used. Should feel comfortable! Most school nurses are approachable.'

'Young people had come across situations whereby they had been stopped by their school nurse and told that they would have to contact another professional, as the school nurse didn't have the training. This isn't helpful for the young people and can discourage them from talking to others.'

These are some of the young people's views and some of the things a young person is up against. **How can we help?**

Try this out as a quick way to help improve your interventions with a young person.

Fill in the grid below rating yourself against what young people say will help (the young people criteria). See which of the things you could do. The following chapters will give you a way to approach the consultation which fits into this.

### Self-assessment grid 2 – INTERVENTIONS

What young people say will help. (The young people's criteria)	Good Practice Examples	Self-assessment of how much you meet the young people's criteria Score 1-5 1 = not at all 5 = completely
A young person will...		
Know <i>already</i> what personal information is known and who will get to see it	Confidentiality <sup>2</sup> information displayed. Professional will always explain confidentiality and its limits before you tell her anything.	
Be able to 'open' up and talk	The Professional will use active listening skills to develop relationship and <i>may</i> use the Mental Health framework (5 areas model) to explore further	
Not immediately get 'passed on' as soon as the young person starts to 'open' up	The Professional will offer at least two contacts	
Know that if feeling 'unsafe' help will be given	The Professional will ensure risk assessment is covered Young person will have crisis contact numbers	
Come away with a helpful way of seeing things and helping self	The Professional will use 1 5 areas Mental Health framework 2 Problem solving guide 3 Mental Health Promotion check list 4 Risk assessment tool	
Come away knowing what is happening next	The Professional will explain referral process	

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## 5 A young person's day-to-day life problems: help to give

So the young person has now got to us and asked for some help. Let's work through Catherine's story using three simple tools to help. We can do it bit by bit taking one area at a time, so that it will build up and make sense at the end.

To help us get to know the tools, we will start with a young person who has more of the day-to-day life struggles, rather than a very hard and difficult family background.

**Let's remind ourselves of Catherine:**

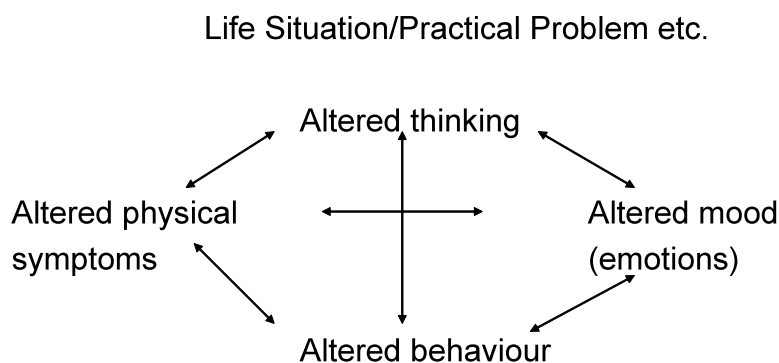
***Catherine is 15 . She is stressed. She has her GCSEs in the next 2 weeks. She has just stormed out of chemistry class for the second time this week and is in danger of being seen as "disruptive". Actually, she has something on her mind.***

***She has not been able to do the chemistry work. She got very panicky and anxious and ended up storming out of the lesson and then school. She doesn't know what to do with the pressure. She thinks the teachers have got it in for her, and don't like her. She thinks she is rubbish at everything anyway. She feels pathetic and thinks she is a loser. She hasn't told anyone that she is struggling with the work and instead finds herself messing on in the class more and more, not handing in homework and going out more at nights with her friends. She thinks that now she will get excluded. When she was choosing her GCSE options, she had wanted to do Biology in sixth form with her dream being to be a TV wildlife programme presenter.***

What help can you give?

The 5 areas mental health framework gives you a way. It is an evidence-based, cognitive behavioural therapy (CBT) framework based on the 5 areas of life situation, feelings, thoughts, physical/body symptoms, behaviour.

### The 5 areas mental health framework



The 5 areas mental health framework focuses on helping to find solutions to the smaller, day-to-day problems that can make a huge difference to that young person, from **their perspective**, and give them a sense of being able to do something for themselves. This is called self efficacy or resilience and is proven to improve mental health outcomes. These also need to be the things that it is possible to change and not those that are out of the young person's hands.

You see, to most young people it's not "I am depressed" or "I am anxious", but rather mental health being seen as a number of day-to-day problems that are stressing them out or causing bother. "My mobile phone has no top up". "My boyfriend has left me". "I know I am unpopular so won't go out with friends when invited". "The teachers are pressurising me so I will try to skip school." "I am not eating so I will get a new boyfriend." "My mother is on my case all the time." "I don't like my brother".

With the 5 areas mental health framework, you have to work on making the problem specific and small or going **from the general to the specific** and working with **small, little, steps that lead to success** (or laddership). Some of the changes made will come under **mental health promotion and well being**, things which protect your mental health and build your resilience such as housing, education, money, work, arts, family and friends for example.

The 5 areas mental health framework also gives you a simple framework to guide your (and the young person's) thinking in and understanding of the links between the difficulties. It can promote change by helping the young person see that changes in one of the five areas can alter another area beneficially.

From a professional's point of view it helps you to readily pick up on some of the symptoms pointing towards a young person with a definable mental health problem, who may need referring, as well as symptoms pointing towards risk.

To get to know the 5 areas mental health framework, have a go at the following exercise of filling in the framework as with Catherine.

Helpful questions to use in the consultation are:

- *Tell me a little bit about yourself*
- *Let us go back to see where it started to go wrong*
- *Let us see where it started to get better*
- *Can you share an example of the last time you had this problem or mood change?*

From what is said, you and the young person would work together to fill in each of the 5 areas.

Let's have a go working with Catherine and her life situation area. The life situation is often the most important thing to the young person and their day-to-day life. Have a go at filling in this area with things from Catherine's story above before you read further

Remember

- Narrow down from the general to the specific
- Make sure it is the young person's words you are using
- Make sure it is the day-to-day living and getting by issues you are concentrating on

<b>Life situation</b>

Here is what Catherine could have written:

<b>Life situation</b>
-----------------------

- |  |
|--|
| <ul style="list-style-type: none"><li>• Just walked out of chemistry lesson and could be seen as a “disruptive” pupil</li><li>• GCSE exam pressure</li></ul> |
|--|

Now let’s go on to look at the next two areas: feelings and thinking. We are going to fill them in at the same time as sometimes initially it can be hard to distinguish between feelings and thinking. You don’t really need to worry about getting it too right. It’s only a guide. But, it’s helpful to begin to learn how to split up the thoughts and feelings. It makes the problem smaller and easier to get one’s head around. The “I think” sentences are thoughts. The “I feel” sentences are feelings. For example, a young person may **feel** desperate and **think** of harming themselves.

In the two boxes below, fill in the thoughts and feelings from Catherine’s story

<b>Feelings</b>
-----------------

--

<b>Thoughts</b>
-----------------

--

This is what Catherine could have written

<b>Feelings</b>
-----------------

- |   |
|---|
| <ul style="list-style-type: none"><li>• I feel panicky</li><li>• I feel anxious</li><li>• I feel pathetic</li></ul> |
|---|

<b>Thoughts</b>
-----------------

- |   |
|---|
| <ul style="list-style-type: none"><li>• I don’t know who to handle the pressure</li><li>• I think the teachers have got in for me</li><li>• I think I am rubbish at everything</li><li>• I think I am a loser</li><li>• I will get excluded</li></ul> |
|---|

You can already see how the picture is beginning to build up and connect, whilst at the same time getting more manageable and smaller. Catherine is stressed about her exams. It is making her anxious and is giving her not nice thoughts about herself which all makes it worse. Take care to see that she may **feel** bad, but the thought is she **thinks** she’s a loser. This is important because later on you may want to point out to her gently and challenge that thought; saying that she isn’t a loser at all. In fact she is in top sets, on the road to university and has done very well. This is called **cognitive challenging** and can work very well if a young person is getting things slightly out of proportion, a very normal reaction if life isn’t going well.

