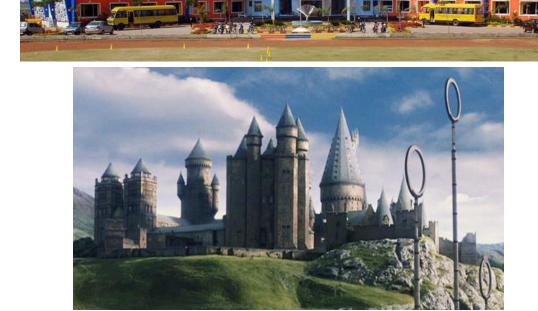
Emotional Wellbeing in Children

School and Community Services



HUGE DISPARITIES ACROSS AUTHORITY AND BEYOND

ORMIENS NUNQUE

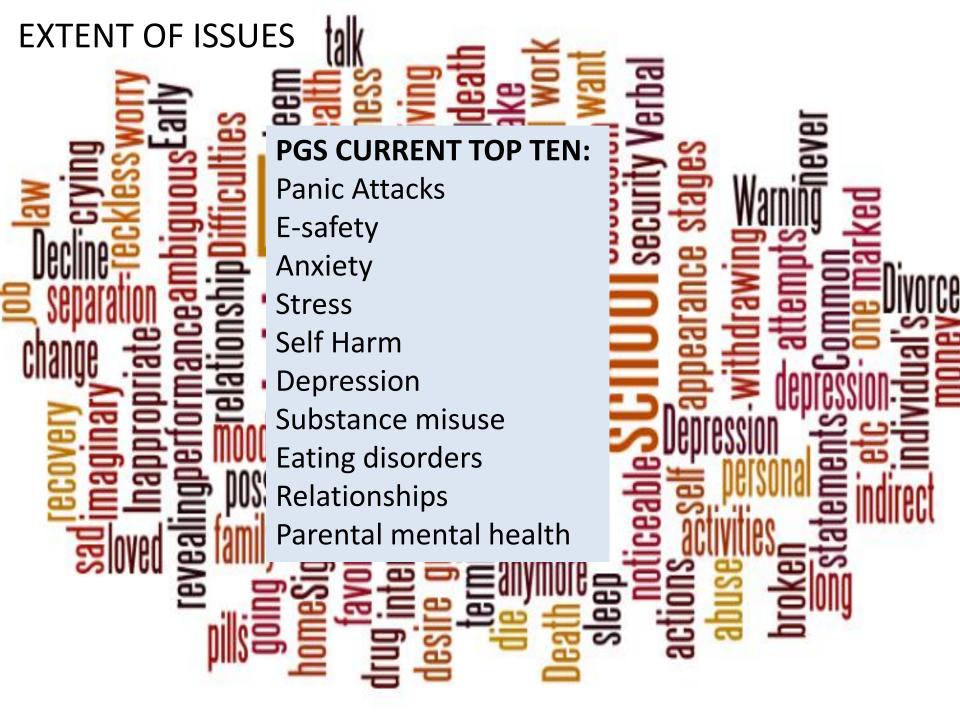


FUNDING FOR SCHOOLS

	PGS	National Average	Deficit
KS3	3476	3950	474
KS4	3976	4502	526

£673000





RISK V. RESILIENCE





Future in mind

Promoting, protecting and improving our children and young people's mental health and wellbeing





ends action "Place the emphasis on building resilience, promoting good mental health, prevention and early intervention", Department of Health, 2015 and total commitment

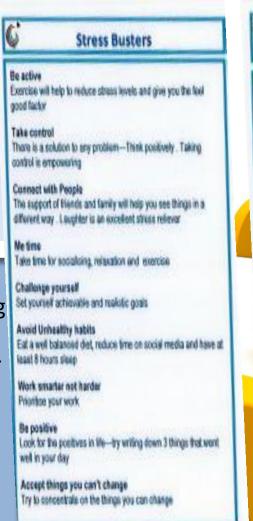
ork rvices gration Only just starting to factor in the detrimental effects of 24/7 access to social media

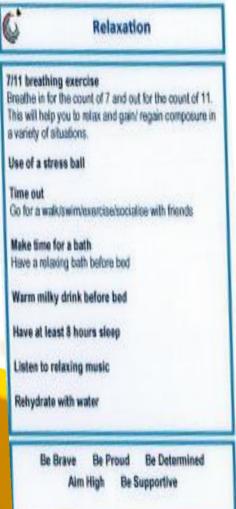
CAPACITY V. DEMAND

- 1 school counsellor: maximum 5 students per week
- Nobody in school CBT trained
- Up to 288 students per year group and 1 Pastoral Manager for 2 year groups
- School nursing service depleted and remit dramatically changed
- Currently 7 LSAs for SEND support across all year groups
- No classroom for SEND support

Last week:

- Dad went to GP due to son lying and stealing and was told school could offer support
- Dad told by GP that school would do CBT for son's blood and needle phobia
- Social Care asked me why I hadn't investigated adult males mentioned in possible CSE disclosure
- Mum asked me to arrange for a teacher to pick son up from home due to her operation





SOLUTION IS COLLABORATION

"For their part, GPs, schools and other professionals such as social workers and youth workers often feel as frustrated as the children and their parents. They want to do the right thing, but have not necessarily been equipped to play their part or been provided with clear access routes to expertise and for referring to targeted and specialist support. Professionals working in child and adolescent mental health services are equally aware of the challenges that come from balancing identified need with available resource."

Department of Health, 2015

CASE STUDIES OF BEST PRACTICE

Betty:

Year 7 suffering with generalised anxiety/separation anxiety who was referred to CAMHS in Primary. Despite the lack of information sharing, engagement of parents with school and taking a 'tough love' approach made the break-through.

Mary:

Suffered neglect and abandonment, known to Social Care and moved primary schools several times. Developmental delays, parental mental health issues and sibling disabilities. Family EHA and collaborative work within education. Medium risk of CSE.

Kathy:

Withdrawn, quiet child who had one incident of self-harm. Mentoring, followed by school counsellor at mum's request. Only when collaboration between sibling's primary school and Children's Centre worker commenced did mum's mental health issues become apparent. Now on Child Protection Plan.



REFERENCES

World Health Organisation, 2012: 'RISKS TO MENTAL HEALTH: AN OVERVIEW OF VULNERABILITIES AND RISK FACTORS BACKGROUND PAPER BY WHO SECRETARIAT FOR THE DEVELOPMENT OF A COMPREHENSIVE MENTAL HEALTH ACTION PLAN'

National CAMHS Review, 2008: 'Children and young people in mind: the final report of the National CAMHS Review'.

Department of Health, 2015: 'Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing'.

