

Emotional Health and Wellbeing for children and young people

A toolkit for all staff





CONTENTS

Introduction

What is emotional health and wellbeing

Pathways

NAK – Noticing, Asking, Knowing what to do next.

Feel you need some support?

Involving another service

Staff Wellbeing

Working with Parents/Carers

APPENDICES

REFERENCES



CONTENTS

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With special thanks to:

Mental Health and Wellbeing Priority Group.

Introduction to the toolkit

Section 1

What is emotional health and wellbeing

Section 2

Pathways

Section 3

NAK – Noticing, Asking, Knowing what to do next.

Notice: there is a change/difference

Ask: speak to the child/young person using open communication skills

Knowing what to do next: Remain concerned about a child/YP?

Section 4

Feel you need some support?

Section 5

Involvement of another service?

Section 6

Staff Wellbeing

Section 7

Working with Parents/Carers

2 APPENDICES

CAMHS Referral Criteria 25

3 School Nurses Pathway and Referral Criteria 26

7 School Nurses Referral Criteria 27

Education Psychology Service Leaflet 30

9 Printable information Leaflet for Parents 32

References 33

INTRODUCTION

Introduction

What is emotional health and wellbeing

Pathways

NAK – Noticing, Asking, Knowing what to do next.

Feel you need some support?

Involving another service

Staff Wellbeing

Working with Parents/Carers

APPENDICES

REFERENCES

INTRODUCTION TO THIS TOOLKIT

What is the purpose of this toolkit?

This toolkit has a clear purpose to be a valuable and accessible tool which supports all universal staff in supporting children and young people's emotional health and wellbeing. It aims to raise awareness of emotional health and wellbeing and the importance of prioritising early intervention, highlighting the role all staff can play in promoting this with the children and young people they work with.

Research demonstrates that staff can support the emotional health and wellbeing of children and young people by building positive relationships, helping them to develop good coping and problem solving skills and through building resilience. Everything is underpinned by the relationships staff have with children and staff's understanding that these relationships can make a real difference.

Staff who work within universal services are often best placed to notice even the smallest change in presentation or mood of a child or young person, which may reflect an emotional health or wellbeing difficulty that needs help and support. It is important that all staff have an understanding of how best to notice and support children and young people at this early stage so that help can be offered before the difficulties increase. The more staff committed to this the better, children and young people choose who they share things with and more often than not, this will not be the person identified as being their key adult. Section 3: Notice, Ask, Know what to do next (NAK) in this toolkit aims to equip staff with the confidence to respond to emotional health and wellbeing concerns.

The remaining sections of this toolkit suggest pathways, tools, resources and external agency resources and services available to support children's emotional health and wellbeing.

It is hoped that this toolkit will help staff to implement the principles and practice of underpinning policies such as Getting It Right for Every Child, Curriculum for Excellence, Health Promoting Schools, Scottish Mental Health Strategy 2017-2027, Tayside Plan for Children, Young People and Families 2017-2020 and Tayside Children and Young Peoples Mental Health Strategy, (ScotPHN) 'Polishing the Diamonds'; Addressing Adverse Childhood Experiences in Scotland, 2016.



SECTION 1

Introduction

What is emotional health and wellbeing

Pathways

NAK – Noticing, Asking, Knowing what to do next.

Feel you need some support?

Involving another service

Staff Wellbeing

Working with Parents/Carers

APPENDICES

REFERENCES



SECTION 1 WHAT IS EMOTIONAL HEALTH AND WELLBEING?



There is growing acknowledgement of the value of good mental wellbeing to individuals. It can contribute to heightened self-esteem, optimism and a sense of control and coherence. Those experiencing positive mental wellbeing are more confident, assertive and able to:

- develop emotionally, creatively, intellectually and spiritually
- face problems, resolve and learn from them
- cope with adversities, show resilience
- initiate, develop and sustain mutually satisfying personal relationships
- contribute to family and other social networks, local community and society
- empathise with others
- use and enjoy solitude
- play and have fun.”

Children and young people’s emotional health and wellbeing can be impacted by a number of different factors which result in distressed behaviour which is reactive rather than a clinical mental health difficulty as shown in the diagram below.

Self Care and Social Support Universal Services		Additional/Professional Care Targeted and Specialist Services	
HEALTHY Normal Functioning	REACTING Common and Reversible Distress	MODERATE Significant Functional Impairment	SEVERE Clinical Disorder Severe and Persistent Functional Impairment
Normal mood fluctuations Takes things in their stride Consistent performance Normal sleep Patterns Physically and socially active Usual self confidence Comfortable with others	Irritable/impatient Nervousness, sadness, increased worrying Procrastination, forgetfulness Trouble sleeping (more often in falling asleep) Lowered energy Difficulty in relaxing Intrusive thoughts Decreased social activity	Anger, anxiety, lingering sadness, tearfulness Hopelessness Worthlessness Preoccupation Decreased performance in academics or at work Significantly disturbed sleep (falling asleep and staying asleep) Avoidance of social situations, withdrawal	Significant difficulty with emotions and thinking High level of anxiety, panic attacks Depressed mood Feeling overwhelmed Constant fatigue Disturbed contact with reality Significant disturbance in thinking Suicidal thoughts with intent Distorted body image with low weight

Good Mental Health for All, NHS Health Scotland (2016-2010)

SECTION 1

Introduction

What is emotional health and wellbeing

Pathways

NAK – Noticing, Asking, Knowing what to do next.

Feel you need some support?

Involving another service

Staff Wellbeing

Working with Parents/Carers

APPENDICES

REFERENCES

Most children and young people experience good mental health throughout their lives and although they will experience periods of poor emotional wellbeing it is unlikely, for most, that they will go on to develop a mental illness, particularly if they have access to the right support. All staff can and do play a role in offering appropriate support to children and young people no matter where they are on the continuum, however the earlier this support can be offered, the better in terms of outcomes.

Factors which may impact emotional health and wellbeing



Inequality related to disabilities, age, sex, gender, sexual orientation, ethnicity and background can all affect mental wellbeing and incidence of mental illness. Some groups are more likely than others in our society to experience mental ill-health and poorer mental wellbeing – for example, people who have experienced trauma or adverse childhood events, people who have substance use problems, people who are experiencing homelessness, people who are experiencing loneliness or social isolation, veterans, refugees and asylum seekers. There may also be specific issues around access to services and support for those living in remote and rural communities.”

Mental Health Strategy; 2017-2027



The national movement around Adverse Childhood Experiences has helped to reinforce the message that children’s early experiences impact significantly on their later outcomes – a message that is also emphasised in a nurturing approach and trauma informed practice, and has been further developed by the growing field of neuroscience.”

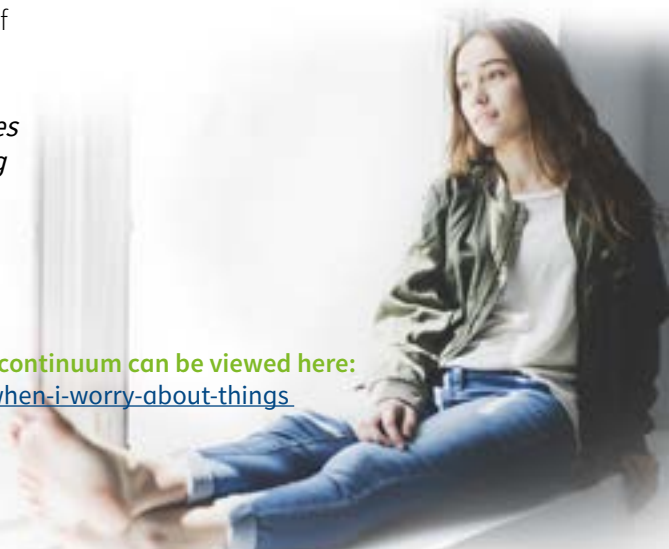
Nurture, Adverse Childhood Experiences and Trauma informed practice: Making the links between these approaches. Education Scotland, 2018

Resources for Promoting Good Emotional Health and Wellbeing at a Universal Level

The active promotion of good emotional health and wellbeing in schools is now firmly rooted in policy. Health Promoting Schools, Getting It Right For Every Child, Curriculum for Excellence and the Mental Health Strategy for Scotland. Each make reference to emotional health and wellbeing as being the ‘responsibility of all’ with schools identified as a key resource for prevention, early intervention and ongoing support for children and young people.