The next area to fill in is the physical box. Again, don’t worry about what exactly fits into this box or what doesn’t. It’s only a guide.

From Catherine’s story, fill in the physical box.

<b>Physical</b>

This is what Catherine could have written.

<b>Physical</b>
<ul style="list-style-type: none"><li>• I have butterflies in stomach</li><li>• I ran away out of sheer panic</li><li>• I am waking up at night</li><li>• I am off my food</li></ul>

The picture is building up. We can see how stressed Catherine is from her exams, how it's making her anxious and not feel good about herself and this is having a knock-on effect on her physically with some mild physical symptoms of anxiety.

Let's complete the final area now. This is the altered behaviour area and one area which can be very telling. Young people often show us where they are through their behaviour and not necessarily with words. Again, don't worry if things in this box could fit into the changed life situation box too. Go with what makes most sense.

From Catherine's story, fill in the altered behaviour box.

<b>Altered behaviour</b>

This is what Catherine could have written

<b>Altered behaviour</b>
<ul style="list-style-type: none"><li>• I have walking out of school</li><li>• I am not telling anyone I am struggling</li><li>• I am messing on with my friends in class when I can't do the work</li><li>• I am going out with friends instead of doing exam preparation</li></ul>

Now you can see how the picture has built up and what is the consequence of the stress Catherine is feeling. She is an everyday girl who is bright and could achieve a lot, but is anxious about her exams. That is basically it. The problem is that she is starting to develop anxiety symptoms which need to be stopped before they go further and get set in. She is actually in danger of not achieving her full potential. School exclusion is a real risk.

What is needed is a little bit of help and she will get back on track with her life and probably not need to see you or anyone else again.

Before we look at simple and quick ways to help Catherine get over this small hurdle, take a small break from reading and let the learning from the 5 areas mental health framework settle in.

=====

Carrying on, let's see where we are now. We have got a more simple view of Catherine's problem and how all these thoughts, feelings and behaviours connect up. What we need to work out next is a way to get through the problem, hopefully one that is as much in Catherine's hands as possible, relatively easy to get sorted and will leave her feeling much better about herself and that she can do things and get them right.

To find out and work on what the next small step might be with Catherine, we use two tools; the problem-solving guide and the mental health promotion check list.

Remember we are looking for things to change that are:

- Very small, practical and every day.
- Practical and in Catherine's power to change (and we know, with our adult eye, may have a good chance of working).
- Once done will make Catherine feel much better and more confident that she can go on and help herself further.

This is really about learning some skills for life that will take Catherine further, rather than providing standard care. Whilst always trying to see the problem from the young person's view, we may need to use our adult and professional's views to guide what may be the most practical and work best. In CBT terms this is called **guided self discovery**.

Let's start with the problem-solving guide; as a learning exercise can you fill in the first box from Catherine's story.

<p><b>Step 1: Work out which problem to sort out.</b>          What is the specific problems you are dealing with? Break them down into smaller parts if necessary. Use your own words.</p>
<ul style="list-style-type: none"> <li>• Walking out of a chemistry lesson</li> <li>• Teacher not liking me</li> <li>• Waking up at night</li> <li>• Not telling anyone</li> </ul>
<p><b>Choose one problem to try to sort out.</b>  <b>Make sure it is one that is not too hard to start off.</b></p>
<p>Walking out of chemistry lessons</p>

While you are doing this with a young person, keep the 5 areas mental health framework already completed together, in front of you so that you can both keep an eye on all of the problems and the ones to pick off.

The trick here is to get down to a small, very practical list. Some gentle adult guidance may be needed if what the young person is coming up with, is too large and too difficult. Don't worry too much, as long as the list has at least one small practical thing in it that looks like it might work. You can always return to the list later, as you carry on through the sheet, and the young person sees for themselves that the first few problems were just too big to deal with (at the moment).

Here is another example to show how this works. The problem a young person talks of is that they want their mother to love them. Well that may be happening from the mother's perspective. It may not. But, it is outside what a young person can directly change. We need to make the problem more specific and practical, i.e. move away from "I want her to love me" to "I would like my mum to walk with me to school every now and again".

Alternatively, we “avoid” right now, and do other things that will help a young person feel better in their larger world of friends, school and social life.

Look at the problem Jack has. He is 13 and he says his biggest problem is the girls calling him names. This meant that he began keeping himself to himself at school and ended up refusing to go to school at all. This seems like a big problem. We are hardly going to be able to directly stop the girls calling him names. But if we make the problem smaller and more specific, we might be able to work it out. After talking more with Jack we find out that it’s actually two girls who are calling him names and not all the girls. On talking together even more, we find out that actually there is one girl in his class who gives him little smiles sometimes. Now we have something to go on that we can do something about and will end up with Jack feeling better about himself. One solution might be “for two weeks, avoid the two name-calling girls. For two weeks, every time the girl who smiles, smiles at you, smile back”, and see how things change.

The next step is thinking up lots of ways to sort out the problem. Make this as creative as you can. Really encourage the young person to come up with anything on their mind even if it seems right out of order, or in a fantasy land. In the step after, you are going to get practical

Fill it the step 2 for Catherine.

**Step 2: List all possible solutions, with as many ideas as you can**

What things would solve the problem? Any helpful ideas? What have you tried that worked in the past? What would other people say? What would you suggest to a friend with the same problem? What very imaginative solutions can you include?

Here is what Catherine might say

**Step 2: List all possible solutions, with as many ideas as you can**

What things would solve the problem? Any helpful ideas? What have you tried that worked in the past? What would other people say? What would you suggest to a friend with the same problem? What very imaginative solutions can you include?

- Take some deep breaths and count backwards from 20 before walking out of a classroom.
- Ask the teacher for help with a particular piece of work I can't do after the class
- Decide that whatever happens I will stay in and do one hour's homework and no more each school day.

From here step 3 is the following.

Fill in the box for Catherine. You will have to imagine what some of the advantages and disadvantages are as we don't go that far in her story given.

**Step 3: Advantages and disadvantages of solutions**  
**What are the pro's and con's of each idea**

<b>Solutions</b>	<b>Advantage</b>	<b>Disadvantage</b>
Take some deep breaths and count backwards from 20 before walking out of a classroom	Easy to do People won't notice It works	May forget
Ask the teacher for help with a particular piece of work you can't do after the class	They may help me and take the pressure off	They may see me as troublemaker and not help. They may give me extra work
Decide that whatever happens you will stay in and do one hour's homework (and no more) each school day	It will get the work done and I won't get so worried.	It will be boring I will be a nerd I will miss out on my social life

Step 4 and step 5 hopefully explain themselves enough. The thing is to make sure the solution chosen is small, practical and will work

**Step 4: Choose the 'best solution'**

Choose which idea you are going to try first.

Think about what you might need. How will you carry it out?

How will you know if it worked? What will be different?

What problems might there be with it? How will you deal with them?

Are there any things you need to do first?

Count down from 20 backwards if stressed in class.

Ask the school nurse to have a word with the teacher and explain everything.

