

Anxiety in the classroom



Healthy Minds Lincolnshire

Definition of Wellbeing

- The term “wellbeing” combines 3 interrelated concepts:

Emotional wellbeing

- Being happy and confident, not anxious or depressed

Psychological wellbeing

- Ability to be autonomous, problem solve, manage emotions, experience empathy, be resilient and attentive

Social wellbeing

- Good relationships without behavioural problems i.e. being disruptive or a bully.

NICE (2013)



This is just one of the definitions – there are lots out there.

Within Healthy Minds Lincolnshire, we actively try to move away from clinical terms such as “depression”, although this is hard!

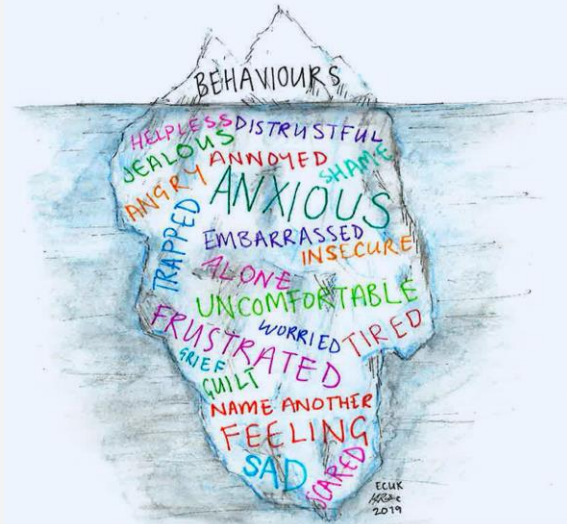
Emotional Wellbeing is on a continuum, we don't all feel happy and confident all the time. We are concerned when feelings of sadness, worry and hopelessness are present for extended lengths of time, or it is clear someone is struggling to regulate their emotions in helpful ways.

What do you see?

- Take some time to think about what you see within your classrooms – what behaviours and nuances have you noticed that may suggest a young person is experiencing emotional wellbeing difficulties?



Behaviour as a communicator of emotion



ACES Video: <https://www.youtube.com/watch?v=VMpli-4CZK0>

Growing up with adverse childhood experiences (ACEs) such as abuse, neglect, community violence, homelessness or growing up in a household where adults are experiencing mental health issues or harmful alcohol or drug use, can have a long-lasting effect on people's lives.

Important to keep in mind how the pandemic may have exacerbated ACEs such as poverty, negative family environment, abuse etc. Also think about whether the pandemic itself could be an ACE for some young people. How are we going to support those young people who already have several ACEs (our vulnerable groups). Is this an area where we need to provide targeted support?

The video reaffirms the importance of relationship building – research shows that CYP who have an adult they can trust and speak to can help mitigate the negative effects of ACEs– link back to those protective factors that help build resilience in young people and schools role within that.

You will need to help the child reshape his/her stress management system through repeated positive experience with you. It has taken years to build the current stress management system. You will need to allow some time for your work to reshape the brain's neuronal network.

Be patient. Be consistent. Practise frequently.

Most defensive behaviours are survival strategies that have worked for the child in their lives so far. You will not be able to change the child's life circumstances.

No survival strategy will go until the child really believes (through experience) that another behaviour will work instead.

They might always have to use that defence in some areas of their life.

Our tasks are to help them to think while they are having strong feelings and to help them to be able to think about those strong feelings. They need to be able to stop, to think and to choose the next action. They need to be able to reflect on the possible effects of their behaviours. They need to imaginatively and logically explore 'what ifs'.

It is our job to offer socially acceptable alternatives and to provide support and time for practice and rehearsal. This will develop the child or young person's capacity to choose their behaviour in different circumstances. This cognitive level of emotional regulation is very important.

Resources:

Useful **free CPD** to signpost to go with this. Covers ACES, neuroscience, trauma-informed practice, protective factors and resilience: ACEs (Adverse Childhood Experiences) free online training: <https://www.acesonlinelearning.com/>, which takes around 50 minutes to complete.

- Blushing
- Shaking
- Sweating
- Tense muscles
- Decreased bladder control



BIOLOGICAL RESPONSE



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Stephen Porges describes a model consisting of three emotional states relating to the autonomic nervous system; safety, danger and life threat.

When we feel safe, our social engagement system is “switched on”

- Active when we appraise the situation as safe.
- We feel relaxed, calm, open and responsive.
- We are available for relationship with others and are able to connect through eye contact, facial expression and vocalisation.
- Internally, we experience an optimal level of arousal.
- Our heart rate and breathing are steady.

