



Children and Young People's Learning Scrutiny Panel

Role of the 0-19 Healthier Together Service with mental health in schools.

1. Introduction

The Healthier Together team is focused on delivering improved health and wellbeing outcomes for Children and Young People (CYP) and to ensure all CYP enjoy good health.

As Identified in Young Minds (2015) School Nurses play a critical part in supporting the emotional mental health and wellbeing needs of CYP. The School Nurse Service is universal and seen as none stigmatised by CYP. Universal Services support CYP wellbeing by delivering mental health promotion and prevention activities which work best when operated on a whole system basis.

There is a strong correlation between a child's health and wellbeing and educational attainment and attendance. 'The Impact of Pupil Behaviour and Wellbeing on Educational Outcomes' (DfES Research report Nov 2012) found that dimensions of children's wellbeing, including emotional wellbeing, are associated with both concurrent and later educational outcomes.

Child and adolescent mental health disorders are common. They affect 10-20% of children and young people – with the most recent UK figure indicating that 10% of 15-16 year olds have a diagnosed mental health disorder.

Common mental health disorders and difficulties encountered during childhood and the teenage years include: ADHD (Attention Deficit Hyperactivity Disorder); anxiety and a range of anxiety disorders ranging from simple phobias to social anxiety, generalised anxiety and PTSD (Post Traumatic Stress Disorder); autism and Asperger syndrome (the autism spectrum disorders, or ASD); behavioural problems; depression; eating disorders (including anorexia nervosa and bulimia); self harm; obsessive compulsive disorder (OCD); psychotic disorders-and in particular schizophrenia; and substance abuse.

2. Background

In April 2016 the 0-19 service was re commissioned and services transferred to Harrogate & District NHS Foundation Trust. As part of the new contract emotional health and resilience was an area for focus.

Given the significance of parenting and family influences on child health outcomes, health visitors and school nurses are well placed to play a key role in promoting emotional wellbeing and positive mental health of children, young people and their families. They have a specific contribution to make in identifying issues, using protective screening and providing effective support

3. Current service delivery model.

Emotional Health and Wellbeing support is based on a continuum of need approach. The continuum is based on the search for health needs; the stimulation of an awareness of health needs; the influence on policies affecting health.

Safeguarding is a core element of all levels of work within the service model but not limited to those identified: The School Nursing service works across the four levels below;

Community • Ensuring early identification of risk factors e.g. demographics of school population • Acting upon health concerns such as advice and guidance to address health and wellbeing concerns; • Providing drop-in services in schools with a multi-agency approach • Providing school nurse support/information for parents whose children are starting in primary education • Signposting for parents and carers to local services/support groups/interest groups and updates • Ensuring early identification of emotional health and wellbeing Universal offer of the Healthy Child needs. **Programme** • Providing health reviews at key transition point to indicate developmental concerns and delays. • Ensuring support for health promotion and change management around issues such as obesity, smoking, drugs and relationship issues and sexual health. • Offer a weekly drop in within secondary schools with open access for CYP to attend. **Universal Plus** • Open referral from CYP, parent/carer/ school and GP All new referrals receive a holistic health assessment that asks about a CYP emotional health. • Providing support where behavioural difficulties are present using the Solihull Approach. • Using evidence based interventions or specific package of care for identified health needs e.g. bullying, resilience building, and self-harming. Providing planned structured support that strengthens the family relationship. • Use My Family Plan to inform and assist judgment and to work across agencies. • Ensuring early intervention with partner agencies and working with voluntary agencies. • Providing referral, to support services e.g. Headstart /CAMHS • Providing primary school drop-ins in targeted schools to support parents **Universal Partnership** • Providing continued intervention and support to prevent Plus deterioration in a chaotic family and/or child with additional needs e.g. behavioural issues; support for pregnant teenagers; sexual exploitation/grooming; self-harming. • Informing other professionals about health needs of child and family • Using local multi-agency tools for assessments • Identifying and considering strengths v risk when working with families.

Assessment is supported by strength based holistic validated assessment tools Goal based outcomes, Warwick Edinburgh Mental Wellbeing Scale, CORS and ORS (Outcome Rating scales).

4. Outcomes

New health pathways have been developed to ensure CYP and their families receive appropriate, timely support, including the development of a multiagency response with Headstart and CAHMS.

All secondary schools have been offered a weekly drop in for CYP; Eight out of nine have accepted this. One has chosen a different model as they have a health advisor based in school who liaises with the school nurse. 152 CYP were seen in a drop in from September – November 18

Targeted drop in within primary schools where greater need has been identified.

In the last 12 months 646 CYP were offered a health assessment which supports early identification of health needs.

Improved transition for children into school reception with the development of a targeted school readiness assessment. This including improved communication between the health visiting service to the school nursing service and schools. An additional 137 assessments were undertaken in the summer term 2018.

Health market stalls have been delivered in 2 colleges, with the aim to offer to all colleges by July 2019. The health stalls cover the wider public health topics but offer opportunity to sign post YP to other services around their emotional health.

Mental health training for all school nurses providing greater skill within the service.

5. Future developments

- Delivering group sessions within schools where CYP are identified as requiring additional support with emotional health and resilience.
- Developing workshop sessions within schools and colleges on exam stress and resilience.
- Embedding the Multi agency pathway with HEADSTART / CAHMS.
- Improved data reporting from patient systems.
- Develop improved service feedback tools from CYP to support ongoing service development

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