One thing to do in this step is some simple goal setting. We use a lot of this with young people and it needs to be simple, easy and on a day-to-day basis. An example of goal setting is for young people who are feeling unpopular or getting isolated, to text a friend once a day. (a goal) This is an easy thing to do, and it is a great thing to do. Once the texts start, they lead on to another and then another, and suddenly our young person has friends again.

**Step 5: Review the solution**

What went well? Did it help the problem? What could you try and use again?

Write down how well the plan worked, and which parts need to be changed?

The count down worked well and nobody knew I was doing it in class.

The teacher has helped me.

I am not so stressed and am sleeping all night.

So here we are. Take a break from reading before you progress to the last two tools.

=====

Carrying on, we are near the end now. Let's recap. We have completed the 5 areas mental health framework and a problem-solving guide. Now we need to just check there **are no risk issues** or things you and the young person need to get help for immediately. A mental health diagnosis is not required but a knowledge of any risk issues or if referral is needed. Use the **assessment of suicide risk tool**.

The final tool to use is the mental health promotion checklist. This is a checklist of the areas that will positively build the young person's mental well being and ensure that the young person is moving ahead in their larger life regardless. It is particularly important if the young person is in a complicated family situation which they have little choice over.

Go through the list swiftly with the young person and see if any ways forward can lie in these places.

The following mental health promotion checklist has been filled in for Catherine's story.

### The Mental Health Promotion Check list

	Local Organisation Contacts
Enhancing confidence & self esteem	Getting through GCSEs
Talking things over	Now done with school nurse
Encouraging physical activity	Interested in dance. Consider local class at leisure centre.
Encouraging access to learning opportunities	School nurse to talk to teachers
Support from friends	May mention situation to friends. May not.
Opportunities for creativity	Also keen on drama classes. May check out county drama group. Also thinking of drama as an A level option.
Support with domestic violence	Not relevant.
Addressing mental health & physical health problems	Interested in healthy diet for fitness – going to take up dance seriously.

So here we are. Let's look back at what we have done.

Catherine has a problem. She is stressed out with exams and is getting anxious and not feeling good about herself. She is beginning to get physical symptoms of anxiety, has walked out of class and is on the edge of being seen as a troublemaker in class. She decides for herself that she needs to do something, and does it well. Her anxiety reduces and she stays in class (and does very well in her exams of course!). She has stopped herself progressing to an anxiety state. And she has positively promoted her mental well being by looking after her future and staying in her education, as well as taking up dance and drama. She sees you once to go through this all and then once afterwards to tell you how it's been and that she is OK. The first time you saw Catherine for 30 minutes. The second time around 10 minutes.

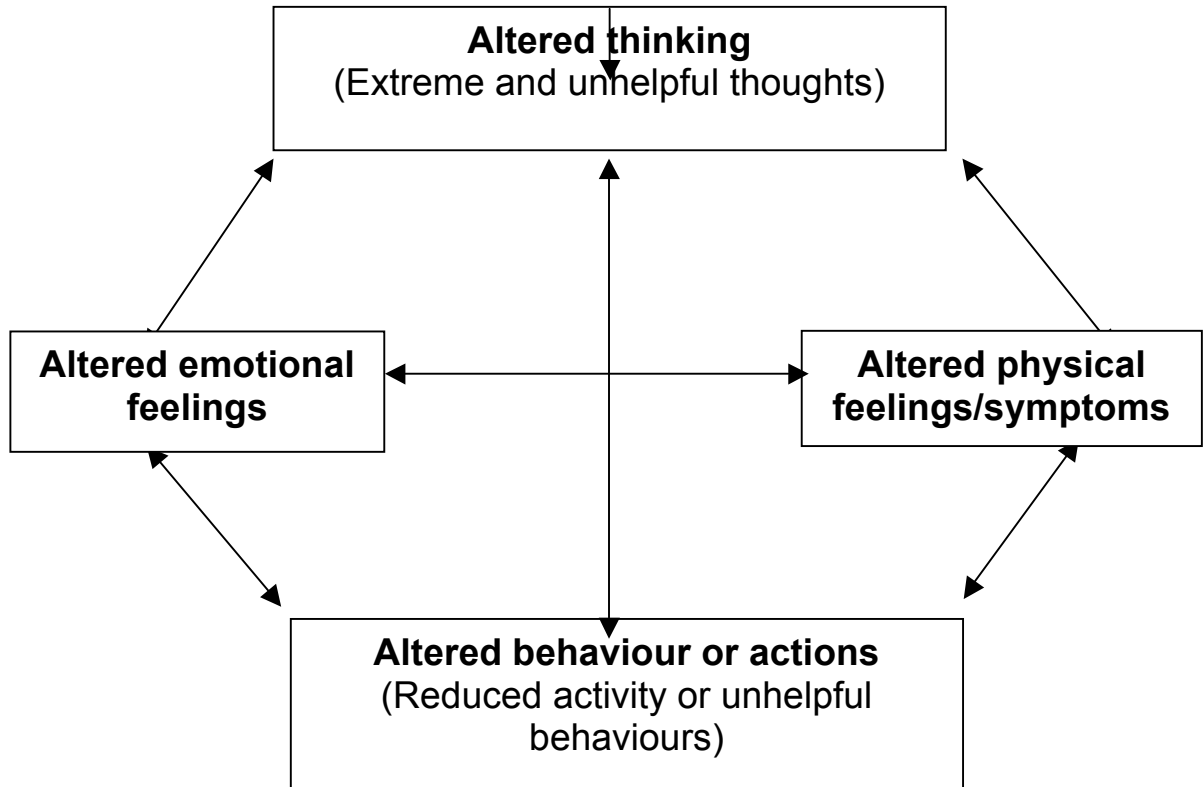
## TOOL 6

### The 5 areas mental health framework

Fill in the blank framework with a young person together

Remember

- Narrow all down from the general to the specific
- Make sure it is the young person's words used
- Make sure it is the day-to-day, living and getting by issues concentrating on



#### Helpful tip

Print and laminate the five areas mental health framework on one side and do the same with the risk assessment questions on the other side. Keep them with you, somewhere that is always available.

**TOOL 7**

**Problem Solving Guide**

**Step 1: Work out which problem to sort out.**

**What are the specific problems you are dealing with? Break them down into smaller parts if necessary. Use your own words**

**Choose one to try to sort out.**

**Make sure it is one that is not too hard to start off**

**Step 2: List all possible solutions, with as many ideas as you can**

What things would solve the problem? Any helpful ideas? What have you tried that worked in the past? What would other people say? What would you suggest to a friend with the same problem? What very imaginative solutions can you include?

**Step 3: Advantages and disadvantages of solutions**

**What are the pros and cons of each idea**

**Step 4: Choose the 'best solution'**

**Step 5: Review the solution**

## TOOL 8

### Assessment of suicide risk in young people

**TIP** Laminate this sheet and leave on consulting desk as a guide.

#### Risk factors

- 1 Previous suicide attempt
- 2 Depression
- 3 Family history of suicidal behaviour
- 4 Drug and Alcohol abuse
- 5 Access to lethal means
- 6 Antisocial or aggressive behaviour.

#### Triggers

- 1 Shameful or humiliating experience
- 2 A loss or failure of conflict

eg break up of a relationship, an exam failure, the death of someone close, concerns over sexual identity issues.

**Note** Asking directly does not precipitate an event. Talk of suicide should never be ignored or dismissed

#### **SUICIDE RISK ASSESSMENT questions**

“Know that if feeling ‘unsafe’ help will be given“

To assess if any risk exists start with

“Have you ever had feelings so bad that you’ve had thoughts that you didn’t want to go on , or that you might kill yourself?”

If there is a positive response then go on to quantify the risk by asking some of the following questions:

“Is this unhappy feeling so strong that you wish you were dead?”