When we perceive a danger, our Fight/flight response is activated

- Mobilisation
- Hyper-arousal
- Racing heart and fast breathing
- Alert, tense, angry or fearful
- Defensive towards others
- Regulated by sympathetic nervous system

When we perceive a life threat, our Freeze response is activated

- Immobilisation
- Hypo-arousal
- Reduced heart rate and shallow breathing
- Numb, collapsing, withdrawn
- Regulated by the parasympathetic system

Our body's physical response to a perceived threat is an automatic response. Our amygdala acts like a "meerkat" – constantly scanning our environment for threats. It's important to also note at this point that children who have experienced ACE's or trauma may be more "alert" to these perceived threats. When threats are detected, automatic release of stress chemicals result in the physical sensations we experience during times of heightened stress. A slower message is sent to the frontal cortex, our "thinking brain", to stop us thinking about irrelevant information in relation to the perceived threat.

Fight, Flight, Freeze video: https://www.youtube.com/watch?v=jEHwB1PG_-Q

- Avoidance
- Leaving the situation/classroom
- Fidgeting
- Lack of eye contact
- Arguing back/refusal to take part
- School refusal
- Safety behaviours



BEHAVIOURS



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Are there any more behaviours that you have seen in worried/anxious children/young people?

Social Engagement System

- We are available for relationship with others and are able to connect through eye contact, facial expression and vocalisation.

Fight/flight (hyper-arousal)

- Defiance, verbal or physical aggression, hyper vigilance, anxiety, panic, running away, increased heart rate. May be misinterpreted as wilful opposition.

Freeze (hypo-arousal)

- Avoidance or psychological flight; withdrawal from the outside world. Children may be detached, numb, pale and have a low heart rate. Children are often compliant (even robotic) and display rhythmic self-soothing behaviours (rocking), even fainting in extreme distress.

When our brain perceives danger or life threat in the environment, we lose access to our social engagement system and are triggered into our fight/flight or freeze responses. When we are in these states, learning is difficult because:

- our focus is on survival

- we find it harder to attune to the human voice
- we are less receptive to the social engagement behaviours of others
- our thinking is chaotic or confused
- it is difficult to tolerate and integrate feelings.

- I can't/ won't do it
- I'm not good at it – ask someone else
- I'll make a fool of myself/embarrass myself
- Something awful will happen
- Everyone will laugh at me
- I won't be able to cope
- What if...



THOUGHTS AND WORDS



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Worry in children and young people can be categorised into practical worries (I can't do it) and hypothetical worries (What if I don't get the grades I need?)

The difference between the two is the amount of control you have over them, the first you can do something about, the second you can't do anything, or can do very little (e.g. revise a little more to help you do better in your exam, however you cannot be certain whether you will pass or fail still).

Practical worries are worries that are often affecting you in the here and now and you can usually find a practical solution, (e.g. my phone is broken, I can go to the shop and get it fixed, I can ask my parents for some money for a new screen, I can get a new phone or I can use my old one until I can afford one).

Hypothetical worries are worries about things that may be well in the future and may not have a solution no matter how hard you try to find one, (e.g. what if people will make fun of my new haircut – we don't know this will happen as it is a future worry and it is also something we have little control over).

It is important to understand the type of worry your student is experiencing, as this will help you to know what support they need.

If a child or young person is experiencing a practical worry, we would recommend problem solving as a useful tool – we will talk about this later.

If a child or young person is experiencing hypothetical worries, we recommend worry time and distraction.

Thinking about the person



This is a useful tool that you may wish to use if concerned about a child or young person. It can provide both subjective and objective views, and allow a wider lens view of the child than just the behaviour demonstrated and our assumptions on why. This is best used with the child/young person and families.

It is important to have a period of watchful waiting when we identify a young person is becoming what we might think is excessively worried or low in mood. Often these feelings may pass by themselves, someone could be having a particularly bad week or there may be something going on in their lives creating excessive worry. We would advise when you identify these issues with young people that you check in with them and identify low level support sources that they can access first; mindfulness, self-help, kooth, etc.

Review over a period of weeks how things are going for them and whether the small interventions have made any difference, if not this would be the point where further exploration of whether other services need to be involved would occur.

What services like CAMHS and even Healthy Minds Lincolnshire cannot offer is that wider support. When accessing services children/young people are in therapy doing targeted work usually once a week. The role of schools is not to provide this therapy on our behalf but to be that steady supportive relationship for the child/young person to access. Once support from services finishes the child/young person needs to know they have a trusted adult to talk to and someone there to support their recovery.