Emotional health and wellbeing should be viewed first and foremost as a preventative rather than crisis intervention measure. Universal tools and resources can help in a preventative way to increase the overall knowledge and skills of children and young people to keep themselves and others mentally well. The specific content being delivered will be dependent on who is being taught. However, emphasis should be on the promotion and development of the skills, knowledge, language and confidence to seek help, as needed, for themselves and others.

*Examples demonstrating how children/young people move through the continuum can be viewed here: <http://www.bbc.co.uk/programmes/articles/5QM6H01X6b3jTQF85GLgbFl/when-i-worry-about-things>



SECTION 1

Introduction

What is emotional health and wellbeing

Pathways

NAK – Noticing, Asking, Knowing what to do next.

Feel you need some support?

Involving another service

Staff Wellbeing

Working with Parents/Carers

APPENDICES

REFERENCES



Resilience

What is resilience?

Summary

1. Resilience is the capacity to bounce back from adversity. Protective factors increase resilience, whereas risk factors increase vulnerability. Resilient individuals, families and communities are more able to deal with difficulties and adversities than those with less resilience.
2. Those who are resilient do well despite adversity, although it does not imply that those who are resilient are unharmed – they often have poorer outcomes than those who have low-risk background but less resilience. This applies to health outcomes and affects success in a range of areas of life across the life course. Evidence shows that resilience could contribute to healthy behaviours, higher qualifications and skills, better employment, better mental well-being, and a quicker or more successful recovery from illness.
3. Resilience is not an innate feature of some people's personalities.
4. Those who face the most adversity are least likely to have the resources necessary to build resilience. This 'double burden' means that inequalities in resilience are likely to contribute to health inequalities.
5. Schools have a key opportunity to build resilience among children and young people, and there is a range of ways in which local authorities can support and encourage schools to take action.
6. Actions to increase resilience can be targeted at different levels – they can aim to increase achievements of pupils; to support them through transitions and encourage healthy behaviours; to promote better interpersonal relationships between people – particularly parents or carers and children; and to create more supportive, cohesive schools that support both pupils and the wider community.

Key Protective Factors in Building Resilience



There are four core protective factors that increase the resilience of children and young people:

1. A relationship with nurturing care providers (if they are not the origin of adversity)
2. Social connectedness with a supportive peer group
3. The ability to problem solve and communicate
4. An interest, hobby or skill that the child or young person values in themselves."

Addressing Adversity, Young Minds, funded by NHS England, 2017

Research has identified protective factors which can positively influence our sense of emotional health and wellbeing and decrease the likelihood of difficulties continuing or progressing. For most children and young people the presence of these protective factors is all they need to restore good emotional health. These protective factors can be made readily available to children and young people in school in the following ways:

Relationships

- The key protective factor for children and young people experiencing emotional health and wellbeing difficulties is the presence of one positive, consistent, caring adult in their lives. Someone who they can talk to, who listens and is available to them. Having a relationship which allows the opportunity to talk to someone will, in most cases, be all that is needed to help children return to a state of good emotional health and wellbeing.
- Healthy adult role models provide consistency and predictability. They can also role model good coping strategies and problem solving skills which children and young people can observe and learn from.

SECTION 1

Introduction

What is emotional health and wellbeing

Pathways

NAK – Noticing, Asking, Knowing what to do next.

Feel you need some support?

Involving another service

Staff Wellbeing

Working with Parents/Carers

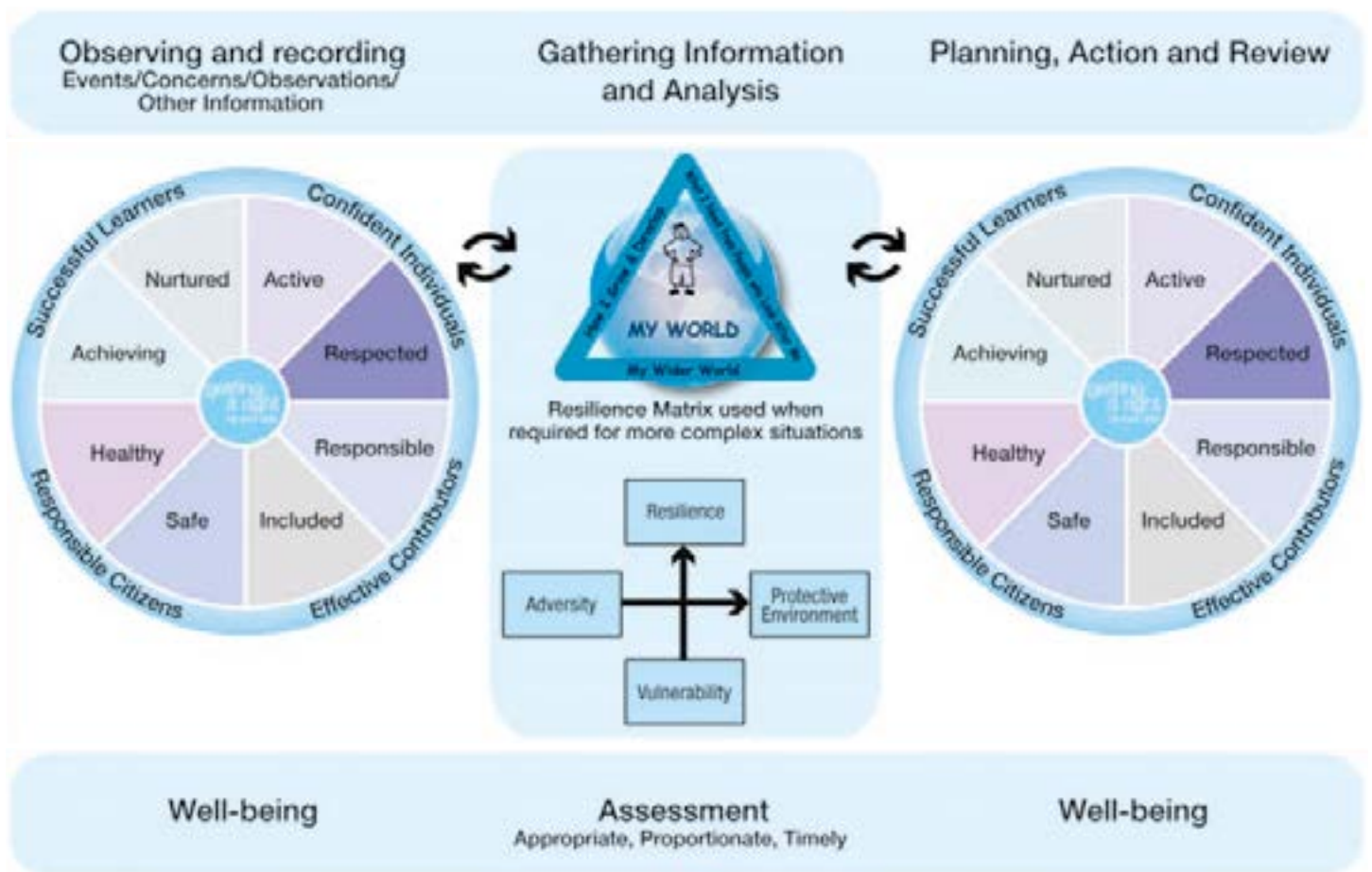
APPENDICES

REFERENCES

Wider environment

Other protective factors relate to the school environment and the opportunities available in school to boost an individual’s sense of success, engagement, achievement and a sense of belonging. These protective factors can be fostered through activities, hobbies and through the nurturing of interests.

Getting it Right for Every Child, Resilience Matrix



Resilience Building tools

Useful tools can be found on [page 17 of this toolkit](#).

SECTION 2

Introduction

What is Emotional Health and Wellbeing?

Pathways

NAK – Noticing, Asking, Knowing what to do next.

Feel you need some support?