“How often have you had these thoughts?”

“Has anything happened recently to make you feel like this?”

“On a scale of one to ten, how strong is your desire to kill yourself?”

“What would it take to move you one point down the scale?”

“Have you ever thought about how you might kill yourself?”

“Is the method that you might use readily available?”

“Have you a planned time for this?”

“Have you ever tried to kill or harm yourself before?”

“Did things change as a result of these attempts?”

“Who would you like to support you through this time?”

“Is there anything that would stop you killing yourself?”

“If you could look to the future, what do you feel you could look forward to?”

#### **Action**

If you think a young person is suicidal

- 1 Maintain contact with the young person.
- 2 Contact mental health services quickly and ensure contact
- 3 Arrange close supervision and family support
- 4 Ensure removal of all sources of danger

If risk is not high, whilst seeking specialist advice, discuss a safety plan with the young person and arrange to meet the next day.

Source: *Depression in young people. A guide for mental health professionals.* The Australian National Health and Medical Research Council 2004.

**Tool 9**  
**The Mental Health Promotion Checklist**

	<b>Local Organisation Contacts</b>
<b>Enhancing confidence &amp; self esteem</b>	
<b>Talking things over</b>	
<b>Encouraging physical activity</b>	
<b>Encouraging access to learning opportunities</b>	
<b>Support from friends</b>	
<b>Opportunities for creativity</b>	

## 6 A young person with complicated life situation: help to give

Now that we have worked with Catherine, let's begin to work with Mike.

Let's remind ourselves of Mike.

**Mike is 16 years old. He is not doing well at school and comes in each day looking worn out and not being able to concentrate. His teacher knows he is in a difficult home situation. His parents are separated and his father has a drinking problem. He visits the family home as and when, but usually on a Monday night after the pub has closed. Mike feels very angry with his father and doesn't know how to handle the times when his father is in the home, when it will always end in his father shouting a lot at his mother. His father has hit his mother before several times in front of Mike. Mike tries to look after his brother and his mother, but usually can only take himself off to his room for long periods of time to avoid his father. Mike also worries about his dad too. Mike thinks he is a failure and that he is the man of the household now and should be able to sort out all the unhappiness. He worries about it all, especially at night when he can't sleep. He finds that he is short tempered and has had quite a few bust ups with his school friends over small things. He is embarrassed to take his friends home, in case his father is there and has not told them anything, as he doesn't want to be seen as the son of an "alcoholic". He has never said anything to his mother about his feelings, as he thinks this would just add to her problems. He often thinks of running away, but doesn't because he can't leave his brother. He has wanted to do engineering at University, but now is thinking about dropping out of sixth form as he doesn't think he will get through his A levels.**

How can we help?

This can be very hard when a young person is telling you things and the reality is that you know they are not good, but may fall beneath the local child protection or CAHMS criteria. It might be that you are the only person in contact with the young person and who the young person likes, knows and has a relationship with regardless.

In Mike's story, we may not be able to help to stop the domestic violence towards his mother. We may have to sit tight through some very difficult times with Mike, hearing things that are very hard to hear. But, we can help.

The way to manage this all is to understand that you can't necessarily help get a young person who's not in a good situation, out of it (if already sent back from child protection), but you can help guide and teach a young person some simple things which they can do for themselves which will make a lot of difference and through to their larger life as adults.

As with Catherine, let's fill in the 5 areas mental health framework and start with the life situation area.

Remember

- Narrow down from the general to the specific.
- Make sure it is the young person's words you are using.
- Make sure it is the day-to-day, living and getting by issues you are concentrating on.

With Mike, you might well see the problem in his life situation to be domestic violence, father drinking or looking after brother. But these problems are too large and also something Mike has little choice or command over. That's not to say that they aren't relevant. Of course they are. But they need to be said in Mike's words in the ways that affect him on a day-to-day basis. For example: parents shouting leads to no household chores being done by parents, so no clean clothes. Not sleeping at night from worry leads to feeling too tired to get an after school job to fund the mobile phone top up. Not bringing friends home in case

there is an argument. Feeling “unpopular” as thinking that no body else has a father who beats up their mother.

These are all things that are a little easier for the young person to do something about themselves, and so begin to build up their self esteem, confidence, sense of success and ability to work out solutions. Sometimes, if the situation is out of your hands, these smaller things are the ones that keep you going and mean a lot.

Sometimes if you are in an inescapable position, it’s very important to keep the larger, outside world things going, such as your friendships, your studies, your larger aspirations and dreams, your interests to carry you through to the other side, as a young adult.

When filling in the areas for Mike, as well as the day-to-day problems relating to domestic violence, make sure you get some problems which are smaller and more ordinary, such as not doing football anymore or falling out with best friend. This will mean that you have more of a chance of Mike sorting out a problem when you come on later to problem solving.

Fill in the life situation box for Mike

<b>Life situation</b>

Here is what Mike could have said

<b>Life situation</b>
Father comes into house on a Monday and shouts at mother and sometimes hits her Not doing well at school Falling out with best friend

You can see that some things could be put equally in the changed behaviour box later on. But don’t spend any more time on it and not to worry. This will be enough to guide you though to the best problem to work on.

The next areas are the thoughts and feelings ones.

Fill in the feelings and thoughts box for Mike.

<b>Feelings</b>

<b>Thoughts</b>

Here is what Mike could have said

<b>Feelings</b>
Anger with my father when he comes to the home Anxious about what may happen next Embarrassed to take my friends home Short tempered with friends

<b>Thoughts</b>
-----------------

Not knowing how to handle the times when father is in home and shouting A failure as I am the man of the household and so should stop mother getting hurt Look after younger brother I want to run away
--

The picture is building. Mike is in a very difficult situation and the feelings are building up, as well as him not thinking he can do anything or is up to much.

The next area is the physical area. Fill this in for Mike.

<b>Physical</b>
-----------------

--

Here is what Mike could have said:

<b>Physical</b>
-----------------

I am not sleeping I feel knots in my stomach and have diarrhoea when I hear shouting downstairs.
---

Not sleeping is not going to help. Mike is not sleeping for the worry and by not sleeping the worries will only become larger. He is beginning to build up physical anxiety symptoms which need to be stopped now before they go farther. We really don't want Mike to get into a fixed anxiety state which may take him years to overcome, way into his adult years.

Let's complete the final box now.

<b>Changed behaviours</b>
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This is what Mike could have said

<b>Changed behaviours</b>
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Not inviting friends home Shutting self away in bedroom when father comes to house Falling out with friends Not talking to mother of my worries Not talking to friends of my problems at home
---

We can see that this is not good news. Mike's hard home life is catching up on him and he is finding it harder and harder to talk to anyone and getting more and more isolated. Along with the not sleeping, he is building up some strong feelings and not thinking he is great. Mike is **at** risk of developing his own definable and longer term mental health problem, as well as not getting to the places he needs to be as a bright, and capable young man with his whole life ahead of him.

We now have a more simple view of Mike's problem and how all these thoughts, feelings and behaviours connect up. What we need to work out next is a way to get through some of the day-to-day problems one step at a time, keeping things as much in Mike's hands as possible.

Take a break from reading before moving on to the problem-solving approach.

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Returning from your break, lets start to complete the problem-solving guide with Mike.

Remember we are looking for things that are:

- Small and everyday, practical things
- Something practical in Mike's power to change, which we know as an adult has a good chance of working.

Can you fill in step 1 from Mike's story?