Personal Response – how to ‘be’



Your attitude to the child or young person is key. Dan Hughes spells out the key features that can help children grow a healthy sense of themselves. He suggests these 5 qualities make up the best background atmosphere for emotional learning – PLACE:

P=Playful

L=Loving

A=Accepting

C=Curious

E=Empathic

Check for yourself: Which of these is hardest for you? Does it change according to the child/young person? Or to the level of support you experience?

Bringing a ‘Detective Columbo’ stance can be very helpful: musing aloud about what might be going on for the child/young person, showing real interest and curiosity about their reaction or behaviour - seeing it as unique to them and something you really want to understand or find out about.

If we practice being like this day to day with everyone then all students will become more emotionally healthy and better able to manage their emotions. Particularly effective for those children/young people who have experienced trauma.

Set the emotional tone of your engagement with the child/young person – avoid being pulled into a feeling by the child/young person's state. Know how you want your engagement to be. Consciously act to develop that.

Separate out the behaviour the child/young person uses from the child him/herself in your response: continue committed contact with the child/young person even as you stop the unacceptable behaviour.

Vital Relational Functions

Attune

- **Be alert** to how they are feeling.
- **Demonstrate** attuning to their emotional state showing you can catch how they feel through facial expression, body language, gesture, noises: ah, oo, oh, mm, eek etc.
- **Understand** the intensity, pitch, pace, volume, expansiveness or spatial experience of the child's emotional state by matching this.



True attuning is being able to match the child's emotion "with" them, rather than "to" them.

For example, if a child/young person is shouting, hitting walls/doors etc., the adult should match this through mirroring safely. For example, the adult might stamp their foot or raise the tone of their voice while demonstrating understanding "I can see you're really angry about this". At times we can try to "over reach" by extending our tone and pitch further than the child. In true attunement the goal is to match them, not to copy or exceed.

Validation – how to do it

Validation is the recognition and acceptance of another person's thoughts, feelings, sensations and behaviours as understandable.

- **Summarise** what the young person is saying. E.g. “it sounds like you're disappointed in yourself because you didn't get the grade you hoped for”
- **Read** or guess the young person's emotions and name them. E.g. “I'm guessing you're feeling very hurt and disappointed that your friend let you down”
- **Normalise** emotional reactions that anyone would have. E.g. “of course you're angry. Anyone would feel angry if they had been accused of something and felt wronged”



Watch the following clip, featuring Brene Brown discuss empathy. What 3 key messages can you take away from this video?

<https://www.youtube.com/watch?v=1Evwgu369Jw>

Vital Relational Functions

Contain

- **Catch and match** the feeling through attunement. This demonstrates that you can bare the feeling, which communicates that the feeling is survivable.
- **In practice:** go in at the *same* pitch and tone. With anger gradually bring this down and they will follow.
- **Give words** to what they are feeling – lend your emotional literacy to them, and allow them to use language they feel comfortable with back.



Show that you catch and understand the pitch/intensity/quality of their feeling or mood and that you can bear it. Make their deep distress, raging anger or painful sorrow a survivable experience. Catch it, match it and digest it by thinking about it and offering it back, named, in small digestible pieces. This will make bearable the strongest emotional state.

Language – we are not suggesting allowing disrespectful language, however be mindful of their emotional state – if they use certain words to describe their emotions, use these words back to show understanding and listening.

Vital Relational Functions

Soothe/regulate

- **Support** the young person to self-soothe/ self-regulate. Children/young people need to experience repeatedly being soothed before they are able to do this for themselves.
- **Separate** the behaviour from the child/young person; continue to demonstrate unconditional positive regard while the behaviour is stopped.



Hopefully by the end of this training you will have some more soothing tools in your toolkit to support in this area. We will discuss grounding and mindfulness later on.

For children/young people displaying discharge behaviours, it is still important that the behaviours are addressed. It is important that while addressing the behaviours, you continue to demonstrate the VRF's. Separating the emotion from the behaviour is the first step in supporting the child to activate their thinking brain and create new neural connections.

Example:

Child who rips up their work

"I'm thinking you must have been feeling really cross to do that" – don't worry if they disagree, apologise that you got the feeling wrong and try again – continue to lend your adult brain to identify the emotion.

"I imagine this must be really hard for you. I haven't given your work so much praise or attention which may make you feel cross. It is really hard when you can't do something and someone else can. I am guessing you think you can't do it so well. That must be so hard for you."