Involving another service

Staff Wellbeing

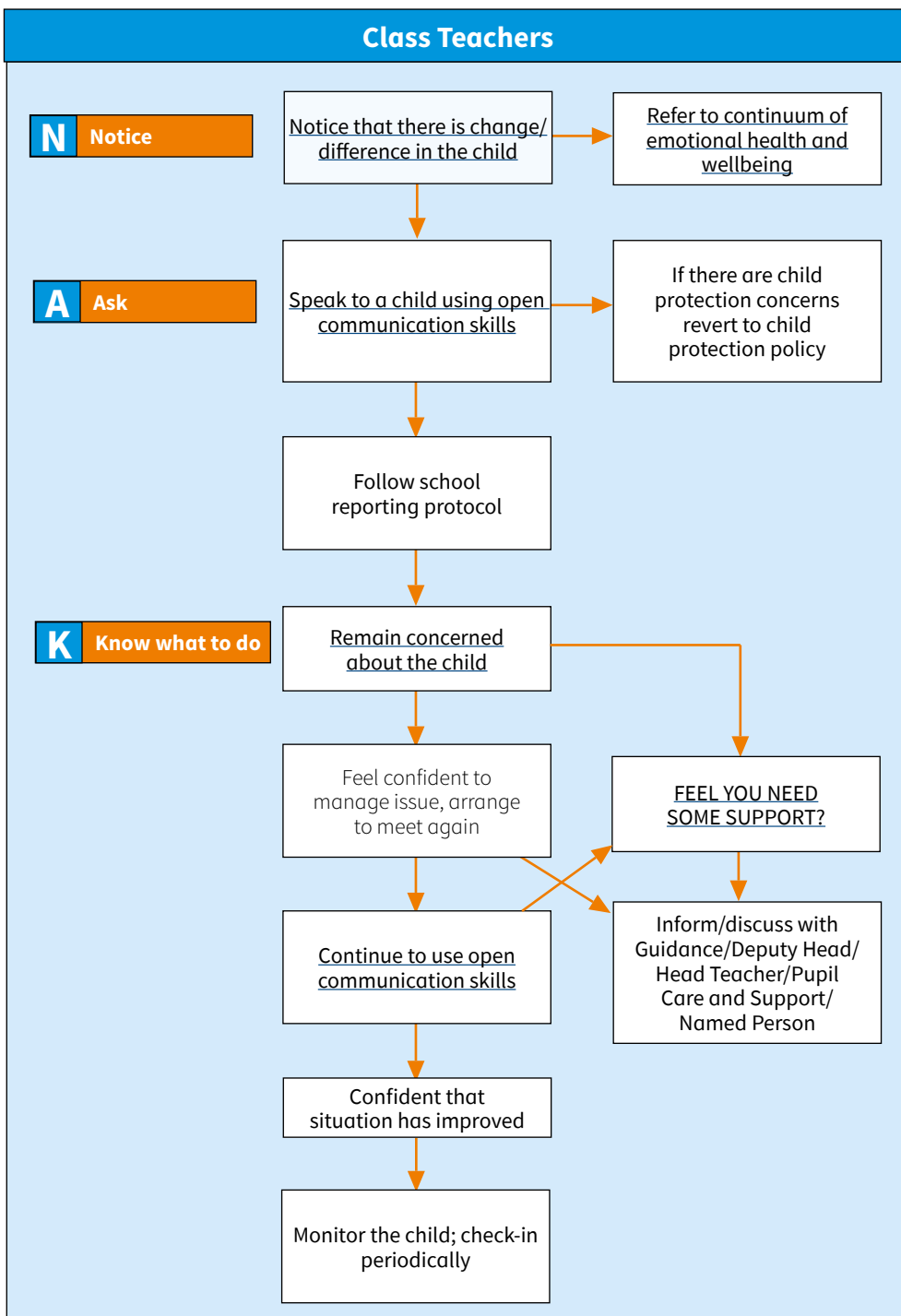
Working with Parents/Carers

APPENDICES

REFERENCES

SECTION 2 PATHWAYS

Managing an emotional wellbeing issue in your school.



SECTION 2

[Introduction](#)

[What is Emotional Health and Wellbeing?](#)

[Pathways](#)

[NAK – Noticing, Asking, Knowing what to do next.](#)

[Feel you need some support?](#)

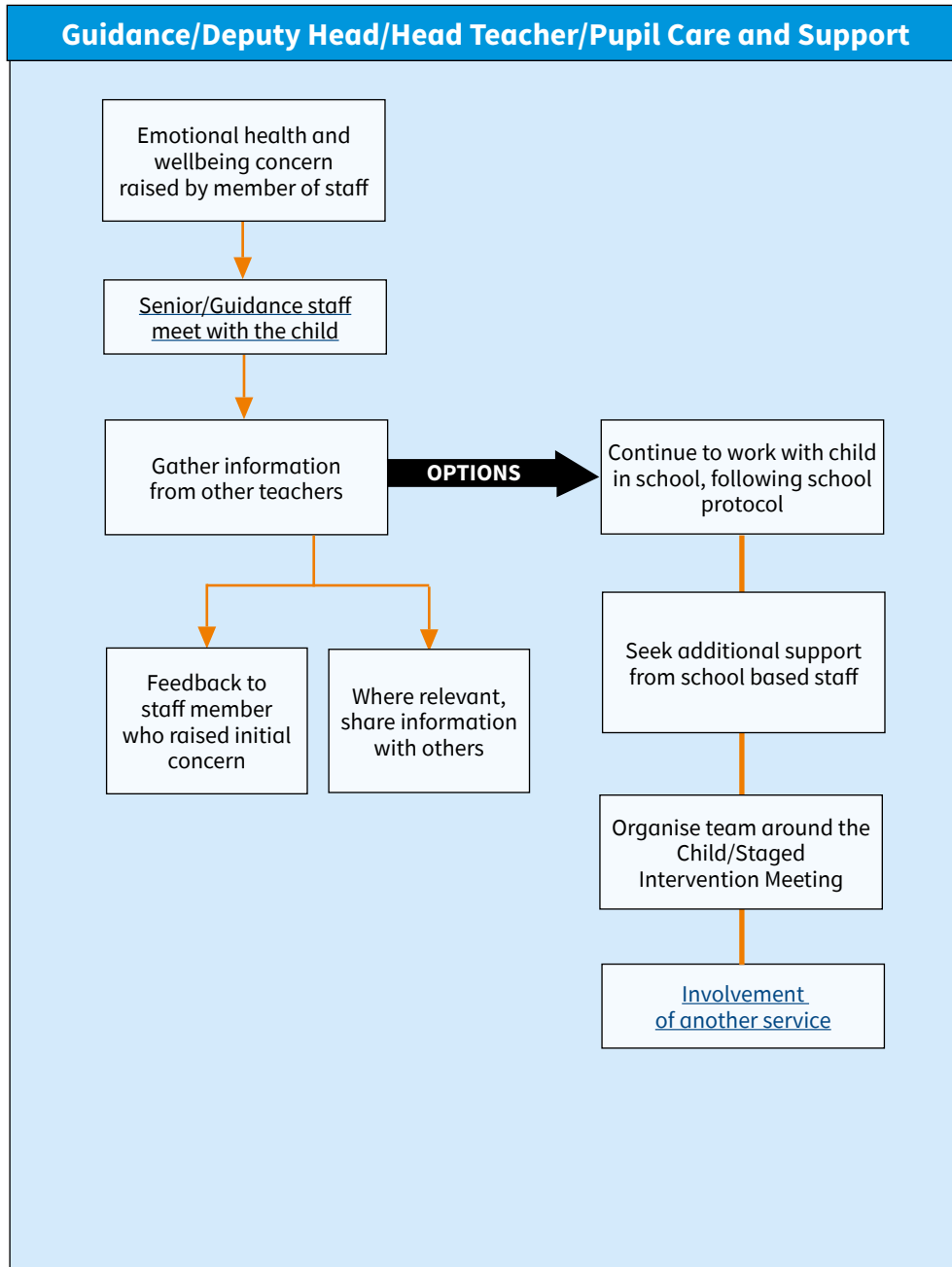
[Involving another service](#)

[Staff Wellbeing](#)

[Working with Parents/Carers](#)

[APPENDICES](#)

[REFERENCES](#)



SECTION 3

Introduction

What is Emotional Health and Wellbeing?

Pathways

NAK – Noticing, Asking, Knowing what to do next

Feel you need some support?

Involving another service

Staff Wellbeing

Working with Parents/Carers

APPENDICES

REFERENCES

SECTION 3 NAK – NOTICING, ASKING, KNOWING WHAT TO DO NEXT

NAK

There's a NAK to responding to emotional health and wellbeing difficulties.

As someone who works in a universal service, it would be impossible to solve all the emotional difficulties of all children and young people, but that doesn't mean you should ignore them either. As an individual member of staff there are three things you can do; there's a NAK to helping.