<b>Step 1: Work out which problem to sort out</b>
What is the specific problems you are dealing with? Break them down into smaller parts if necessary. Use your own words
<b>Choose one to try to sort out.</b> <b>Make sure it is one that is not too hard to start with</b>

Here is what Mike could have written.

<b>Step 1: Work out which problem to sort out</b>
What are the specific problems you are dealing with? Break them down into smaller parts if necessary. Use your own words.
<ul style="list-style-type: none"><li>• Going to bedroom when father comes to house and begins to shout</li><li>• Falling out with friends through having a short temper at the moment</li><li>• Not sleeping</li><li>• Not bringing friends home</li><li>• Not telling mother how this is affecting me</li><li>• Not telling friends of the troubles at home</li><li>• Not doing well at school</li></ul>
<b>Choose one to try to sort out.</b> <b>Make sure it is one that is not too hard to start with</b>
Falling out with friends

Now the problem Mike has chosen to work on is a good one and something that will lead on to help with some of the other problems. This may have taken some gentle talking through and guidance with a worker. If Mike can make it up with his friends, he can then begin to talk to them and get some of the things off his chest that he has been holding onto by himself. He might also look at the way he passes the time, when he goes to his room to keep out of the way of his farther. He could use the computer or mobile and talk to his friends getting their support. This might give him the confidence to talk to his mother or to get him out more into the larger world, where he will build up his independent social life, do other things, meet more people and feel better about where he is going irrespective of the family.

Let's now fill in step 2 for Mike.

**Step 2: List all possible solutions, with as many ideas as you can**

What things would solve the problem? Any helpful ideas? What have you tried that worked in the past? What would other people say? What would you suggest to a friend with the same problem? What very imaginative solutions can you include?

This is what Mike could have written.

**Step 2: List all possible solutions, with as many ideas as you can**

What things would solve the problem? Any helpful ideas? What have you tried that worked in the past? What would other people say? What would you suggest to a friend with the same problem? What very imaginative solutions can you include?

- Take some deep breaths and count backwards from 20 before arguing with friends
- Tell your best friend that you are stressed out and are sorry for losing it
- Text one friend a day

From here, fill in step 3 for Mike. As with Catherine, you will have to imagine what some of the advantages and disadvantages are as we don't go that far in his story given.

**Step 3: Advantages and disadvantages of solutions**  
**What are the advantages and disadvantages of each idea**

Solutions	Advantage	Disadvantage

Here is what Mike could have written.

**Step 3: Advantages and disadvantages of solutions**  
**What are the advantages and disadvantages of each idea?**

Solutions	Advantage	Disadvantage
Take some deep breaths and count backwards from 20 before arguing with friends	Easy to do It works	Sometimes the argument develops too fast
Tell my best friend that I'm stressed out and am sorry for losing it	It will be back to normal between us. I won't feel bad towards them. We should. It's the right thing to do. We are really good friends. I might be able to talk to them properly about what I am facing.	He may not accept my apology. It could be humiliating. I don't know what to say.

Text one friend a day for the next week.	I will get text back. I will get back into my friends' social scene. I will get to hear what is going on and where people are going out to.	They may not reply back. I have no money on my phone.
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We are getting there. The problems are looking smaller and that there might just possibly be an answer to one or two of them.

Step 4 and step 5 have been filled in for you. This is what Mike could have written.

<p><b>Step 4: Choose the 'best solution'</b></p> <p><b>Choose which idea you are going to try first.</b></p> <p><b>Think about what you might need. How will you carry it out?</b></p> <p><b>How will you know if it worked? What will be different?</b></p> <p><b>What problems might there be with it? How will you deal with them?</b></p> <p><b>Are there any things you need to do first?</b></p>
<p>Take some deep breaths and count backwards from 20 before arguing with friends.</p>
<p><b>Step 5: Review the solution</b></p> <p><b>What went well? Did it help the problem? What could you try and use again?</b></p> <p><b>Write down how well the plan worked, and which parts need to be changed?</b></p>
<p>The count down worked well and I stopped jumping into arguments. I ended up making it up with my old best friend and that took a weight off my mind My friends were upset that I hadn't invited them round to mine for a long time. I am beginning to think that I might be able to tell them about my dad and his shouting.</p>

With Mike, and other young people in difficult home lives, it is really important to help them live their bigger lives, which is the route to freedom as they get older. Friends and the social life can be everything and mean everything, if your family are not what they should be. Friends can become like family and get a young person through the hard times. Schooling and education need to be kept going at all costs to give the young person the right chances later on as an adult. Sports and the arts are a way to keep other things in life going and help a young person feel good about themselves, whilst passing on a different way of seeing things and getting the young person meeting and mixing with a different set of people, often in a very positive environment. Years later, many adults who have come through difficult childhoods say that it was the smallest thing and the kind word from maybe a neighbour or sports coach or teacher that made such a difference to them.

With Mike, and other young people in complicated situations, it will be very important to check there are no current **risk issues**. Use the **assessment of suicide risk tool** and of course always ask a specialist if you have concerns.

Finally, with Mike, go through the mental health promotion checklist with him. This is a completed one.

### The Mental Health Promotion Check list

	Local Organisation Contacts
<b>Enhancing confidence &amp; self esteem</b>	Restart football
<b>Talking things over</b>	Getting back with friend who can then talk of problems with Domestic Violence child support line
<b>Encouraging physical activity</b>	Restart football with local club
<b>Encouraging access to learning opportunities</b>	Health Visitor to update teachers and see how they can support further
<b>Support from friends</b>	Getting back with friend who can then talk of problems with
<b>Opportunities for creativity</b>	Not Mike's interest
<b>Support with domestic violence</b>	Domestic Violence child support line
<b>Addressing mental health &amp; physical health problems</b>	No physical health problems

So now we have finished, let's look back. Here we have Mike, a young man in a difficult situation. We have worked together to help him rebuild his friendships, which are going to help him through difficult times ahead. He has also restarted football which means he will meet more people and positive adults, improve his social life and also get exercise, all of which will promote and protect his mental well being and help him through to adulthood. From there, feeling more confident, he did manage to talk to his mum and in the end, this meant that action was taken for the best for the whole family, including his dad. Mike started to sleep again, he no longer wakes up feeling down, and he began to go from strength to strength, taking on more outside activities and shining in them all. The school really believed in him and backed him all the way. His teachers helped him in a very positive way to get through his exams and reach university. You have done so too. It all started with your work together.

Mike may well come back to you over the next couple of years every now and again or on a regular basis. Now though, he and you have a way to think about what is going on for him which will only increase his ability to manage his life. You can return to the same method each time, and watch Mike grow in his abilities, whilst keeping himself mentally as well as possible in his difficult times.

## 7 Referring on

Catherine saw the school nurse twice and that was it. Mike needed to see the school nurse every month or so over a two-year period, which got him through to starting university. Catherine’s mental health did not warrant a referral. Mike’s mental health and life situation fell beneath any specialist referral level.

However, for some young people, sometimes it may be best for the young person to see someone other than yourself. This can be very hard for a young person. Once a young person has opened up, it can be nerve wracking. Another person to see, and, if the young person lives rurally it’s very likely that they will have to travel. How will they get there? How long will the travel take and will their absence be noticed? How much will it cost? Have they got the money? Will they get lost finding the new place? What will the new person look like? What will they say? Will the young person be spotted in the waiting area? Will they want to come back?

‘Young people are too often put off of using a service because of the referral time.’

‘You need the self-confidence to go and get the help you need.’

‘I need to know that the support isn’t going to stop while I’m being referred coz it takes too long and I probably won’t want to go if I’m left for so long.’