Guide them through solutions – "I wonder if you could bring me your work to take a special look. Could you do that?"

Use curiosity “When I did X, you ripped up your work. Now I wonder what was happening for you then.” - name the emotion you think it might be.

Validate – “I am wondering about that. If I did that, I might be thinking it was not as good as I wanted it to be. But ripping up work is not ok, so lets think of another way you can communicate that emotion to me”

Explore acceptable response to this feeling other than the behaviour demonstrated – validate the emotion, but don't condone the behaviour.



Quick Wins



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We recognise that time and resources can be limited for teachers, especially whilst training but there are some things we can all do all the time and some things that don't take very long but are very effective – we have already covered how to “be” and will now talk about other quick interventions that can support to soothe your students.

Calming Physical Symptoms

- Begin the lesson with whole class mindfulness, breathing or grounding exercise
- Targets...
 - Concentration problems
 - Fidgeting
 - Irritability
 - Negative thoughts
 - Feeling tense, shaky, racing heart
 - Intense emotions



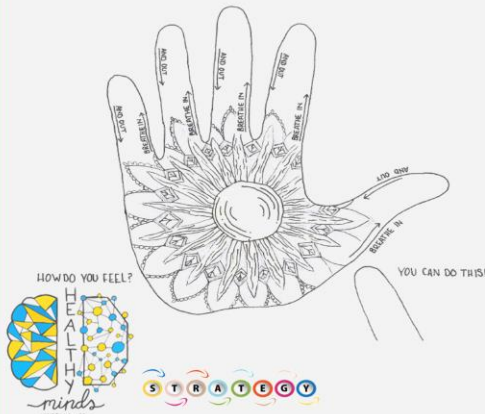
This can be helpful not only to start a class but to end one too. We know these can often be trigger points for children and young people therefore teaching them these techniques can be simple but effective. In the next few slides we have provided some ideas on what these may look like.

Mindfulness



Headspace is a great app to use with lots of helpful mindfulness exercises. Try it out yourself – it's always easier to sell it to children and young people from a genuine place!

Breathing



Finger breathing – this can be helpful for children who are more tactile – you trace your fingers up and down, breathing in and out as you do so.

Colour breathing – imagine the anxiety/anger etc as a negative colour in your body (eg red.) When you take a breath in through your nose, imagine a calming colour (eg blue, green) coming in to your body. When you breathe out through your mouth imagine the negative colour leaving you.

Square breathing – follow square around, breathing in for 4 seconds, holding for 4 seconds, breathing out for 4 seconds, holding for 4 seconds. This can be done by finding a square in the room and tracing with your eyes as you practice.

These techniques work well in controlling the physical symptoms of distress, reducing our heart rate and can support concentration and getting children ready to learn.

Muscle Relaxation & Grounding



Mindfulness tool – staying in the here and now

Look around the room...

Name 5 things you can see



Name 4 things you can hear



Name 3 things you can feel



Name 2 things you can smell



Name 1 thing you can taste



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Relax like a cat – free online including a voice over – it also includes a script if you'd rather read aloud. <http://www.socialworkerstoolbox.com/relax-like-cat-relaxation-exercise-children/>

Progressive muscle relaxation – you can find lots of progressive muscle relaxation videos on youtube, or may wish to use a script as found here: <https://www.therapistaid.com/therapy-worksheet/progressive-muscle-relaxation-script>

Grounding – This can be found in the Healthy Minds Lincolnshire toolkit (linked at the end of powerpoint). This works well as a distraction technique.



Simple interventions

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SELF-SOOTHE BOX



A self-soothe box is a useful tool for children and young people to use when they are feeling a variety of emotions including sadness, anxiety, and worried. It is personal to each individual, and can be kept throughout their childhood and life and continuously updated. Here is some ideas on what to include within this box.

We recommend sourcing a shoe box, and spending time decorating this with the child/young person. This ensures it is personal to them, and they can take ownership of this. It is important to remind them to decorate this with things that will help improve their mood; some examples include collages of their favourite characters/shows, their favourite colour, or pictures of their support network.

Items that may be included:

- Sensory items, such as tangles, fidget cubes, fidget spinners, stress balls etc. These support those who are sensory seeking, and can assist with restlessness.
- Bubbles, touchable bubbles are now available. These support relaxation, regulating the breathing and providing visual and tactile engagement.
- Photos of loved ones/pets etc. These can be used to remind them of their close relationships, and if appropriate photos of close people who have died may be helpful to reminisce.
- Notes from their support network. This can be useful particularly for those who rely on their support for reassurance. The note should be written in a way in which the child/young person can imagine the supporter saying it.
- Hobby items, such as music, colouring, a book etc. This enables items used to

relax and distract are close by in one place.