As an adult who works with children and young people you expect to witness a range of emotions and behaviours. The trick is to figure out when those cues fall outside the 'healthy' range on the continuum. Significant changes in appearance, behaviour or academic performance may indicate that a child is struggling and could benefit from additional support.

Sometimes children and young people will lack the skills to deal confidently with the issues they are facing in their lives. This may manifest in behavioural responses and high stress levels which bring them to your attention. It is important for all staff to be able to recognise warning signs and be able to confidently respond.

N	Notice a change/ difference
A	Ask a question
K	Know what to do next



SECTION 3

Introduction

What is Emotional
Health and Wellbeing?

Pathways

**NAK – Noticing, Asking,
Knowing what to do next**

Feel you need
some support?

Involving another service

Staff Wellbeing

Working with
Parents/Carers

APPENDICES

REFERENCES

Notice: there is a change/difference

Researchers have identified the following behaviours associated with stress, low mood and/or anxiety that are warning signs to notice. Please note this list is only a guide. Some of the behaviours listed are normal fluctuations of human behaviour, particularly in the teenage years or during puberty. Also someone who is experiencing emotional wellbeing difficulties may not display any obvious outward changes in behaviour, or these behaviours may indicate something else. Any noticeable, sustained change in behaviour is probably worth discussing with the child/young person in an age appropriate way; it is important to be guided by your 'gut feelings'. Take into account developmental differences; children who function differently to their peers. Be curious about quiet and overly compliant children. As a simple guide, developmentally children should be non-compliant one third of the time. If they're not, why not?

Changes to physical appearance

No longer taking the usual care for appearance or personal hygiene
Wearing long sleeves and trousers even on warm days
Reluctance to change for PE or roll up sleeves
Unexplained injury
Looking tired or sad

Changes to observed mood

Mood swings
Irritability
Anger
Low mood/sadness/crying for no obvious reason or more than usual
Excessive worry, anxiety or panic attacks
Sudden lifting of sadness after a period of mental distress
Seeming withdrawn or paranoid
Loss of confidence
Sudden unusual euphoria
Reporting feelings of worthlessness or hopelessness

Changes to sleep and/or eating

Changes in appetite or food and eating related behaviour
Weight loss or weight gain
Tiredness despite sleeping a lot
Difficulty sleeping (either finding it hard to fall asleep or waking early and unable to get back to sleep)
Frequent nightmares
Bedwetting or soiling when previously dry and clean

Changes in activity and relationships

Loss of interest in previously enjoyed activities
Becoming more isolated from family or peer group
Missing school either to play truant or staying at home
Reporting headaches and/or stomach-aches
Avoiding certain situations/places or people
Not talking as much

Changes in behaviour

Loss of concentration or 'muddled' thinking
Falling behind with school work
Challenging behaviour
Saying they want to die or making comments like 'people would be better off if I wasn't here'
Difficulty separating from loved ones
Doing or saying strange things
Becoming secretive
Excessive exercising
Engaging in risky behaviour such as drinking alcohol or using drugs
Inappropriate sexual behaviours

SECTION 3

Introduction

What is Emotional Health and Wellbeing?

Pathways

NAK – Noticing, Asking, Knowing what to do next

Feel you need some support?

Involving another service

Staff Wellbeing

Working with Parents/Carers

APPENDICES

REFERENCES

Ask: speak to the child/young person using open communication skills

The best way to understand the reasons behind behaviour is to have a supportive, empathic conversation with the child or young person about the things you have observed. If you are worried about a child or young person or indeed they ask to speak to you about their concerns it can sometimes be difficult to know what to do next. Many staff are worried about starting the conversation for the following reasons:

What if I can't help?
What if I make it worse?
What if I say the wrong thing?

The following steps aim to help staff to feel more confident about having conversations with children and young people and reassure them that saying something always has a better outcome than doing nothing.

1. Notice

The important thing is to notice and check that the child is okay



I've noticed you're not your usual self, what's up?"
"You seem a bit quiet, I'm wondering what's going on"
"Remember, this is a safe place to talk – you can always talk to me in confidence."

Doing this WILL NOT make anything worse and will communicate that you care enough to ask.

2. Listen

Explain the confidentiality policy to the child/young person.

Try not to worry about what you are going to say, the most important thing is to listen. [Focus on Listening](#). The child or young person should be talking three quarters of the time.

Focus on feelings when you do talk.

Use open questions if you need to encourage the young person to keep exploring their feelings.

Make sure your body language demonstrates you are listening.

3. Don't try to fix

Remember we want to help children develop the skills to solve their own problems. Instead of "what can I do to help", try



What is one thing that you think might help you?"

You may need to help them identify this.



"What things have helped before?"

4. Ending the conversation

Give a summary of the things you have talked about and the agreed solutions to try.

Thank them for talking to you about things and clarify next steps.

[Proceed for the class teacher pathway on page 7](#)
[Proceed for the head teachers pathway on Page 8](#)



SECTION 3

Introduction

What is Emotional Health and Wellbeing?

Pathways

NAK – Noticing, Asking, Knowing what to do next

Feel you need some support?

Involving another service

Staff Wellbeing

Working with Parents/Carers

APPENDICES

REFERENCES

Know what to do next: Remain concerned about a child/YP?

In the event of a child/young person disclosing information to you:

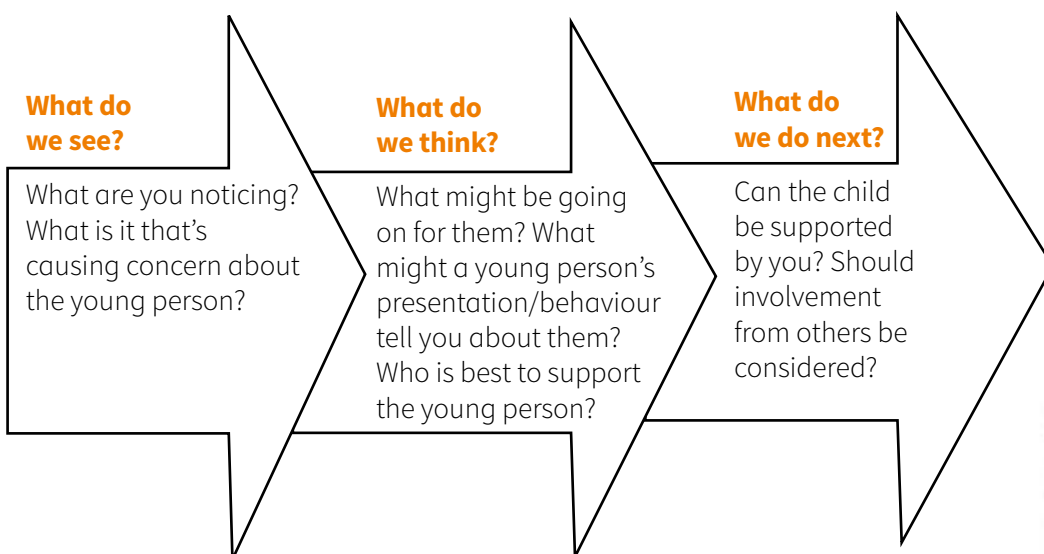
There are several things for you to consider;

1. If this is a child protection concern, **follow child protection procedures**.
2. Job done? No further action necessary?
3. Do you need to arrange a time to touch base with the child/young person again at a later date to check in/catch up?

4. Would it help to discuss this with a colleague? Does anything need to be shared with the child/young person's named person? The named person might consider:

- What is getting in the way of this child's or young person's wellbeing?
- Do I have all the information I need to help this child or young person?
- What can I do now to help this child or young person?
- What can my agency do to help this child or young person?
- What additional help, if any, may be needed from others?

A simple framework for exploring what to do next for children and young people:



This will form your guide when planning for what to do next and thinking about involving another service.



SECTION 4

Introduction

What is Emotional Health and Wellbeing?

Pathways

NAK – Noticing, Asking, Knowing what to do next

Feel you need some support

Involving another service

Staff Wellbeing

Working with Parents/Carers

APPENDICES

REFERENCES

SECTION 4 FEEL YOU NEED SOME SUPPORT?

Continue to offer support: Research informs us that for lots of children and young people good support from a trusted adult is enough to help them through difficulties. As a Worker in universal services this might feel daunting. However, you are not expected to become a mental health professional, rather to pull on the resources available to you. There are numerous websites, resources, tools and apps that can support you to support a child or young person. This is not an exhaustive list and it is advised that you do your own research to remain up to date with what's available.