These are some of the young person’s views and some of the things a young person is up against. **How can we help?**

Try this out as a quick way to help improve your referral with a young person

Fill in the grid below rating yourself against what young people say will help (the young people criteria). With this grid much of the work will require communication and possibly some joint collaboration with referral agencies, often CAMHS.

**Self-assessment grid 3 – referral**

What young people say will help. (The young people’s criteria) A young person will...	Good Practice Examples	Your own self-assessment of how much you meet the young person’s criteria Score 1-5. 1 = not at all 5 = completely
Be able to get to referrer as easily as possible by public transport	Referrer needs to locate venue near good bus routes	
Know who the person is they are being asked to see and what help they can offer	The professional will offer an information leaflet on the referral service	
Know what it will be like when they get there	Picture of the referral agency delivery building included in the service information Information of what else goes on in building included in the service information	

Understand the relevance and importance of why they should go	<p>The professional will introduce, discuss and explain referral as part of the 3<sup>rd</sup> and 4<sup>th</sup> brief session within the mental health package</p> <p>The professional will develop referral flow chart with specialist providers</p>	
Know that no one there will tell others that the young person has been	<p>Discreet entrance to referral building and waiting area</p> <p>Trained reception staff</p>	
Be helped to attend first appointment if appropriate	The professional to offer to accompany young person	
Know the link with the professional can be kept up	The professional will discuss ways the young person can re-make contact if need be	

## TOOL 10

### 1 What young people think should be in an information leaflet on the referral agency

#### What the service is for and what it deals with

- Where the nearest service is
- How to get there
- What it will cost
- Telephone number and e-mail of service
- Name and picture of person you will be seeing
- Length of treatment
- When and how often you have to go
- What will happen when you get there
- Whether you would always see the same person
- Whether you would be able to change the person you see

#### What should the information look like

- Eye-catching
- Multi-coloured
- Noticeable
- Understandable
- Photos of the building you will be going to
- Bullet points
- Fewer words, more pictures
- Clearly stated name of service

#### Where should this information be made available

- Schools, colleges and universities
- Leisure, youth, health and information centres
- Doctors, hospitals and pharmacies
- Shop windows, bus stops and on the sides of buses
- Homeless shelters
- Posted to people

In places that are quiet, so nobody sees you picking the leaflets up

The young people felt that it was really important that there was information available to them in many different formats, such as leaflets that are bright and young-people friendly, but also explained to them face to face as some young people won't want to read the leaflets or information but would still like to know what's available.

**TOOL 11**  
**Young people's question sheet for referral**

Information on what happens next so young people can make informed choices.

<b>QUESTION</b>	<b>CRITERIA</b>	<b>GOOD PRACTICE</b>
Why should I go?	Experts at understanding young people's development	Discussion with the professional over at least 2 brief sessions. Honest explanation
Who will be there?	Knowing what specialists do	The professional will explain the role of different staff. Introductory leaflet to service.
How many people will be there?	Knowing if there will be a room full of people	Discuss likely to be only 1 or 2 people there.
What do they do?	Knowing if they will examine me, do tests or prescribe medicines.	Discuss different personnel have different roles. Nothing is done without their consent. Will not be examined. Introductory Leaflet
Who will they tell?	They will not tell anyone without your permission.*	Welcoming Reception staff. Discreet entrance to building and waiting area.
Where is it?	Most services are delivered in community buildings.	The professional will tell you the type of building your service will be delivered from.
Do I have to go on my own?	Support is comforting and gives you a chance to share the experience.	You can choose someone to go with you: friend, family, school nurse
What does it look like?	Knowing that I am in the right place.	Introductory Leaflet with photo of building
How will I get there?	Being easy to get there on my own	Routes to find the place. Photo of building.
What can I say?	You can talk about anything that is troubling you.	The professional will let you know that people are there to listen and will help to find ways to make it easier for you to talk.
What use will it be?	Talking has been shown time and again to be the best way to sort our problems out.	Decent explanation of young people's mental well being and development.
How long will I have to wait for an appointment?	Different waiting times in different areas. Most urgent cases are seen first.	You will be told the approx. number of weeks wait for your area.
Do I stop seeing the School Nurse?	Knowing that the link with the professional can be kept up	Stay in contact with the professional. They may also attend some sessions if you wish.

**<sup>1</sup> CONFIDENTIALITY FOOTER:**

'Your information will be kept private and confidential. It will not be shared without your permission. If you are being harmed or are aware others are being harmed, information may be shared with other agencies with or without your permission. You will always be informed first.'

## 8 Self-evaluating your learning

Now you have read through the toolkit and hopefully had a good go at using the tools, it would be great to see what you have learned. The self-assessment questionnaire will help you work out what you have learned, what you have changed because of that and give you some pointers towards what has changed with the mental health of the young person (the Kilpatrick hierarchy of outcomes).

Fill in the questionnaire. Spend as much or as little time on it as you wish. You may choose to work through it systematically or simply run a quick check, rating yourself against the areas that are of most significance for you.

### 1 Achieving what you set out to

1.1.a What was the main thing you wanted to achieve by using the toolkit?

1.1.b Did you do what ever that was?

0 -----5-----10  
Not really Yes partially Yes totally

1.1.c What helped you and what hindered you?

### 2. What you have learned

2.1.a How has the toolkit improved your knowledge in mental health and young people?

0 -----5-----10  
Not at all Fair amount A lot

2.1.b Describe one way your knowledge in mental health and young people has improved.

2.2.a How has the toolkit improved your confidence to deliver mental health to young people?

0 -----5-----10  
Not at all Fair amount A lot

2.2.b Describe one way your confidence in mental health has improved.

2.3.a How has the toolkit improved your ability to identify your own further learning needs with mental health and young people?

0 -----5-----10  
Not at all Fair amount A lot

2.3.b Describe one way you have got your additional mental health and young people learning and support needs met.

3 What you have changed?

3.1.a After having used the toolkit how would you rate the degree of change that has been made to your actual contact with young people with mental health problems?

0 -----5-----10  
Low level of change                      Changes with some impact                      Changes with significant impact

3.1.b Describe one change made in your actual contact with young people with mental health problems.

4 Indicators of impact on young people's mental health.

4.1.a After having used the toolkit, how would you rate your impression of improvements to the mental health of the young people you work with?

0 -----5-----10  
Low level                                      Early changes                                      Significant changes

4.2.b Describe one impression of how the mental health of a young person you have worked has improved.

## 9 Toolkit training pack

After having used the toolkit a lot and become very familiar with it, you may have some ideas about how you pass on some of the learning and lessons learned.

The training pack has some templates which may help. They were written for training events for school nurses in Northumberland and County Durham, and so have been used and stood the test of experience. Please feel free to use them, change them and make them your own. If you wouldn't mind acknowledging the source that would be appreciated.

If you have no or little specific mental health training, it's probably better if you contact your local CAMHS worker and see if you might be able to teach a session together, drawing on both of your experiences.

The sample templates are:

- Outline of training
- Workshop programmes
- Case sheet

## Outline of Training

This training is based on the principles of action, case-based learning with the emphasis on supporting the use of the key tools within the toolkit. Each of the two half day sessions follow on from the previous to deliver a basic foundation-level knowledge. The key tools of the access self-assessment grid, 5 areas mental health framework, problem-solving guide and mental health promotion checklist will be used on cases.

The sessions are for any generalist practitioners who are not mental health specialists, working in universal services; this includes GPs, health visitors, school nurses, teachers, social workers, youth justice workers, voluntary agencies.

They are for practitioners who are able to offer general advice and treatment for young people's less severe problems, contribute towards mental health promotion, identify problems early, and refer to more specialist services.