- Relaxation techniques, if possible on cue cards. These can be used to follow when in a state of anxiety, giving the person direction.

- Worry Monster. These can be found on amazon, and come in a variety of sizes. These are good for those who find it difficult to express their emotions. The worry monster should have a closable compartment, to create the feeling of the worries remaining with them.

- Miscellaneous items. Anything that can help soothe the child/young person. Examples of this can be ear plugs, particularly for children who are worried in the night of noises, "monster spray" for helping with fears (water and essential oil such as lavender), their favourite teddy or childhood toy, memories from a previous holiday or outing. Things like red pens and elastic bands are useful for self-harming, and a small journal may be suitable for people who like to write their feelings down.

The box should be kept somewhere the child/young person can access it. If they experience difficulty sleeping or waking in the night, ensure this is close by the bed to avoid them needing to get up in the night to retrieve this, or if they struggle with anxiety at school ensure that this can be within the classroom or a safe space for them to use. The possibilities of items that can go in a self-soothe box are endless! In addition to the self-soothe box, there may be instructions and reminders on what to do, for example using applications on smart phones or tablets, or reminders of who they can talk to (Kooth.com cards, important numbers, etc.)

Remember: what soothes you may not soothe the child/young person, so ensure that this is guided by them, This is a guide for suggestions only and not exhaustive.



This is a useful tool to use when helping children understand their worries and what they can do to help these.

We will now look at the “NO” arm – with our hypothetical worries.

The 7 Steps To Problem Solving

Yes

1. Identify the worry you want to focus on
2. Identify solutions
3. Analyse the strengths and weaknesses of each solution
4. Select a solution
5. Develop a plan
6. Put your plan into action
7. Review your plan



The most important rule in problem solving as a supporting adult is to be guided by the child/young person. We may not always agree with their chosen solution – even if we KNOW it will fail we must allow them to do so, as they will then learn from this. It is an important factor in making these connections in their cognition and logical thinking.

When we worry, our problems can sometimes feel overwhelming, like there are no solutions. Problem solving helps you initially distance yourself from your worries to help you think about different types of practical solutions that there may be. Problem solving is useful for tackling those practical worries which we can do something about, but just aren't quite sure how to go about it. Problem solving has seven steps:

1. Identify the worry you want to focus on
2. Identify solutions
3. Analyse the strengths and weaknesses of each solution
4. Select a solution
5. Develop a plan
6. Put your plan into action
7. Review your plan

Some problems cannot be solved using this method, particularly hypothetical worries, but this is ok as we can use alternative strategies to manage these – such as, distraction, self-soothe, talking to others which we will explore further later on.

Below are two ways you may explore Problem Solving with young people:

Escape the room – Ask students to imagine they are trapped in this room, you cant smash the doors or the windows, you can choose 3 items in the room to help you – how might you get out ?

Or Ormie the Pig – Show students the video of ormie the pig's problem solving on the next slide, advise that he has problem solved how to get the cookies down, but has now got the jar stuck on his head. How might ormie get the jar off his head?

In small groups ask them to complete steps 1-5 - getting them to identify solutions and the strengths and weaknesses of each one.

If the first plan does not work/get the desired outcome, they can re-visit their other solutions until they find one which is successful.



Your Time To Worry



- This is your time to worry, only worry at this time
- 15-20 minutes a day
- Early evening is best, not just before bed

Write it down

Let the worry go

Take your mind off it!



When you are worrying it can distract your focus away from what you are doing in the present moment onto future concerns. This can keep you in that vicious cycle of worry and prevents you from feeling fully able to enjoy what you are doing. Sometimes it can be hard to just let go of those hypothetical worries, even if they don't have a current or practical solution.

Giving children/young people an allocated time to worry, at a time that they choose, enables them to be more in control of worries and negative thoughts during the day. **This technique has four steps to carry out, and like any new skill it requires practice;**

Step 1. Plan worry time – for 15-20 minutes a day, early evening, not just before bed as this could impact on sleep.

Step 2. Keep a log or write down hypothetical worries – we will talk about ways to do this on the next slide.

Step 3. Put worries to one side and refocus on the present moment - This means paying attention to what you were doing before you were worrying, what is going on around you and the task at hand.