Useful Websites

Measuring Mental Wellbeing



There are three key purposes to measure mental wellbeing:

Snapshot: to provide a survey snapshot of mental wellbeing to inform planning

Identification: to identify individual students who might benefit from early support to facilitate swifter access to the right specialist support

Evaluation: to consider the impact of early support and targeted interventions.”

Measuring and monitoring children and young people's mental wellbeing: a toolkit for schools and colleges, 2016.

Child Outcomes Research Consortium	CORC is the leading membership organisation that collects and uses evidence to improve children and young people's mental health. Free tools for measuring emotional health and wellbeing.	www.corc.uk.net
Measuring and monitoring children and young people's mental wellbeing: a toolkit for schools and colleges.	Free downloadable toolkit for schools; measuring tools for whole school and individuals.	https://www.annafreud.org/media/4612/mwb-toolki-final-draft-4.pdf

SECTION 4

Introduction

What is Emotional Health and Wellbeing?

Pathways

NAK – Noticing, Asking, Knowing what to do next

Feel you need some support

Involving another service

Staff Wellbeing

Working with Parents/Carers

APPENDICES

REFERENCES

Emotional Health and Wellbeing

Innovation Fund Project; Emotional Health and Wellbeing Training	Online resource accessed via local authority and NHS learning networks.	
Young Minds	Online resource mental health and wellbeing.	www.youngminds.org.uk
Young Minds 360 Degree Schools	Your one-stop shop for mental health, wellbeing and resilience for your whole school.	https://youngminds.org.uk/youngminds-professionals/360-schools/join-our-360-schools-community/
Hands on Scotland	Online toolkit for emotional health and wellbeing.	www.handsonscotland.co.uk
Classroom Mental Health	Online resource for schools.	https://classroommentalhealth.org/
Able Schools	Online resource created by Education Psychology Service covering a range of topics including attachment, anxiety, self regulation.	www.ableschools.org.uk Log in: dcc@ableschools.org.uk Password: discovery1
MinEd	Online resource for teachers and families regarding child/adolescent mental health.	www.minded.org.uk
Charlie Waller Memorial Trust	Resources for schools and families.	https://www.cwmt.org.uk/schools-families-resources
Get Self Help	Range of self help information and activities. Site also contains a CBT Self Help Course.	www.getselfhelp.co.uk
Stem4.org	Useful site with information relating to self harm, eating disorders and mood problems.	https://stem4.org.uk/

SECTION 4

Introduction

What is Emotional Health and Wellbeing?

Pathways

NAK – Noticing, Asking, Knowing what to do next

Feel you need some support

Involving another service

Staff Wellbeing

Working with Parents/Carers

APPENDICES

REFERENCES

Lives in the balance	Useful information relating to explosive behaviour and how to respond in helpful ways.	www.livesinthebalance.org see also: “The Explosive Child” by Ross W Greene
Cool2talk	Local resource for young people 12 and over. Young people can submit any question confidentially and it will be answered within 24 hours. 1:1 online counselling available.	www.cool2talk.org
People Inclusion Network Scotland (PINS)	Scotland’s largest network supporting the voluntary sector and partners in work with learners who are vulnerable or excluded.	www.pinscotland.org
ALISS	Directory of services in your local area.	www.aliss.org
Anna Freud Centre	Transforming Children’s Mental Health. Supporting children and families effectively to build on their strengths and to achieve their goals in life. Anna Freud promotes resilience and wellbeing in children, young people and families.	www.annafreud.org
Time to change	Website aimed at changing how we all think and act about mental health problems.	www.time-to-change.org.uk



SECTION 4

Introduction

What is Emotional
Health and Wellbeing?

Pathways

NAK – Noticing, Asking,
Knowing what to do next

**Feel you need
some support**

Involving another service

Staff Wellbeing

Working with
Parents/Carers

APPENDICES

REFERENCES

Adverse Childhood Experiences

Aces too High	Online resource with lots of information re impact of childhood adversity.	www.cestoohigh.com
Resilience; The Biology of Stress and the Science of Hope	Online resource and film relating to childhood adversity and resilience.	https://kpjrfilms.co/resilience/
Trauma Aware Schools	Online Resource for schools who want to develop trauma informed practice.	www.traumaawareschools.org
Calmer Classroom	A guide to working with Traumatized Children.	http://earlytraumagrief.anu.edu.au/files/calmer_classrooms.pdf



SECTION 4

Introduction

What is Emotional Health and Wellbeing?

Pathways

NAK – Noticing, Asking, Knowing what to do next

Feel you need some support

Involving another service

Staff Wellbeing

Working with Parents/Carers

APPENDICES

REFERENCES

Resilience

Young Minds Academic Resilience Framework	This framework summarises evidence-based practices that promote resilience.	https://youngminds.org.uk/resources/school-resources/academic-resilience-resources/
Louise Bomber; attachment in schools	Attachment Aware and Trauma Informed (AATI) interventions for children, families and schools.	www.attachmentleadnetwork.net/
Resilience; The Biology of Stress and the Science of Hope	Online resource and Film exploring the impact of Adverse Childhood Experience and Resiliency Building.	http://kplrfilms.co/resilience/
Suzanne Zeedyk	Local consultant with a focus on attachment, trauma, resilience and ACE.	www.suzannezeedyk.com
Self Regulation	Stuart Shanker and Self Reg: works to mobilize science-based and practice-informed knowledge about self-regulation to develop learning experiences, strategies and resources that will benefit all children, parents, teachers and leaders, schools, communities, and ultimately, society itself.	www.self-reg.ca/



SECTION 4

Introduction

What is Emotional Health and Wellbeing?

Pathways

NAK – Noticing, Asking, Knowing what to do next

Feel you need some support

Involving another service

Staff Wellbeing

Working with Parents/Carers

APPENDICES

REFERENCES

Apps

Rezone	An app designed for 10-15 year olds aiming to help students manage their wellbeing in the classroom by supporting them to refocus if they are feeling angry, stressed or anxious.
Headspace	Meditation made simple.
Stop, Breathe, Think	An app for adolescents. Tracks mood but looks to develop insight and coping strategies.
PTSD Coach	Useful app with ideas for identifying and managing a range of emotions, including: worry and anxiety; anger; stress; and Sleep disturbances.
Calm Harm	Award Winning app that helps young people resist and manage the urge to self harm.
Suicide? Help!	A useful app for people who are thinking about suicide or know someone who is. One stop shop of all local support.
Wellmind	Useful information relating to stress, anxiety and depression. Includes relaxation techniques.
What's Up?	Supportive app “for when you need a little extra help to get through a bad day”. Includes grounding techniques, breathing control, and help putting problems into perspective.
Stem 4	stem4’s free app Clear Fear provides a range of ways to help young people manage anxiety.

SECTION 4

Introduction

What is Emotional Health and Wellbeing?

Pathways

NAK – Noticing, Asking, Knowing what to do next

Feel you need some support

Involving another service

Staff Wellbeing

Working with Parents/Carers

APPENDICES

REFERENCES

Resources

The following are additional resources you may find useful. However, it is always useful to source or create resources that suit the needs of the class or a specific child.

Think Good Feel Good (children) Think Good Feel Better (adolescents)	A cognitive behaviour therapy workbook for children and young people. Cognitive behaviour therapy is an evidence based approach to working with anxiety.
The Incredible 5 Point Scale	Originally developed as a tool to help teach social and emotional skills to children with ASD but a useful cognitive behavioural tool for working with anxiety and stress reduction for all children. www.5pointscale.com
When My Worries Get Too Big	A relaxation workbook for children who live with anxiety. Includes teaching resources.
Big Deals and Little Deals: what to do when things happen to you	A problem solving skills resource for children.
Therapeutic Stories by Margot Sunderland	A collection of children's therapeutic stories. Stories using metaphor to connect to a child's feelings and offer ways of problem solving and coping.
Conversations that Matter: talking with Children and Teenagers in ways that help by Margot Sunderland	Evidence-based. Talking with children who are hurting, from how to build a trusting relationship with the child, how to deepen the dialogue between you and make it meaningful, to when to work directly or indirectly, and how to handle the various inevitable challenges that will arise when talking to children about the difficult stuff.

SECTION 4

Introduction

What is Emotional Health and Wellbeing?