## Workshop programmes

### Programme Workshop One

#### The 5 areas mental health framework

Timing	Activity	Teaching materials	Details
10 mins	Welcome Housekeeping Introductions		
5 mins	Participant workshop outcomes		
10 mins	Overview of young people and mental health	Power point presentation	Interactive presentation
15 mins	Case work		Pairs to write one 3-line description of a case one of them has seen recently  Share as group
25 mins	Access and young people	Handout Self assessment grid for access	Pair work  Large group discussion
15 mins	Tea and coffee break		
15 mins	Introduction and demonstration of 5 areas mental health framework	Power point presentation	
15 mins	Low level case 5 areas mental health framework	Handouts Cases 5 areas mental health framework	Pair work  Large group discussion
30 mins	Complex case 5 areas mental health framework	Handouts Cases 5 areas mental health framework	
10 mins	Evaluation and Learning points		Large group discussion

## Programme Workshop Two. Problem solving and mental health promotion checklist

Timing	Activity	Materials	Details
10 mins	Welcome Housekeeping Introductions		
5 mins	Participant workshop outcomes		
10 mins	Introduction to problem solving guide and mental health promotion checklist	Power point presentation and handout	Interactive presentation
30 mins	Low level case Using all the tools	Handouts 1 Cases 2 5 areas MH framework 3 Problem- solving guide 4 Mental Health promotion checklist	Case work in pairs  Large group discussion
15 mins	Tea and coffee break		
30 mins	Complex case Using all the tools	Handouts 1 Cases 2 5 areas MH framework 3 Problem- solving guide 4 Mental Health promotion checklist	Case work in pairs  Large group discussion
30 mins	Risk assessment	Handout Young peoples risk assessment tool	Large group discussion
15 mins	Referral on	Self assessment grid	Pair work  Large group discussion
10 mins	Evaluation and Learning points		Large group discussion

All teaching materials may be individually photocopied out of toolkit or participants may be given the toolkit complete.

## **Cases: Young people and mental health**

### Low-level help required

1 Sam comes to see you with a minor injury after a PE lesson. He is 14 years old. As you deal with the finger, he tells you that his parents have recently split up, with him living mostly with his mother. He doesn't know what to do. He can't sleep for worrying about it all. He thinks that he will not see his father very much now and misses him very much. He is very angry with his father for leaving, but also is angry with his mother because she used to always argue back with his Dad, which he thinks made his father leave home. He also feels down at times because he can't understand why, if his father loved him so much, he went away. He has stopped his friends coming round to the house; he hasn't told them of the separation as all of their parents are still together. He feels different. He gets very frustrated when he can't find his school uniform because it is at the other parent's house, or when he has to cancel going out with his friends because one parent has arranged something but not told him. He recently stopped playing for his football club, because it was too difficult to organise between his parents and he felt that he couldn't be bothered anyway.

2 Catherine is 15. She is stressed. She has her GCSEs in the next 2 weeks. She has just walked out of chemistry class for the second time this week; stormed out in a cloud. She doesn't want to go back in. It could be seen that she is "disruptive". Actually, she has something on her mind. She hasn't been able to do the chemistry work. She got very panicky and anxious and ended up storming out of the lesson and then school. She doesn't know what to do with the pressure. She thinks the teachers have got it in for her, and don't like her. She thinks she is rubbish at everything anyway. She feels pathetic and thinks she is a loser. She hasn't told anyone that she is struggling with the work and instead finds herself messing on in the class more and more, when she can't do the work, not handing in homework and going out more at nights with her friends. She thinks that now she will get excluded. When she was choosing her GCSE options, she had wanted to do Biology at University and has always been in the top sets.

3 Jim is 13 years old and you have been asked to see him by his teacher after a bullying incident in the school yard. Jim tells you that he feels bad at the moment because he has no friends and he thinks that everyone picks on him. He thinks that no one likes him because he doesn't play football. He tries to get off school if he can at all times, and at breaks, tries to stay in the toilets if he can, or walks around all the time so no one can see that he has no friends. It also helps him keep away from the lads who pick on him. He doesn't think anyone can be bothered with him.

### **More complex cases**

4 You are asked to see Kate by her mother. Kate is 16 years old. You ask the primary care mental health worker to see her, who then asks you to work with the mother and child. Kate has a tic, goes to bed each night in tears and thinks that all the boys in her class are nasty to her. She thinks that she isn't popular and that she will never get a boyfriend. She lives with her mother. She is not meant to see her father. However, she does see him when he comes to see her at the school gate without her mother knowing. She has told nobody but you about that. She likes to see her father but believes she would hurt her mother if she told her.

5 Mike is 16 years old. He is not doing well at school and comes in each day looking worn out and unable to concentrate. His teacher knows he is in a difficult home situation. His parents are separated and his father has a drinking problem. He visits the family home as and when, but usually on a Monday night after the pub has closed. Mike feels very angry

with his father and doesn't know how to handle the times when his father is in the home, when it will always end in his father shouting a lot at his mother. His father has hit his mother before in front of Mike several times. Mike tries to look after his brother and his mother, but usually can only take himself off to his room for long periods of time to avoid his father. Mike worries about his dad too. Mike thinks he is a failure and that he is the man of the household now and should be able to sort all the unhappiness. He worries about it all especially at night when he can't sleep. He finds that he is short tempered and has had quite a few bust ups with his school friends over small things. He is embarrassed to take his friends home, in case his father is there and has not told them anything, as he doesn't want to be seen as the son of an "alcoholic". He has never said anything to his mother about his feelings, as he thinks this would just add to her problems. He thinks of running away often, but doesn't because he can't leave his brother. He has wanted to do engineering at University, but now is thinking about dropping out of sixth form as he doesn't think he will get through his A levels.

**Appendix 1**  
**What young people say**  
**Tabitha Tilley and Glenys Newby: Investing in Children**

We are a group of young people who have tried to find out what other children and young people want and need so that they feel supported and know where to go for help. In our group experiences and lives are very different.

‘My name is **Ryan** from Blyth in Northumberland. I first got involved with the group when I was invited to go along to a meeting with other people. I think there should be help so people can go and see them instead of their Head of Houses/Departments and Years just for some moral support towards the person who wants help, and also to see them in school instead of out of school. I also think that there should be leaflets and advertisements for help. I have a couple of experiences with school nurses. One is when she asked me if I would like to come along to her anger management classes; two is when I’ve been ill in my lesson and the teacher sends me to the nurse and I could not find her anywhere; and three is when I had my BCG jab. There are not any other experiences with the school nurses. Every school should have a school nurse just in case of illness or any other reason.’

‘My name is **Kayla**, I’m 18 and I am from County Durham. I got involved in Investing in Children a few years ago through CAMHS and have since been involved in other groups through Investing in Children, such as this one. My past experiences with School Nurses have not been very good; the first school that I attended I can’t even remember there being a nurse. The second school I attended just trying to see her was a nightmare as she only came in once a week for half a day and it was appointments only, which was no help to people like me! I was seriously bullied at both my schools and by the time I was offered help it was too late and I went off the rails. All I needed was someone like a nurse to talk to because apparently according to the teachers, nurses were the only people that can/could help me.’

‘My name is **Tash**. I got involved in the group because a friend of my mother knew about the group, and asked me if I wanted to be involved. I decided to join because of the cause; I wanted to help as much as I could. I am a 14-year-old female from Burnopfield. My experiences with school nurses have been fine. She had her own room and was very confidential, the only problem was she was only there one day a week. I believe that school nurses should have at least one 24-hour contact, i.e. e-mail, IM or Hotline.’