You may find it helpful to start a new activity and really pay attention to it using your senses.

Step 4. Worry only at your allotted time, how are you feeling about the worry now? is it still a problem? once you've dealt with your worries take your mind off it! As teaching staff it may be that you provide a listening ear while the child talks as much as they need to about their worry. It is important during this time we are not trying to solve their worries, just listen and accept.

HML Service Update



Healthy Minds Lincolnshire

Please see our Healthy Minds Lincolnshire Education Service Offer Update pdf Document for full details on our current offer due to Covid-19.

At the current time due to Covid-19 guidelines we are delivering our service differently to keep families safe. For the majority of appointments (including groups and workshops) we will therefore be offering telephone and video appointments only.

Who are Healthy Minds Lincolnshire?

- Children and Young people's early intervention and prevention emotional wellbeing service
- Support young people aged 0-19 (25 if SEND or LAC)

What we offer:

- Workshops
- Groups
- 1:1 support (where there is an identified clinical need)
- Professionals Training (Education Staff, Children's Services and Student Teachers)
- Clinical Supervision to Education Staff
- Student Wellbeing Champions Project



Healthy Minds Lincolnshire is a children and young people's early intervention and prevention emotional wellbeing service. We offer support to young people aged 0-19 who live in Lincolnshire or attend a school in Lincolnshire. We support young people with a variety of emotional wellbeing concerns such as low mood, anxiety, anger, self-esteem, exam stress, transition, self-harm. We sit below CAMHS, but work closely with them in supporting CYP – we have a joint advice and self-referral line, so young people only have to contact 1 person to be able to find the right service for them.

- Provide training to education staff, children's services staff and student teachers.
- Provide consultation to professionals and parents.
- Provide brief interventions for emotional wellbeing to children and young people age 0-19 (25 for children with Special Educational Needs or Disabilities or Looked After Children).
- Workshops, groups, and 1-1 sessions, where there is an identified clinical need, between 1 and 6 sessions.
- We do not diagnose, provide or review medication



Healthy Minds – Who is eligible?

- Attend a Lincolnshire maintained school or academy
Or are both an ordinarily resident in Lincolnshire and have a GP in Lincolnshire.
- Is not accessing another service for support with their emotional wellbeing (Child and Adolescent Mental Health Service, Behavioural Outreach Support Service, Early Help etc.)
- If in reception year or below – Healthy Minds Lincolnshire may look to support another service – i.e. the 0-19 team.



Please refer to the LPFT Children and Young People's website for full referral criteria: <https://www.lpft.nhs.uk/young-people/lincolnshire/professionals/service-offer-and-referrals/healthy-minds-lincolnshire>

How to Refer

- The first step for young people, parents and carers, or professionals is to follow the [Emotional Wellbeing/Behaviour Pathway](#).
- Professionals wishing to refer to Healthy Minds should complete the Lincolnshire Early Help Assessment for Children, Young People and their Families [via the Lincolnshire County Council Website](#). The EHA ,alongside the HML school referral form should also be sent to lincs.spa@nhs.net.
- If you are referring more than one child from a family to Healthy Minds Lincolnshire, the same EHA can be used but each child will need a separate HML referral form.



Please describe the problem, what has been tried before, are there any risks and how are these managed?

Where possible, referrals should come from the school. Parents and young people will be encouraged to ask schools to support them to complete an Early Help Assessment.

However sometimes it is necessary to take a self-referral.

Consultation

- We recognise that schools are often trying all they can to support the children and young people in their settings.
- We have introduced a further option in our consultation offering; if we receive an EHA we may request a telephone consultation with the referrer to provide further advice and guidance about what may support the child.



Please describe the problem, what has been tried before, are there any risks and how are these managed?

Where possible, referrals should come from the school. Parents and young people will be encouraged to ask schools to support them to complete an Early Help Assessment.

However sometimes it is necessary to take a self-referral.

Joint line run by CAMHS and
Healthy Minds Lincolnshire.

The Here4You line is available
between **09.30 and 16.30 Monday
to Friday (excluding Bank
Holidays)** for advice and self-
referrals and can be reached by
calling:

01522 309120



HERE4YOU
ADVICE AND
SELF-REFERRAL
LINE

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Parents, CYP and professionals.

Currently our Here4You line is extremely busy, please only use this if you are unsure of a referral and can't discuss via their clinical supervision or your named HML link person.