Pathways

NAK – Noticing, Asking, Knowing what to do next

Feel you need some support

Involving another service

Staff Wellbeing

Working with Parents/Carers

APPENDICES

REFERENCES

Kitbag	Kitbag – a set of resources to help develop our inner capacity for mindfulness, calm, resilience, compassion, relationship and reflection – as individuals, in families, and in groups.	http://www.iffpraxis.com/kitbag
What to do when you worry too much by Dawn Huebner	A collection of tools for working with children who experience anxiety. Other titles in the series include: What to do when you dread your bed and what to do when your temper flares.	https://www.dawnhuebnerphd.com/worry-too-much-overcoming-anxiety/
Whole Class Happy	Practical whole class grounding ideas to help build a happier classroom environment.	www.innerworldwork.co.uk

Training Programmes

It is advised that prior to buying in resources the following questions are given careful consideration:

1. Is there an agreed aim that is understood by all in the system?
2. Are we using our full knowledge to identify the right changes and prioritising those that are likely to have the biggest impact on our aim?
3. Does everyone know and understand the method we will use?
4. Can we measure and report progress on our improvement plan?
5. Are people and other resources deployed and being developed in the best way to enable improvement?
6. Is the intervention evidence based/can they provide evidence of their work?
7. What are the outcomes that the provider will be reporting on and how does this link directly to our identified need in the context of our work?

Growth mindset
Bounce Back
Restorative Conversations
When the adults change everything changes – Paul Dix
Mental Health First Aid; Children and Young People
Education Scotland – Developing Whole School Nurturing Approaches
LIAM: Low Intensity Anxiety Management

Toolkits

A Toolkit for GPs	https://www.cwmt.org.uk/resources-for-gps
An RCN Toolkit for School Nurses	https://www.rcn.org.uk/professional-development/publications/pub-006316

SECTION 5

Introduction

What is Emotional Health and Wellbeing?

Pathways

NAK – Noticing, Asking, Knowing what to do next

Feel you need some support

Involving another service

Staff Wellbeing

Working with Parents/Carers

APPENDICES

REFERENCES

SECTION 5 INVOLVEMENT OF ANOTHER SERVICE

Some children and young people will need additional external support alongside continued support in school. Crucially this needs to be the right support from the right service and therefore it's important to be aware of the services in your area and the criteria for each. Support is available locally from various sources; third sector services, NHS Services, local authority services. A smooth pathway in to the right support is crucial. Getting It Right For Every Child refers to this as; "improving outcomes by getting the right support at the right time from the right people".

Conversations with colleagues can be useful alongside conversations with guidance staff and senior management. The child or young person's 'named person' or 'lead professional' will also be useful. However, if you remain unsure about the best pathway for a child there are opportunities for consultations with services, which may help.

Consultations and Advice

Most services will have a set criteria for referral and it might be useful to call or email for an informal consultation prior to making a formal referral. Not only will this ensure that children and young people are directed to the most appropriate service quickly, it will also reduce the number of inappropriate referrals ensuring that pathways run smoothly for children and young people.

External Support Services

When thinking about pathways, it can be easy to narrow our thinking down to one or two services, but there are a number of services out there that can offer the right support at the right time. It might be helpful to remember what children and young people say they need in times of emotional difficulty:



In particular, they want to be respected; know that people care about them; that they can talk to people if they need to; that they will receive support; and that they have things to do which they enjoy."

The Tayside Plan for Children, Young People and Families 2017-20

Most services will have emotional wellbeing within their referral criteria which may offer the listening ear, relationship building, engagement and sense of belonging that children and young people need during times of difficulty.

Local support Services change frequently so it would be worth familiarising yourself regularly with services located in your area.

Angus Council Directories

<https://www.angus.gov.uk/directories>

Dundee City Council Directory of Local Organisations

<https://www.dundee.gov.uk/orgs>

Perth & Kinross Council Your Community PK

<https://www.pkc.gov.uk/yourcommunitypk>



SECTION 5

Introduction

What is Emotional Health and Wellbeing?

Pathways

NAK – Noticing, Asking, Knowing what to do next

Feel you need some support

Involving another service

Staff Wellbeing

Working with Parents/Carers

APPENDICES

REFERENCES

Useful information for considering the involvement of additional services

Child and Adolescent Mental Health Services (CAMHS)

NHS Tayside CAMHS provides specialist assessment and treatment for children and young people aged up to 18 years who remain on a school roll, who have or are suspected to have mental health difficulties.

We work as part of a multi-disciplinary team of Child and Adolescent Psychiatrists, Clinical Psychologists, Clinical Associates in Applied Psychology, Family Therapists, Specialist Nurses, Psychotherapists, Occupational Therapists, Speech & Language Therapists and administration staff.

We also work in partnership with other agencies that provide health, social care and education services. Our aim is to ensure that we deliver the best or most appropriate services possible to meet the particular mental health needs of the child or young person.

School Nurses

The school nursing service builds on the foundation of Health Visiting services which focuses on providing a robust preventative framework for all families and children in Scotland up to the age of 5 years. Children who have been identified by the Health Visiting service as having a health plan indicator of 'Additional' will be transferred to the School Nursing service at transition into Primary 1.

School nurses work across health, education and with other agencies to support early identification, intervention and promote health, wellbeing and attainment for the most vulnerable children and families and those at risk of significant harm. The refocused role of school nursing will concentrate on priority areas under the overall heading of vulnerable children and families, mental health and wellbeing and risk-taking behaviour using the GIRFEC national practice model assessment framework.

The school nurse referral form can be completed for any child, young person or family wishing to access support within the priority areas identified within the refocused school nurse role.

Education Psychology

Every school and nursery in Tayside has an Educational Psychologist. **If you are worried about young person's mental health or wellbeing then consider whether Educational Psychology Services in Tayside can help.**



SECTION 6

Introduction

What is Emotional Health and Wellbeing?

Pathways

NAK – Noticing, Asking, Knowing what to do next

Feel you need some support

Involving another service

Staff Wellbeing

Working with Parents/Carers

APPENDICES

REFERENCES

SECTION 6 STAFF WELLBEING

In order to support others with their emotional health and wellbeing we first need to look after our own. It can be hard to support children and young people's wellbeing especially if we are going through difficult times ourselves. This section looks at how staff can be supported to look after their own emotional wellbeing.

Line Manager and Colleagues – It may be useful to first talk things through with a colleague who may have had a similar experience and can help share the burden and/or with your line manager who has a duty of care to you.

EIS/Trade Unions/Professional Associations – Can all offer assistance to you if you are a member.

HR Departments/Employee Assistance Programmes – Check out what assistance is available to you through these services.

Teacher Support Scotland – Practical and emotional online support, 24 hours a day, 365 days a year. This is a free service from a landline and is there for any work related or personal matter. Telephone 0800 562561

Breathing Space – A free, confidential telephone and web-based service in Scotland for those experiencing low mood, anxiety or depressions. <https://breathingspace.scot/>
Telephone 0800 838587

Samaritans – Confidential telephone helpline for people experiencing distress or despair. Telephone 08457 909090 (24 hour). www.samaritans.org.uk

General Practitioners – GPs are your main point of contact. GPs can listen to your concerns and make referrals for additional support if necessary.

Anna Freud – Supporting Staff Wellbeing in Schools:-

<https://www.annafreud.org/media/7026/3rdanna-freud-booklet-staff-wellbeing-final.pdf>

SECTION 6

Introduction

What is Emotional Health and Wellbeing?

Pathways

NAK – Noticing, Asking, Knowing what to do next

Feel you need some support

Involving another service

Staff Wellbeing

Working with Parents/Carers

APPENDICES

REFERENCES

SECTION 7

WORKING WITH PARENTS/CARERS

Where it is deemed appropriate to inform parents of disclosures made by a child or young person, sensitivity should be used in our approach. The following might be useful to consider:

- Has the young person been made aware of parents being told? What we are going to tell them? Why we need to share this information? (CP protocol)
- Should we meet parents face to face? Who should be present; parents, young person/other members of staff?
- What are the aims of the meeting?

Parents are often welcoming of support and information about supporting their child's emotional health and wellbeing. However it can be shocking and upsetting for parents to learn of their child's difficulties. Parents may need time to absorb and reflect. It might be useful to:

- Highlight to parents sources of information and support about mental health issues; offer leaflets, online resources, local resources.
- Share sources of support specifically aimed at parents: parent help lines and forums.