‘Hi I’m **Francesca**, I’m 16 years old and I live in Newton Aycliffe. I got involved because I had been involved in the Durham CAMHS group and I was interested in doing more work. I was sent to see the nurse because my teacher felt I needed somebody to talk to; this wasn’t helpful because I didn’t know what was happening and didn’t want to go. I think that this needs to be improved; young people shouldn’t just be sent with no explanation.’

For our research we talked to young people who have never had any involvement with mental health services, and with young people who have. But we feel all views and expectations are valuable and necessary if we are to change things for the better, as all young people are potential service users.

## Why a school nurse?

Although we realise that the school nurse isn't going to be the answer for all young people, young people have told us that it's a better option to other more rigid professionals such as GPs. Young people also stated that their parents were less likely to know the school nurse, particularly in small rural towns and villages.

From all our research we have found children and young people would prefer to talk to the school nurse about their problems rather than a GP. We were told, '**the school nurse works with young people all of the time and she is friendly.**' We were also told the kind of help they feel they need most is '**just talking to someone who knows where you're coming from**' and '**someone I could work closely with if I was depressed**'. One young person told us, '**I need to see someone straight away.**'

When children and young people need help, they need help right then. This is a reason why GPs aren't the best option for young people to go to with emotional issues. It's also important that we realise that not all young people attend school and those who don't have no access to a school nurse.

## How to make it better

Personally we think nurses should come/go into schools at least 4 times a week, especially the large schools, and instead of nurses holding meetings and groups about smoking and how to stop, they should do things about emotional well being. And if people are going through bad times, they need to know who they can talk to; this means it's vital to have information about the school nurse and where to find her clearly displayed around the school. The young people who we asked felt that it was important that the nurses themselves could help them and that they were only referred if they were in need of specialist care. Young people are too often put off using a service because of the referral time, and this must be addressed.

We need to remember that one size doesn't fit all and so although a lot of young people would feel comfortable going and talking face to face with the school nurse there may be some young people who would benefit *more* from a helpline, e-mail or website with a forum whereby young people could ask questions and a nurse would be available to answer them. This allows the young person to remain anonymous, and therefore speak more freely about their issues.

As some young people may not attend school we need to consider, when looking at future plans, that it would be beneficial to have an informal drop-in centre for all young people within each local community. This would be an ideal place to address a wide range of young people's issues and doing it this way may also reduce the stigma attached to different services.

**Appendix 2**  
**A day in the life of a School Nurse**  
**Allison Payne, Senior School Nurse in Northumberland**

As a School Nurse, I have a caseload of around 3,500 students, with around 80 open files, working with children, young people and their families. I work full time, all year round. Some nurses work part-time, term-time. In some teams there are staff nurses and nursery nurses. Investment in school nursing has increased and it is planned that by 2010 there will be a full-time school nurse, per high school pyramid, across the country. Every school has a named school nurse.

Some school nurses are based in Primary Care Centres, not in schools. A school nurse may have 1 High, 2 Middle and 6 First Schools spread across a 10 mile radius.

The school nurse's role is to meet the targets of the public health agenda, to promote physical and mental health. We work with Community Adolescent Mental Health Services (CAMHS), Looked After Children and sexual health services through the Teenage Pregnancy Team to meet the needs of the most vulnerable children and young people such as those not in full time education, as well as the general population of young people.

A typical school nurse working day is a juggling act. Starting the day with the aim of delivering a lesson on puberty to 10 year olds, which has taken preparation and planning, collecting resources together, writing to sanitary companies for samples, can then be abandoned with little notice if a child protection concern is raised requiring immediate action and the lesson may have to be rescheduled. The child protection situation will be attended to as a priority.

**How a Young Person may decide to go and see a School Nurse**

School nurses can have extensive knowledge of complicated family structures and events through their links with schools, primary and community care and others such as CAMHS. Independently of other services, children and young people can access their school nurse in a number of ways such as attending a Drop-In (open-access session) in school or in the local community. They can make an appointment through school (if that's how they've chosen to do it), via a GP, parent or guardian.

**Access**

Easy access is essential to young people. Lunchtime, school-based Drop-Ins are an ideal opportunity for young people to access support at a time and place that works for them. An approach which at first appears to be around lack of concentration, may reveal anxiety due to bullying, resulting in sleeplessness, an eating disorder or episodes of self-harm.

As we move into more enlightened times, text messaging and mobile phone calls become ever popular because they are direct and of a young person's generation. E-mails and the development of school nursing websites are set to take off. This is about accessibility and going to where the young person is at, virtually as well as in reality.

In every school we go into we are very likely to hear the words, 'Can I just...' from teaching staff, who wish to make an enquiry about a child or pass on information. This results in a conversation with the teacher in private; the school nurse being very aware not to breach the young person's confidentiality. This happens a number of times a day, on a number of days a week. Every enquiry is to be recorded in the child's notes. If it's not an open case file, it should still be recorded in the records, which are handed on from Health Visitors in the term the child turns 5 years of age. This all takes time.

Schools are much more aware than they used to be of children and young people’s mental health needs and can signpost them to services. Young people are stating they want access to a school nurse as a fairly immediate opportunity, when they are feeling distressed or confused, so an appointment may be arranged to meet the young person within the day if it is urgent. Assessment of the young person’s situation may lead the nurse to use a brief intervention tool possibly resulting in further referral, or can highlight concerns requiring immediate referral or other actions.

A home visit can be carried out quickly if information received indicates this would be in the child’s best interests, because they are upset or worried. A home visit can support the family in achieving some change from their perspective as she (there are also some male school nurses) can empower them, give them new knowledge and confidence to do something differently. Planned home visits can provide privacy and security for the family and allow them to be relaxed enough to share their issue with the nurse.

Many nurses run enuretic clinics following Contingence Pathways, as a team or see their own cases individually. They will provide continence assessment and appropriate treatments such as bed wetting alarms.

A number of school nurses are Family Planning trained and deliver services in school, ranging from condoms, pregnancy testing and emergency contraception, to prescribing contraception following patient group direction protocols. Chlamydia testing is about to begin with risk groups in High Schools. A consultation around sexual health on many occasions will include a ‘testing of the water’ to see how a young person feels to ensure they are making their own choices for valid reasons.

<b>Opportunities</b>	<b>Barriers</b>
Every School has a named school nurse	Around 300 School Nurses across the country
Every child is allocated a school place	Some nurses work part-time, term-time
Access can be directly from a student	Full time caseloads are likely to exceed 3,000 students, over 6 to 10 (or more) schools
Every young person can access confidentially	Likely to have 1-2% open case files
Student may already know the school nurse	Urgent Matters – Child Protection may be up to 30% in some areas Averagely integrated team working will be required for 10-15% of caseloads
School Nurse may already know family history	School Attitude – Don’t know the role of the School Nurse
School Nurse is aware of referral routes to other services	Don’t know the School Nurse Fear of reprisal from parents to school
School Nurse has a broad knowledge specific to child development needs	School Nurse may be reluctant to approach mental health – fear of further harm
School Nurse has access to a wide variety of resources/leaflets	Low level of knowledge of incidence and impact on health outcomes of mental health

School Nurses have people skills	School Nurse may work in an area of high child protection (takes up time)
School Nurse is aware of current fashions, trends and practices with risk-taking behaviours	School Nurse may have other pressures impacting on practice: Obesity targets, Teenage Pregnancy, Sexual Health, Immunisation programmes
School Nurse can provide frequency and accessibility	Geography in rural areas may make access difficult
School Nurse may have been the same Nurse throughout transition between schools	Poor access or understanding may lose opportunity for effective early intervention
	Lack of a consistent location within the school – being moved around