Anxiety Based School Refusal (ABSR)

If a child or young person is identified by school as meeting the Anxiety Based School Refusal Pathway, and you feel Healthy Minds Lincolnshire input is required, you should contact us by;

- Telephoning your local hub
- Or send an e-mail to the Single Point of Access (SPA) with your name, school, contact details and when the best time is to contact you.



Lincoln & West Lindsey: 01522 535189

North & South Kesteven: 01476 858277

Boston & South Holland: 01205 446949

East Lindsey: 01522 307366

E-mail: lincs.spa@nhs.net



Please bear in mind that this is meant as a preventative treatment, CYP should be targeted who are at risk or and the beginning stages of refusing to come to school. CYP who have a long history of ABSR may not be suitable and other services may be more appropriate. The Preventing Anxiety Based School Refusal (A Guide to Early Intervention) is available to download on our website (https://www.lpft.nhs.uk/download_file/view/5627/750) and should be sent to families prior to contacting HML.

Steps:

- Identify CYP and speak to family/carers.
- Education setting will send the ABSR support pack home for parents/carers to start working through the pack with the CYP.
- Education setting will contact HML to discuss the case and invite them to the initial Pastoral Support Plan
- A consultation appointment will be booked for you with a Practitioner to discuss and take a referral over the telephone.
- If appropriate a Practitioner will attend the Initial Pupil Support Plan (PSP) meeting to offer advice and consultation.

Professionals Training

Centralised Training (Full day):

- HML Leading on the Wellbeing for Education return training offer until March 2020. This involves 2x webinars and has been developed in conjunction with other Lincolnshire Services.



Should you feel your school may need further support you can contact the Clinical Lead Practitioner in your area to discuss how we can support you.



We are supporting schools who requested this prior to the start of the new school year, however moving forward schools are not currently able to request bespoke professionals training.

You may be guided to utilise our online CYP workshops and education staff resource hub and support with embedding training in your school.

Lincoln – Carolyn Reed (carolyn.reed2@nhs.net)

Boston – Zoe Drury (zoe.drury3@nhs.net)

Grantham – Kirsty Aspin (kirstyaspin@nhs.net)

Horncastle – Currently out to recruitment so please contact the Team Co-Ordinator Becky Winn-Bentley (becky.winn-bentley@nhs.net)

Clinical Supervision for Education Staff



Clinical Group Supervision sessions are held monthly; education staff have to sign up to attend a 6 month period. These sessions are lead by HML Clinical Leads and supported by our Band 5 Practitioners.

Aims:

- Provide education staff an opportunity to learn new evidence based strategies for supporting children, young people and parents/carers.
- Provide protected time for education staff to share best practise and ways on how they embed the whole school approach.
- Provide education staff with the opportunity to bring cases to a supportive confidential environment.



Expressions of Interest were sent out to all schools across Lincolnshire in September, following the successful pilot in Boston.

The clinical supervision provides education staff an opportunity to learn new evidence based strategies for supporting children, young people and families through emotional wellbeing. This allows the education staff to become confident champions within their school setting to build a positive ethos around children's mental health and wellbeing. Some of the discussions within the supervision allows for education staff to provide a preventative intervention.

The supervision provides protected time for education staff to share best practise and ways on how they embedding the whole school approach within their schools. By accessing clinical supervision it ensures that children and young people with emotional wellbeing concerns are receiving the appropriate support and form the right service at the right time.

Clinical Supervision for Education Staff



Feedback:

"I have enjoyed learning more about the whole school approach"

"I have already gained many useful resources and advice just from one session"

"It's been the best session so far, today has really helped me to understand anxiety based school refusal"



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Some feedback from the pilot that has been run in the Boston and South Holland Area.

Workshops

We would advise that schools initially utilise the our pre-recorded and Eventbrite workshops.

If you do not feel that these meet your needs, you can email HML's Training Lead (charis.newby@nhs.net) who will contact you to discuss how we can further support you.



Workshops cannot currently be requested by schools, via the training request form.

We would advise that schools initially utilise the workshops on the next slide. If you do not feel that the Eventbrite and pre-recorded workshops meet your needs, you can email HML's Training Lead (charis.newby@nhs.net) who will contact you to discuss whether training school staff to deliver the workshop is possible.