Additional Support

There are numerous organisations out there that offer direct support and information to parents. A parent's, information leaflet is included as an appendix. It may be a useful resource for parents who are concerned about their child's emotional wellbeing.

[Parent information leaflet on Page 31 -32](#)



APPENDICES

Introduction

What is Emotional Health and Wellbeing?

Pathways

NAK – Noticing, Asking, Knowing what to do next

Feel you need some support

Involving another service

Staff Wellbeing

Working with Parents/Carers

APPENDICES

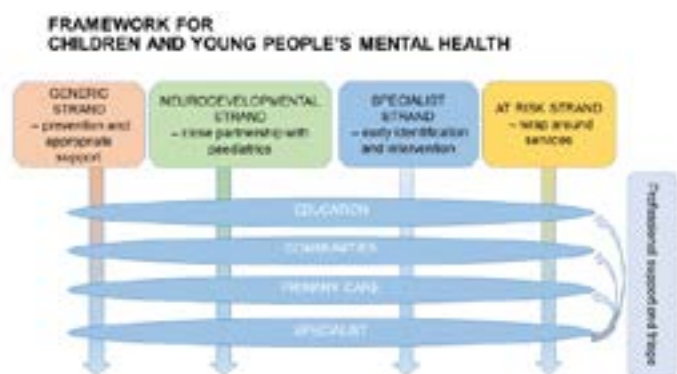
REFERENCES

APPENDICES

1. CAMHS Referral Criteria

NHS Tayside Child and Adolescent Mental Health Services (CAMHS)

In Scotland, CAMHS services are generally delivered as shown in the diagram below:



1. A GENERIC strand of children and young people experiencing emotional distress and anxiety. This might be related to interactions with their peers, issues at home, or in school. These issues primarily require support in communities from peers, youth workers, third sector, or primary care mental health workers (supported by specialist services if required).

2. A NEURODEVELOPMENTAL strand of children and young people who may show issues with their early development that may indicate a neurodevelopmental disorder such as such as Autistic Spectrum Disorder, Attention Deficit Hyperactivity Disorder or learning disability. These children require specialist assessment and support from paediatrics, educational psychology, third sector organisations specialising in this area working with specialist CAMHS.

3. A SPECIALIST strand of children and young people with serious mental health problems who require rapid access, assessment and treatment by specialist CAMHS, and who require to be supported by other services as they recover.

4. An AT RISK strand of young children who have serious or multiple adverse experiences in their early lives, and who may be looked after or in care. These children are often passed from pillar to post, and often not offered a service due to multiple changes of address, unstable home environment or lack of school attendance. They may have no diagnosable mental disorder, but do experience severe distress. Addressing personal and family issues with this group in infancy and before school would prevent more serious mental health problems later in life. This group would also include young people experiencing the multiple problems of addiction, homelessness and poverty. They are more likely to have experienced serious or multiple adverse experiences in their early lives. They may not have a diagnosable mental illness, but there is a role for mental health and mental wellbeing services to work together to improve these young people's lives.

Children and Young People's Mental Health Task Force Preliminary View and Recommendations from the Chair 2018

Referral Criteria and Guidance can be found here:

<https://www.nhstayside.scot.nhs.uk/OurServicesA-Z/CAMHS/index.htm>

NHS Tayside Nursing (SN) – Mental Health & Wellbeing Pathway



SN Will:

- Apply clinical judgement to assess referral received and action in line with standard operating procedure for the SN referral process and related response criteria e.g. Urgent, Significant, Non –urgent
- Contribute to CAMHS Tiers 1&2 .Review referrals and re-direct to other agencies such as Tier 3 CAMHS if there is evidence of moderate to severe mental health difficulties or significant self harm/risk.
- Initiate contact with young person (YP) to discuss the role of the school nurse and why they have been referred.
- Discuss with the YP Information sharing, consent and confidentiality as per National and NHS Tayside guidance, policies and procedures
- Follow child protection procedures as appropriate. Feedback to the referrer and named person will be with the parent/carer & YP consent, unless risk assessment perceives a risk to the YP, then relevant information may be shared without consent.
- Undertake Wellbeing Assessment using Getting it Right For Every Child (GIRFEC) National Practice Model
- Use their experience and knowledge to determine if specialist services are required and if yes, refer accordingly.
- Make referral to other services e.g. CAMHS, Psychology, sleep/enuresis etc. consider group interventions as required (local arrangements apply)
- Ask child/YP to undertake a Strengths & Difficulties Questionnaire (SDQ) with parent/teacher (average UK score 10)
- Use the Strength and Difficulties Questionnaire (SDQ) and Young People Core Assessment (YP-Core) to support the assessment process
- Include parent/carer routinely in assessment unless young person requests otherwise



SN Will:

- Follow child protection procedures if there are child protection concerns for immediate safety issues for the child/YP
 - Analyse SDQ results from child/parent/teacher if within 20-40. Results of assessment and formulation indicate an area for intervention. e.g., need for increased confidence in parenting skills, problem solving skills or skills to cope with anxiety.
- If score 20-40 points:
- Explain that their SDQ score suggests there maybe difficulties
 - Consider YP-Core assessment scores.
 - Contact CAMHS for advice
 - Agree choice of intervention, e.g. Solihull, evidence based guided self help, Strengths based approaches, Triple P or Incredible Years parenting groups(local arrangements apply)
 - Co produce intervention with young person/parent/ carer/teacher to agree desired outcomes



SN Will:

- Analyse results that indicate some areas of concern or symptoms, and areas of strength that could be built on. SDQ results from child/parent/teacher are within 16-19. Results of assessment and formulation indicate an area for intervention. For example, need for increased confidence in parenting skills, need for problem solving skills, skills to cope with anxiety.
- If score 16-19:
- Explain that their SDQ score suggests they might benefit from some additional support
 - Consider contacting CAMHS for advice
 - Agree choice of intervention, e.g. Solihull, evidence based guided self help; Strengths based approaches, Triple P or Incredible Years parenting groups.
 - consider activities described to the right that support resilience
 - Co-produce intervention with YP to agree desired outcomes
 - Undertake/Review GIRFEC assessment if the SN considers a need for further intervention/referral on to other services, with the young person's Knowledge & consent



SN Will:

- Analyse results that indicate good overall functioning across areas (school and home) with absent or minimal symptoms. (SDQ results from parent, young person and teacher within 0-15 range.
- Advise most people have a score between 0-15, and there are five evidence-based steps to take to improve mental wellbeing (below).
 - Get active (Give examples)
 - Connect with others (Give examples)
 - Keep learning (Give examples)
 - Be aware of yourself and the world (Give examples)
 - Give to others (Give examples)
- Undertake/Review GIRFEC assessment if the SN or YP considers a need for further intervention/referral on to other services, with the YP s knowledge & consent
- Agree choice of intervention e.g. Solihull, evidence based guided self help, Strengths based approaches.
- Co-produce intervention with YP to agree desired outcomes

Please Note:

- This Pathway sets out the minimum requirement for the SN service of Children, Young People and Families Services across NHS Tayside and should be used in conjunction with the other SN Priority Area Pathways, NHS Tayside Policies and Procedures, whilst adhering to the Nursing & Midwifery Council (NMC) Code of Professional Conduct.
- The SN will apply, Policy and Guidance e.g. Fraser Guidelines to assess whether a YP is able to give consent to self refer and understands the treatment offered or options available as appropriate.

Established: February 2018

Updated: From National SN Pathway December 2017

Review Date: February 2018m (due to pending national review)

APPENDICES

Introduction

What is Emotional Health and Wellbeing?

Pathways

NAK – Noticing, Asking, Knowing what to do next

Feel you need some support

Involving another service

Staff Wellbeing

Working with Parents/Carers

APPENDICES

REFERENCES

2. School Nurses Referral Criteria



School Nursing Service - Referral to School Nurse (SN)

NB: This referral form should not be used for urgent referrals to the SN service. If you consider there are significant risks/immediate danger to a child/young person, please follow your local Child Protection processes.

Referral Criteria:

- Referrals will be received from Health, Education, Partner Agencies, Parents, Carers and Young People and *relate to the Priority Areas* that sit with the referral form as noted in **Table 1**.
- Once the SN receives a referral they will use the information to assess if the referral meets the criteria and accept or decline the referral.
- According to the information received, the SN will prioritise the referral within the agreed timescale.
- Feedback will be provided to the Referrer on referrals accepted to inform them of agreed action.
- Feedback will be provided to the Referrer on referrals declined to provide advice and /or redirect to an alternative service as appropriate.