The workshops that the training lead can support with are:

Exam stress

Managing worries

Improving self-esteem

Staying emotionally well

Managing feelings of anger

Improving mood (secondary)



Workshops

Live Eventbrite Workshops:

- Improving a young persons wellbeing (Parents)
- Building Positive Self-esteem (Secondary)
- Staying Emotionally Well (Secondary)
- Parent SEN 'Discussion Group'

Pre-recorded Workshops:

- Managing Anxious Feelings
- Managing Angry Feelings
- Five Part Survival Guide to Change
- Exam Success (**Coming Soon**)
- Parents Supporting Children with Anxiety and Additional Needs



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We would advise that schools initially utilise the above workshops. If you do not feel that the Eventbrite and pre-recorded workshops meet your needs, you can email HML's Training Lead (charis.newby@nhs.net) who will contact you to discuss whether training school staff to deliver the workshop is possible.

Exam Success workshop should be online by November 2020.

CYP/Parent Groups

Currently all our groups are being offered virtually countywide.

We will endeavour to arrange these outside of school hours wherever possible, however if these are within school times we endeavour to ensure these are at the beginning or end of the average school day.

If you identify someone you feel would be appropriate for one of our groups please complete the EHA referral process.

Group Offer:

- Explore Anxiety (For CYP Secondary School Age)
- Explore Low Mood (For CYP Secondary School Age)
- Fears and Worries Group (For parents of Primary Aged CYP)



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One-to-Ones



We offer between 1-6 sessions. Currently all one-to-one support is being delivered virtually or over the phone, unless exceptional circumstances are met and appropriate safety measures are in place.

We will endeavour to arrange these outside of school hours wherever possible, but in most cases these will be during school hours to enable our offer to continue.

This treatment option will only be offered by Healthy Minds if it is felt there is a clinical need that would not be met within a group/workshop setting.



What support do we need from schools?

In order to continue our offer, we may need your support to implement the following for groups and 1:1's running in school time:

- Schools to nominate a member of staff to oversee arrangements and be available for support afterwards if needed.
- Schools will need to ensure students have access a suitable confidential space for young people to be able to attend these group sessions via a mobile phone (Wi-Fi access) or computer (with webcam).
- Sessions are between 60-90 minutes long and pupils will need a setup time/assistance prior to the start time.



If schools cannot provide this, then arrangements need to be made to allow them to return home to complete sessions, with a parent/carer available for support if needed.

Additional Resources from Healthy Minds

Professionals:

- [Toolkit for Education Staff](#)
- Professional Intervention Toolkit
- [Professionals Resource Hub](#) (Hidden link for school staff only).
- [Return following Covid-19 Assemblies](#)



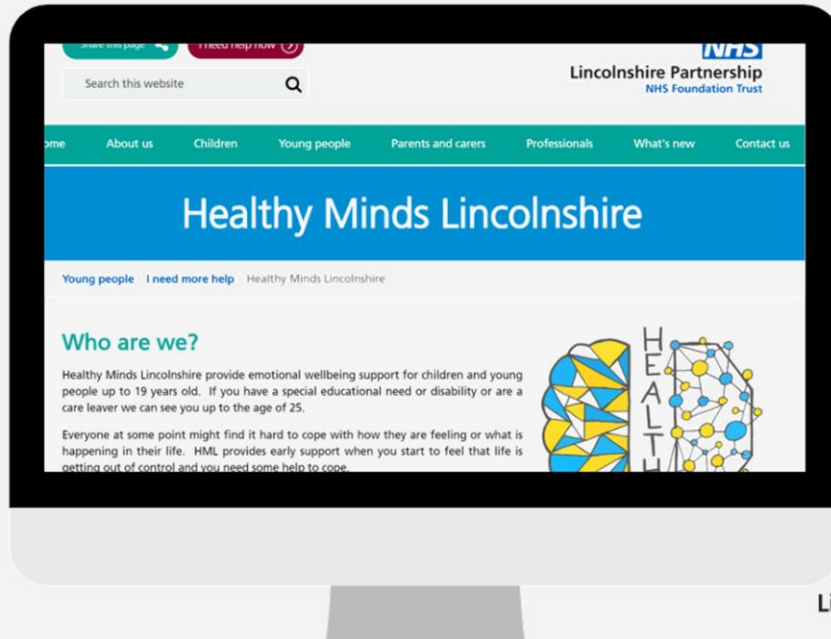
Parents:

- [Parent Toolkit to support children back to school following Covid-19](#)



Toolkit for Education Staff is currently being update a new version of this will be posted on the website as soon as it is complete (which will include updates training offer etc.).

CYP Services Website



Please visit for further information on our service, referral criteria, self-help advice for CYP and our online workshops;

<https://www.lpft.nhs.uk/young-people/lincolnshire/young-people>

Any questions?