If you would like any advice or information regarding a referral, please contact the SN.

NB: Consent for referral from the Parent/Carer is essential before referring to the SN. If a young person self refers, the SN will assess if the young person is able to consent and whether the young person is able to understand the treatment offered or options available.

Table 1:

Priority Areas	Please Tick Priority Area(s) for Referral
Mental Health and Wellbeing	
Substance Misuse	
Child Protection	
Domestic Abuse	
Looked After Children	
Homeless Children & Families	
Children known or at risk of involvement in the Youth Justice System	
Young Carers	
Transition Points for Vulnerable Population Groups	
Sexual Health	

APPENDICES

Introduction

What is Emotional Health and Wellbeing?

Pathways

NAK – Noticing, Asking, Knowing what to do next

Feel you need some support

Involving another service

Staff Wellbeing

Working with Parents/Carers

APPENDICES

REFERENCES

2. School Nurses Referral Criteria

School Nursing Service Referral Form					
Please confirm the Parent/Carer (circle as appropriate) has agreed to this referral by ticking Yes box.					Yes (Please tick)
Please confirm the Young Person has agreed to this referral by ticking Yes box.					Yes (Please tick)
Please confirm the Young Person has agreed for the Parent/Carer to be informed and contacted by the School Nurse by ticking Yes box.					Yes (Please tick)
Please provide the Young Persons own contact details. <i>(Should the SN need to contact the YP directly)</i>					Contact No:
School:		Year Group:		Named Person:	
Name of Child/ Young Person:				D.O.B:	
				CHI (if known):	
Name of Parent/ Carer:				GP:	
Home Address:				Current address if different from home:	
Contact No:					
Referred By:				Designation:	
Referrers Email :				Date of Referral:	
Concerns Identified / Wellbeing Issues:					
Support / Strengths Identified:					
Please state what interventions you have already tried:					
What are your expectations of the SN service to support referral:					

APPENDICES

Introduction

What is Emotional Health and Wellbeing?

Pathways

NAK – Noticing, Asking, Knowing what to do next

Feel you need some support

Involving another service

Staff Wellbeing

Working with Parents/Carers

APPENDICES

REFERENCES

2. School Nurses Referral Criteria

Other professionals involved:			
Lead Professional: Name		Social Worker: Name	
Speech & Language Therapy: Name		Others (please specify)	
CAMHS: Name			
Please return completed forms to: Tay-uhb.chinfo@nhs.net			
Acknowledgement of SN Referral <i>(To be completed by SN)</i>			
Date Referral Received: (Into NHST Generic Mailbox)		Date SN Received Referral:	
Anticipated Action:			
Referral Accepted:	(Tick here if accepted)	Referral Declined:	(Tick here if Declined)
Reason Declined by SN:			
SN Feedback to Referrer:			
SN Name: (Block Capitals)		Date Referral Actioned:	

APPENDICES

Introduction

What is Emotional Health and Wellbeing?

Pathways

NAK – Noticing, Asking, Knowing what to do next

Feel you need some support

Involving another service

Staff Wellbeing

Working with Parents/Carers

APPENDICES

REFERENCES

3. Education Psychology Service Leaflet

Information relating to Educational Psychology Services across Tayside can be accessed here:

https://www.dundee.gov.uk/sites/default/files/educational_psychology_service_leaflet_2.pdf

Angus Educational Psychology Service



Angus Educational Psychology Service aims to improve the wellbeing and educational outcomes for all children and young people in Angus. We do this through our five core functions, namely: consultation; assessment; intervention; training and research. Each school and Early Years & Childcare setting in Angus has a named Educational Psychologist. Work is agreed and prioritised through consultation with a link person in each school in the first instance.”



APPENDICES

Introduction

What is Emotional Health and Wellbeing?

Pathways

NAK – Noticing, Asking, Knowing what to do next

Feel you need some support

Involving another service

Staff Wellbeing

Working with Parents/Carers

APPENDICES

REFERENCES

There are things to look out for which might indicate that a young person is/could be experiencing a difficulty with their emotional wellbeing.

Changes to physical appearance

- No longer taking the usual care for appearance or personal hygiene
- Wearing long sleeves and trousers even on warm days
- Reluctance to change for PE or roll up sleeves
- Unexplained injury
- Looking tired or sad

Changes to observed mood

- Mood swings
- Irritability
- Anger
- Low mood/sadness/crying for no obvious reason or more than usual
- Excessive worry or anxiety or panic attacks
- Sudden lifting of sadness after a period of mental distress
- Seeming withdrawn or paranoid
- Loss of confidence
- Sudden unusual euphoria
- Reporting feelings of worthlessness or hopelessness

Changes to sleep and/or eating

- Changes in appetite or food and eating related behaviour
- Weight loss or weight gain
- Tiredness despite sleeping a lot
- Difficulty sleeping (either finding it hard to fall asleep or waking early and unable to get back to sleep)
- Frequent nightmares
- Bedwetting or soiling when previously dry and clean

Changes in activity and relationships

- Loss of interest in previously enjoyed activities
- Becoming more isolated from family or peer group
- Missing school either to play truant or staying at home
- Reporting headaches and/or stomach-aches
- Avoiding certain situations/places or people
- Not talking as much

Changes in behaviour

- Loss of concentration or ‘muddled’ thinking
- Falling behind with school work
- Challenging behaviour
- Saying they want to die or making comments like ‘people would be better off if I wasn’t here’
- Difficulty separating from loved ones
- Doing or saying strange things
- Becoming secretive
- Excessive exercising
- Engaging in risky behaviour such as drinking alcohol or using drugs

You don't have to be an expert to talk about mental health: Just showing your children that you are available to listen can open the door.

APPENDICES

Introduction

What is Emotional Health and Wellbeing?

Pathways

NAK – Noticing, Asking, Knowing what to do next

Feel you need some support

Involving another service

Staff Wellbeing

Working with Parents/Carers

APPENDICES

REFERENCES

Supporting your Child’s Mental Health

1. **Discuss Mental Health:** talking about mental health can be hard. Remind them that mental health is important and they can talk to you if they are worried about anything.
2. **Be Present:** life is busy but its important to set aside some 1:1 time with your child without distractions. Spend time together doing things you enjoy, this might make it easier to talk about things in a relaxed way rather than it feeling like an interrogation.
3. **Listen:** actively listen to your child and their feelings, without judgement , and check that you have understood them. Remember, what might sound trivial to you, could be a big deal for them.
4. **Stick to commitments:** follow through on your commitment to spend time together – they need to be able to count on you and your time together and it communicates that their feelings are important and a priority.
5. **Life Balance:** encourage your child to have a balance in life – school is important but it is also important that they relax, have fun, are active and eat well.
6. **Be a good role model:** parenting is stressful! Looking after yourself and your own mental health will have the most beneficial impact on your child’s wellbeing.

Amended from Parent and Carer Leaflet – Wallace High School, Stirling

Sources of Support

Organisation	Main Contact Details	
Young Minds	Parent helpline: 0808 802 5544 www.youngminds.org.uk	Leaflet for Parents/Carers: https://youngminds.org.uk/media/1521/young-minds-young-minds-matter.pdf Resources for children: https://youngminds.org.uk/find-help/looking-after-yourself/
Anna Freud Centre	Leaflets for parents. Talking about mental health with primary and secondary school age children/young people.	https://www.annafreud.org/media/7228/tmh-parent-leaflet-final-all-approved-laid-out-for-web.pdf https://www.annafreud.org/media/7223/secondary-parents-leaflet-final-proofed.pdf
Parent Line Scotland	Phone: 08000 28 22 33	
Hands on Scotland		www.handsonscotland.co.uk
Time to Change		https://www.time-to-change.org.uk/
Charlie Waller Memorial Trust	Resources for schools and families.	https://www.cwmt.org.uk/schools-families-resources

REFERENCES

Introduction

What is Emotional
Health and Wellbeing?

Pathways

NAK – Noticing, Asking,
Knowing what to do next

Feel you need
some support

Involving another service

Staff Wellbeing

Working with
Parents/Carers

APPENDICES

REFERENCES

REFERENCES

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Wallace High School Stirling – Parent and Carer Leaflet Stirling: <https://www.wallacehigh.org.uk/health-and-wellbeing>

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Tayside

